



A Strong Voice for  
Indiana's Trucking Industry



# Driver of the Month Application

### Nomination Qualifications:

1. Only Drivers employed by an IMTA member company are eligible.
2. Drivers must be domiciled or live in Indiana.
3. All drivers must be non-preventable crash-free for the past year.
4. A copy of the BMV record and Driver's License must be attached.
5. All fields **MUST** be completed.
6. Applications are due by **January 10, 2020.**

7. Nominated drivers must attend the awards banquet to be eligible.

### *Return Completed Form to:*

Indiana Motor Truck Association  
1 North Capitol, Suite 460  
Indianapolis, Indiana 46204  
Fax: (317) 630-0072  
Email: info@intrucking.org

### Sponsoring IMTA Member/Driver Employer Information:

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Nominated by \_\_\_\_\_ Signature \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

### **Driver Information:** *Only report individual driver miles, no team miles will be accepted.*

Driver's Name \_\_\_\_\_

Hire Date with sponsor \_\_\_\_\_ Domicile Terminal Location \_\_\_\_\_

# of Years as a Driver \_\_\_\_\_ Over the Road: Career Miles \_\_\_\_\_ Local Driver: Career Hours \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Children: Names and Ages \_\_\_\_\_

Date of Birth \_\_\_\_\_ License Number \_\_\_\_\_ State \_\_\_\_\_

### **Accidents:**

Miles driven since last accident? \_\_\_\_\_ Number of Preventable \_\_\_\_\_ Non-Preventable \_\_\_\_\_

Provide Detailed Description of All Accidents (use additional sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

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**Citations:** List Dates and Offenses for ALL Traffic Citations in the Past 7 Years:

Moving \_\_\_\_\_

Non-Moving \_\_\_\_\_

**Biographical Information:** It is imperative that you include as much detail in this section as possible. We have the best drivers in the nation and the selection process gets very detailed. Include all heroic acts, special awards or recognition, clubs, organizations, church activities, involvement in community, hobbies, etc. Attach additional sheets if needed and supply as much information as possible.

Master Truck Driver: \_\_\_\_\_ YES \_\_\_\_\_ NO      PDIC Course Taken: \_\_\_\_\_ YES \_\_\_\_\_ NO

Years Involved in Truck Driving Championships: \_\_\_\_\_

Community Service \_\_\_\_\_

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Heroic Acts \_\_\_\_\_

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Choice of walk up song if selected as a DOM: Title: \_\_\_\_\_

Artist: \_\_\_\_\_

*The selection committee evaluates driver using a point system based on years of driving, career miles/hours, participation in events, community service, certifications, continued education programs, heroic acts and if applicable, preventable accidents and citations. Company and driver names are held in confidence to ensure fairness and equality.*