



IMTA Safety and Maintenance Council
MAINTENANCE TECHNICIAN OF THE QUARTER
Award Nomination Form
SPONSORED BY LINCOLN COLLEGE OF TECHNOLOGY

Nominee's Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
E-Mail: _____
Supervisor: _____

Nominated By: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
E-Mail: _____
Phone: _____ Fax: _____

*Please complete each question in 100 words or less. Feel free to use additional paper.
A Technician of the Quarter will be named for each of the four quarters in the previous
calendar year.*

NOMINEE MUST BE ABLE TO ATTEND MARCH 7, 2020, SMC AWARDS BANQUET.

- 1. In your own words, why are you nominating this person for IMTA Technician of the Quarter?**

2. In what ways has this technician contributed to the betterment of his/her co-workers?

3. List innovative methods, new procedures, new tooling, modified tooling or time saving ideas that this technician has suggested or put in place:

4. List any qualifications or certifications that the technician has obtained:

5. List the characteristics that enhance the professionalism of this technician:

6. In what ways has this technician contributed to the profession?

WALK-UP SONG CHOICE (SONG & ARTIST): _____

COMPLETED NOMINATIONS SHOULD BE SENT VIA EMAIL OR FAX TO:

Indiana Motor Truck Association

Safety and Maintenance Council

1 North Capitol Ave Suite 460

Indianapolis, IN 46204

Phone: 317-660-2461 ~ Fax 317-630-0072

info@intrucking.org