



2019 TAM DRIVER OF THE YEAR PROGRAM RULES & INFORMATION SHEET

Nominations are now being accepted for the Annual TAM Driver of the Year Program.

The TAM Driver of the Year Program has been developed to recognize the individual, whose professionalism behind the wheel, as well as in the community, is an attribute to not only their company, but also, the transportation industry.

There are many excellent truck drivers working in the transportation industry and throughout the Commonwealth of Massachusetts. Many of these drivers work for your company but have never received the recognition they deserve. Studies have revealed that truck drivers seek respect and professional recognition for their accomplishments. Why not take a few minutes to nominate your finest driver(s) for this award?

REQUIREMENTS

1. Driver must be nominated by a TAM member company, where they have driven for at least two years. The nominee must have a current, valid MA Commercial Driver's License.
2. Driver must **live** and **work** in Massachusetts.
3. A photocopy of the nominee's CDL and recent Motor Vehicle Report (less than 3 months old), must accompany the nomination form.
4. TAM member companies may nominate as many drivers as they wish, as long as the nominee meets the requirements. Nomination forms may be duplicated as needed.
5. Nomination forms must be COMPLETE. Forms with missing information (years of service, miles traveled, accident info, and traffic citations, etc.) will not be considered.
6. **NOMINATION DEADLINE!** The TAM office must receive the required information (by mail) no later than **May 3, 2019**. 12 Post Office Square, 6th Floor Boston, MA 02109.

IMPORTANT – Previous winners are not eligible to participate again for this award.

Checklist:

- _____ 1. Driver Nomination & Information Form
- _____ 2. Accident Record
- _____ 3. Photocopy of current MA CDL
- _____ 4. Photocopy of MVR (less than 3 months old)
- _____ 5. Supporting documentation/statements (optional)

Driver Nomination & Information Form

Nomination Deadline: Friday, May 3, 2019

Information must be furnished for each item on both pages of this form. If the information requested does not pertain, draw a line to indicate that the item has not been overlooked. The form must be signed by the driver and by a company official.

Driver's Name _____ **Age** _____

Commercial Driving Experience: Total Years _____ Total Miles _____

Accident Record: Total accidents _____ Total preventable accidents _____

Type of equipment regularly operated (i.e. flatbed, tanker, etc.)

Usual Run: Road _____ Local _____ turn around _____ peddle _____ annual mileage
_____ from _____ to _____

Awards received as a professional driver (other than no-accident awards)

Truck Driving Championships (if more room is needed, attach a separate piece of paper)

COMPETITION	CLASS	PLACE
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_____	_____	_____
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_____	_____	_____
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Courses or schooling on first aid, driver education, safety (show type of course, date and sponsor i.e Highway Watch, Smith System Defensive Driver's program, etc.)

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Show safety activities engaged in (such as neighborhood projects, civic programs, and give dates and brief description i.e. No-Zone demonstrations)
