



Master Truck Driver Certification

Instructions: Complete form, sign and send to:

TAM
12 Post Office Square, 6th Floor
Boston, MA 02109

- Qualifications:
- 1) Driver must be nominated by an TAM member company
 - 2) Driver must have driven & been employed for that company for at least one year
 - 3) Driver must have a citation-free CDL Motor Vehicle Record for the past 3 years
 - 4) Driver must have achieved either:
 - a) One million accident-free CDL miles or
 - b) 25,000 hours of accident-free CDL driving
 - 5) The driver must have one of the following:
 - a) A record of community service
 - b) Demonstrate leadership in a program or event that promotes a positive image to our industry
 - c) A meritorious act of selflessness

Driver Name: _____ Date of Birth: _____

License Number: _____ State: _____

Home Address: _____ City/State/Zip: _____

Phone #: _____

Spouse's Name: _____ Number of Children: _____

Company Name: _____ City/State/Zip: _____

Driver's Home Terminal: _____ Supervisor: _____

Phone #: _____

Type of Equipment/Routes: _____ Career Number of Miles _____

Number of years as driver: _____ Miles since last accident: _____

Number of years in industry: _____ Years since last accident: _____

Identify drivers as either employee _____ or owner/operator _____