



DRIVER OF THE YEAR APPLICATION

This honor is awarded to the professional driver (local & long distance) displaying the highest degree of professionalism, safety and courtesy in performing their job and representing the moving industry.

Driver's Name: _____ Date of Birth: _____

Address: _____
Street City State/Zip Cell Number _____

Employer: _____ Driver's Home Terminal: _____

Company President/Owner: _____ Terminal Manager: _____

Employer's Main Address: _____
Street City State/Zip

Type of equipment regularly operated: ☐ Straight Truck ☐ Tractor /Trailer ☐ Both ☐ City/Local ☐ Long Distance

Normal run: From _____ To _____

Years of commercial driving: _____ with Present Employer _____ with All Past Employers _____

*Mileage _____

*Hours of service _____

Accidents: _____

Preventable: _____

Non-Preventable: _____

Date of Last Accident: _____ Preventable ☐ Non-Preventable ☐

*City/local operations compute hours of service, long distance compute mileage. Include both if known.
Based upon standard of 2,500 hours equals 100,000 miles.

Biographical Sketch (Attach separate sheet): Nomination will be based on: (a) years of safe professional driving, (b) deed(s) of heroism, or (c) outstanding act(s) of courtesy on the road. Include all pertinent information. The following are suggested additional areas to include in the biographical sketch: Names and length of service with previous employers, awards received as a professional driver, rodeo competition, courses of school attended, membership (civic, fraternal groups, church, fire department, scouts, etc.), and other activities and hobbies. Please submit a copy of the driver's license with the application.

PERSON SUBMITTING ENTRY FORM:

Name Title Date

Address: _____ Phone # _____

Return to: SAFETY COMMITTEE

c/o New Jersey Warehouse & Movers Association
758 Congress St., Toms River, NJ 08753-7507
Phone: 732-341-3934 Email: tracy@njwma.org

APPLICATION DEADLINE: AUGUST 1