



**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.  
Nominations must be in to the IMTA office by the end of each quarter: March 31<sup>st</sup>, June 30<sup>th</sup>,  
September 30<sup>th</sup> and December 31<sup>st</sup>.*

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

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**2. In what ways has this technician contributed to the betterment of his/her coworkers?**

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

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

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

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

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**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](mailto:info@intrucking.org)**