



# Master Truck Driver Award Nomination Form



## Qualifications:

- 1) Driver must be nominated by an IMTA member company
- 2) Driver must have driven for that company at least one year
- 3) Driver must have a clean Motor Vehicle Record for the past 3 years
- 4) Driver must have achieved *either*
  - a) One million DOT preventable accident-free miles *or*
  - b) Ten years of DOT preventable accident free driving
- 5) The driver must have *one* of the following
  - a) Completion of a Professional Driver Improvement Course
  - b) A record of community service
  - c) Participation in any Truck Driving Championships
  - d) Performance of an heroic act

## Qualifying Drivers Will Receive:

- 2 certificates for driver and company
- 1 Wallet Card
- 1 Pin
- 1 Window Decal
- 1 Hat
- Presentation made by IMTA or member company
- Press Release sent to driver's local paper and sent to IN House and Senate Representative

Donated By: **STAY METRICS**  
Driving Retention

Driver's name \_\_\_\_\_

Date of birth \_\_\_\_\_ License # \_\_\_\_\_ Issue State \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Driver's hometown newspaper \_\_\_\_\_

# of Years Driving \_\_\_\_\_ # of Years accident-free driving \_\_\_\_\_ # of Accident-free miles \_\_\_\_\_

Driver must have completed *one* of the following qualifications. Please indicate.

- ☐ Completion of a Professional Truck Driver Improvement Course date \_\_\_\_\_
- ☐ A record of community service: \_\_\_\_\_
- ☐ Participation in State Truck Driving Championships date: \_\_\_\_\_
- ☐ Performance of an heroic act: \_\_\_\_\_

Number of years with nominating company \_\_\_\_\_ Total number of years as a driver \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Company's hometown newspaper \_\_\_\_\_

***I hereby certify that the information submitted is correct to the best of my knowledge and belief and nominate this driver to be an IMTA Master Truck Driver.***

Quote about Driver for Press Release: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Return this nomination form via fax to (317) 630-0072, email to [info@intrucking.org](mailto:info@intrucking.org),  
or mail to IMTA, 1 N. Capitol Ave., Suite 460, Indianapolis, IN 46204