



Kansas Driver of the Month Nomination



The honor is awarded to professional drivers displaying the highest degree of professionalism, safety and courtesy in performing their jobs and representing the trucking industry.

Drivers submitted for consideration as a Kansas Driver of the Month must be domiciled in, or a resident of, the state of Kansas.

Driver's Name: _____ Date Submitted: _____

Driver's License Number: _____ Date of Birth: _____ Marital Status: _____

Home Address: _____
Street City State Zip

Spouse's Name: _____ Number of Children: _____

Children's Names and Ages: _____

Present Employer: _____

Company's Main Address: _____
Street City State Zip

Driver's Home Terminal Address: _____
Street City State Zip

Terminal Manager: _____ Company President: _____

Type of equipment regularly operated: Straight truck Tractor Trailer (list type(s) of trailers)

Type of Operation: City-local Linehaul Peddle Annual Mileage _____

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

Please submit any appropriate accident information available to assist judges in their decisions. Accident involvement is a major factor in the decisions of the judges.

	TOTAL	Present Employer	Past Employers
Years of commercial driving	_____	_____	_____
Miles Driven	_____	_____	_____
Accidents:	_____	_____	_____
Preventable	_____	_____	_____
Non-preventable	_____	_____	_____

RECORD OF VIOLATIONS: List all **convictions** for your entire driving career other than minor traffic violations, but include speeding, reckless driving, etc.

Commercial Vehicle

Personal Vehicle

Date - Place - Offense

Date - Place - Offense

Date - Place - Offense

Date- Place - Offense

BIOGRAPHICAL SKETCH: Nomination 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, Truck Driving Championships competition, courses or schooling attended, memberships (civic, fraternal groups, church, fire department, scouts, etc.). Other activities and hobbies. (If necessary, submit information on a separate sheet and attach it to this nomination form)

BASIS FOR NOMINATION: _____

DRIVER'S STATEMENT: To the best of my knowledge, the statements listed in the foregoing are true and correct.

Signed _____

SUPERVISOR'S STATEMENT: I certify that the information on this form is correct to the best of my knowledge and has been compared with company records.

Signed _____ Title _____

PERSON SUBMITTING ENTRY FORM: _____

Address: _____ Telephone: _____

RETURN TO:

Kansas Motor Carriers Association • P.O. Box 1673 • Topeka, Kansas 66601-1673
Phone 785-267-1641 • FAX 785-266-6551

File as many nominations as you wish. Deadline is February 17, 2012.