

Important: This application must be returned to KMCA by February 17, 2012

2011 KMCA Safety Professional of the Year Nomination Form

(Name of nominee)

(Company)

The above named individual is hereby nominated for the Kansas Motor Carriers Association Safety Professional of the Year Award as a person responsible for supervising safety activities for a truck fleet. This person is of high moral character and has devoted his or her career to the field of highway and industrial safety. All of the statements made in support of this nomination are true.

Signed: _____
(Name of person making nomination) (Title)

The back of this sheet must be filled out completely and the nomination should be supported by information regarding the nominee's experience, training, activities, recognition, and achievements. Fleet information pertaining to the type of fleet, safety program, and safety records should also be included. Particular emphasis should be placed on the most recent years.

In addition, all nominations must comply with the following rules:

1. Nominee's company must be a member of KMCA and the Kansas Safety Management Council.
2. Any person responsible for supervising truck safety activities is eligible.
3. Previous Safety Professional of the Year award winners are ineligible for five (5) years from the date of their award.
4. **All nominations are due by February 17, 2012.**
5. Judging will be based on professional achievements, success in advancing highway and industrial safety in the fleet, relationship and cooperation with government officials, and methods of meeting and solving safety problems facing the nominee's fleet. Work and leadership in the safety activities of state trucking associations, the American Trucking Associations, Inc., and other organizations of professional safety professionals are of high importance.
6. The individual selected as the KMCA Safety Professional will receive a plaque provided by the Kansas Safety Management Council.

Nomination Form

Name _____

Company _____

Work Address _____

Company Headquarters Address _____

Military Service _____

Memberships (in safety, professional organizations) _____

Employment in trucking of safety field:

Company	City/State	Dates
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Responsibilities

Company	City/State	Dates
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Responsibilities

Company	City/State	Dates
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Responsibilities

Other safety activities:

Attach additional sheets as necessary. Include supporting information.