



**Delaware Motor Transport Association, Inc.  
D.M.T.A.**

## **Driver of the Month/Year Application**

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Nominate one of your drivers to be a DMTA *Driver of the Month*. Those selected *Driver of the Month* will be in the running for the DMTA *Driver of the Year* award.

### **Application Rules**

1. Complete all sections of the application.
2. Driver nominations should be based on a record of safe and courteous driving. Please list DMTA/ATA truck driving championship information and any exceptional or heroic acts while on the job.
3. Nominees must be full-time professional drivers for at least the past 12 months and have at least one year of experience with the DMTA member company that submits the nomination form.
4. Nominees must be employed by a DMTA member carrier.
5. Nominees must have driven accident-free for the past 12 months.
6. A copy of the nominee's current MVR must be submitted with the application.
7. If a driver has an accident after being selected *Driver of the Month* but before the *Driver of the Year Awards Banquet*, the driver's employer must notify DMTA as soon as possible.
8. Drivers who were selected as a *Driver of the Month* in the last calendar year are not eligible for nomination this year.
9. Member carriers can nominate as many drivers as they want; however, no more than two drivers will be selected from one member per year.
10. A *Driver of the Month* selectee whose full-time employment with the nominating employer ends during the calendar year in which the driver was selected as *Driver of the Month* will not be eligible for *Driver of the Year*, and that driver's position as *Driver of the Month* will be vacated.

Please submit two 4 x 6 photos or two high resolution jpg files (by email) of your nominee(s) in front of a company truck with the logo or company name showing.

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**Mail, fax, or email nomination forms to:**

DMTA  
445 Pear Street  
Dover, DE 19904  
[dmta@delawaretrucking.org](mailto:dmta@delawaretrucking.org)  
302-734-9400 (office)  
302-734-1600 (fax)

**Delaware Motor Transport Association  
(DMTA)  
Driver of the Month/Year Nomination Form**

**DRIVER INFORMATION**

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1. Driver Full Name \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_  
3. Address \_\_\_\_\_  
4. City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
5. Driver's Home/Cell Phone \_\_\_\_\_ 6. Driver's E-mail \_\_\_\_\_  
7. Driver's License No. \_\_\_\_\_ 8. State of Issue \_\_\_\_\_

**CARRIER INFORMATION**

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1. Carrier Name \_\_\_\_\_  
2. Carrier DOT Number \_\_\_\_\_  
3. Carrier Local Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
4. Safety Director/Supervisor Name \_\_\_\_\_  
5. Safety Director/Supervisor Phone \_\_\_\_\_

**DRIVER BACKGROUND**

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1. Date Began Driving Professionally \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. Date Start Current Employer \_\_\_\_/\_\_\_\_/\_\_\_\_  
3. Total Number of Years Driving CMV (Current & Past Employers)\* \_\_\_\_\_  
*\*Do not count gaps between employers or time spent in non-driving jobs – Only actual verifiable driving time.*  
4. Total Miles Driven (OTR) or Hours Driven (City Driver) in Previous Calendar Year \_\_\_\_\_  
5. Total Miles Driven (OTR) or Hours Driven (City Driver)\*\* \_\_\_\_\_  
**\*\*NOTE: The National Safety Council formula of 25,000 city hours = 1 million road miles should be used for mileage evaluations where needed. A City/Local Driver typically stays within a 100-mile radius. Use combination of both if needed.**  
7. Class of Vehicle: \_\_\_ Sleeper \_\_\_ 3-Axle \_\_\_ 4-Axle \_\_\_ 5-Axle \_\_\_ Twins \_\_\_ Straight Truck  
8. Type of Equipment: \_\_\_ Reefer \_\_\_ Van \_\_\_ Grain \_\_\_ End/Belly Dump \_\_\_ Tanker \_\_\_ Other  
9. Type of Driver: \_\_\_ Local \_\_\_ Team \_\_\_ Regional Haul \_\_\_ Long Haul

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**DRIVER SAFETY HISTORY** (to be completed by Safety Director/Supervisor)

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1. List all preventable and non-preventable accidents (DOT and Non-DOT recordable) accidents at past and current carriers (use extra paper if needed).

Date	Preventable?		Injuries/Deaths?		Location (State)	Description
	Yes	No	Yes	No		
_____	___	___	___	___	_____	_____
_____	___	___	___	___	_____	_____
_____	___	___	___	___	_____	_____

2. List all traffic violations for the last five years.

Date	Location (State)	Violation (if speeding, show rate of speed)
_____	_____	_____
_____	_____	_____

3. List all DOT inspection violations for the last calendar year – both driver & equipment violations

Date	Location (State)	Violation (indicate if out-of-service)	Citation
_____	_____	_____	___ Yes ___ No
_____	_____	_____	___ Yes ___ No

4. List all safety awards received (including Driver of the Month/Year and TDC placement).

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5. List classes/seminars for driver or vehicle safety that driver has attended within the past five years (not including routine monthly/quarterly etc. company safety meetings).

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6. List any reported acts of courtesy or heroism on/off highway (attach validation letter).

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7. Explain why this driver would make a good Delaware Driver of the Month/Year. (Use extra paper if needed.)

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**NOTE:** Please provide a current MVR (current to 30 days of submission ) for this driver.

**MOTOR CARRIER CERTIFICATION**

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I hereby certify that the foregoing information and any attachments hereto to be true and correct to the best of my knowledge and belief in accordance with my investigation.

Safety Director/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER CERTIFICATION AND AGREEMENT**

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In consideration of being allowed to participate in the DMTA Driver of the Month and Driver of the Year Program, I hereby certify and agree to the following: ***To the Best of my knowledge, the statements listed in the foregoing are true and correct; I will always conduct myself in such a way as to protect and maintain the high status of the title; I agree that the title may not be used unless sanctioned in writing by the Delaware Motor Transport Association, Inc.***

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

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DMTA – 445 Pear Street – Dover, DE 19904 – Phone: 302-734-9400 – Fax: 302-734-1600