



Safety Professional of the Year Award Nomination



Applicants Name _____ Spouse _____

Home Address _____

Children (Names & Ages) _____

Military Service _____ Organizational Involvement _____

Employer _____

Employer Address _____

Years in Trucking Industry _____ Years as a Safety Professional _____

Certificates _____

Jacket Size _____

Please attach a written description of why the applicant should be considered for Safety Professional of the Year addressing the following areas and any other information you feel the committee should consider in its deliberations.

- The applicant’s commitment to safety.
- The applicant’s contributions to the trucking industry.
- The applicant’s interaction with drivers, co-workers, customers and the general public.
- Programs, processes and procedures the applicant has implemented during their tenure.
- Improvements in safety during the applicant’s tenure.
- Work outside the applicant’s company to improve workplace & roadway safety.
- Work the applicant has performed to industry wide to improve safety.

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

Name _____

Title _____

Phone Number _____

**Award Applications MUST be RECEIVED by March 29, 2019 in the NDMCA office.
1937 East Capitol Ave, Bismarck, ND 58501 – info@ndmca.org**