



2020 FLEET SAFETY AWARDS COMPETITION ENTRY

Company Name: _____ **Company US DOT Number:** _____ **Date:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Name of Individual Completing Form: _____ **Title:** _____

Email: _____ **Phone:** _____

Basis for Nomination: The Arizona Trucking Association’s Safety and Maintenance Council and the Arizona Transportation Education Foundation (ATEF) wish to select member fleets which exemplify the highest standards of safety. In addition to a company’s on-road mileage and safety record, consideration will be given for work-place safety, community outreach, employee recognition programs and other demonstrated efforts, to enhance highway safety and the image of the transportation industry. Please complete the additional information portion by using page two of this form.

FLEET CATEGORIES: (Please check one category)

- _____ 1 to 500,000 AZ miles per year
- _____ 500,001 to 1,000,000
- _____ 1,000,001 to 3,000,000
- _____ 3,000,001 to 7,000,000
- _____ 7,000,001 and over

For a fleet to participate in the Safety Awards Program it must have an accident frequency rate (AFR) no higher than 6.5 for Arizona DOT recordable accidents and Arizona miles only.

To establish the AFR, multiply the number of AZ accidents by 1,000,000 miles. Divide that number by the total AZ miles driven for the calendar year.

Example: 3 accidents x 1,000,000 ÷ 500,000 AZ miles = an AFR of 6

TOTAL AZ DOT ACCIDENTS	TOTAL AZ MILEAGE	FREQUENCY RATE

DOT recordable accidents as defined under the FMCSR 390.5 Definitions – Accident means an occurrence involving a commercial motor vehicle operating on a highway in interstate or intrastate commerce which results in:

- (i) A fatality,
- (ii) Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
- (iii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle.

A COMPANY OFFICER/DIRECTOR/MANAGER OTHER THAN THE PERSON SUBMITTING THIS FORM MUST SIGN THIS APPLICATION.

I hereby certify that the above information is accurate to the best of my knowledge.

Signature: _____ **Title:** _____

DEADLINE: PLEASE SUBMIT THIS FORM TO ATA NO LATER THAN JUNE 30, 2021.
LATE ENTRIES WILL NOT BE ACCEPTED
YOU MAY EMAIL OR FAX THIS FORM TO: Rmerkel@aztrucking.com or Fax (602) 252-8008

Information sheet citing specific criteria which will be used to determine winners in each fleet category.	
1)	Work-Place Safety – Examples of safety programs implemented, initiatives, training or incentive programs.
2)	Employee Recognition – Cite any employee “recognition of performance” programs in place.
3)	Community Outreach with ATA – Do you participate in “Share the Road”, “Teens & Trucks”, “Road Check in Flagstaff”, Glendale Touch-a-Truck? If yes, please identify which programs and why.
4)	Other demonstrated efforts to enhance highway safety and the image of the transportation industry.
5)	Any Additional Information to be considered.
Please attach all supporting documents when submitting your form.	

Winners will be announced at the
ATA Carrier Conference on October 4, 2021.