



## 2023 FLEET SAFETY AWARDS COMPETITION ENTRY

Mailing Address:  Name of Individual Completing Form:  Email:			City:			Zip Code:
					State:	
				Title:		
			Phone:			
Foundation (ATAF) wish mileage and safety record	to selectly to selectly to selectly to select to select to selectly to select to selectly	t member fleet eration will be enhance highy	s which exemplify the h given for work-place sa way safety and the imag	ighest standards of fety, community ou	safety. In add treach, emplo	rizona Trucking Association lition to a company's on-road byee recognition programs Please complete the additional
1 to 500. 500,001 to 1,00 1,000,001 to 3,00 3,000,001 to 7,00		·	ck one category) miles per year	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.		
		3,000,000 3,000,000 7,000,000		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.		
7,000,001		and over		Example: 3 accidents	s x 1,000,000 ÷ 5	500,000 AZ miles = an AFR of 6
TOTAL AZ DOT ACCI	DENTS	5 то	TAL AZ MILEAGE	F	REQUENCY	Y RATE
motor vehicle operating of (i) A fatali (ii) Bodily from the scene of (iii) One or	on a high ty, injury to f the acc more mo	way in intersta a person who, ident; or otor vehicles in		ce which results in: , immediately receive ge as a result of the	ves medical to accident, requ	•
A COMPANY OFFICE SIGN THIS APPLICAT I hereby certify that the a	TION.				UBMITTIN	G THIS FORM MUST
Signature:			Title:			

DEADLINE: PLEASE SUBMIT THIS FORM TO ATA NO LATER THAN JUNE 30, 2024. LATE ENTRIES WILL NOT BE ACCEPTED

YOU MAY EMAIL OR FAX THIS FORM TO: Jolgine@aztrucking.com or Fax (602) 252-8008

Information sheet citing specific criteria which will be used to determine winners in each fleet category.  Please use another page if more space is needed.				
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.			
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3)	Community Outreach with ATA – Do you participate in "Share the Road", "Teens & Trucks", "Road Check			
	in Flagstaff", Glendale Touch-a-Truck or Be Safe Saturday? If yes, please identify which programs and why.			
4)	Other demonstrated efforts to enhance highway safety and the image of the transportation industry.			
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5)	Any Additional Information to be considered.			
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	Please attach all supporting documents when submitting your form.			

Winners will be announced at the ATA Carrier Conference on September 30, 2024.