



2023 SAFETY PROFESSIONAL OF THE YEAR AWARD ENTRY FORM

| Company Name: | | Date: | |
|-------------------------------------|--------|--------|-----------|
| Mailing Address: | City: | State: | Zip Code: |
| Name of Individual Completing Form: | | | |
| Title: | Email: | | |
| Phone | | | |

Basis for Nomination: It is the intent of the Arizona Trucking Association's Safety and Maintenance Council and the Arizona Trucking Association Foundation (ATAF) to select a Safety Professional who will, by past record, exemplify the type of career safety professional whose high standards of conduct and ability are both an asset to their company and a credit to the transportation industry in the State of Arizona.

Company will nominate a Safety Professional who meets the minimum nomination criteria.

Nomination criteria:

Nominees must be employed by an ATA member motor carrier in good standing. Nominee must be employed full time in the state of Arizona and be directly involved in safety/loss prevention in a management or supervisory type capacity. Nominee must have two years with present employer and a minimum of three years of responsibility in safety.

Nominee's Full Name: ______

Position/Title: _____

A COMPANY OFFICER/DIRECTOR/MANAGER MUST SIGN THIS APPLICATION. I hereby certify that the nominee listed above meets the criteria stated and the above information is accurate to the best of my knowledge. I agree that the information is subject to audit if necessary, prior to any award being given to my nominee.

Signature

Title

DEADLINE: PLEASE SUBMIT THIS FORM WITH ACCOMPANYING DOCUMENTS TO ATA NO LATER THAN JUNE 30, 2024

YOU MAY EMAIL OR FAX THIS FORM TO:

Jolgine@aztrucking.com OR Fax (602) 252-8008

| Arizona Trucking Association Safety Professional of the Year Nomination Form | | | |
|---|--|--|--|
| Indicate position held by the nominee: TerminalShop Dock Company | | | |
| Indicate as applicable: | | | |
| number of terminals/shops vehicles operated number of drivers, shop or dock workers approximate total annual miles driven by carrier | | | |
| Formal education, training and certifications: | | | |
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| Professional recognition honors and awards: | | | |
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| List membership in any local, state or national safety councils: | | | |
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| Community service that enhances the image of the transportation industry: | | | |
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| Indicate participation in any of the following Arizona Trucking Association programs: | | | |
| Safety & Maintenance Council Share the Road/Teens & Trucks EventsRoad Check | | | |

____Truck Driving and Step Van Championships

Provide a summary of the improvements attributed directly to the nominees' employment.

*Attachments or testimonials may be submitted with application.