

# 2025 DRIVER OF THE YEAR NOMINATION FORM



It is the intent of the Arizona Trucking Association's Safety and Maintenance Council and the Arizona Trucking Association Foundation (ATAF) to select an individual who exemplifies the type of career driver whose high standards of conduct and ability are both an asset to themselves, their employer and a credit to the transportation industry in the State of Arizona. Driver must live in and be occupationally domiciled in the state of Arizona.

## NOMINATION CRITERIA:

- Nomination must be submitted by the company. There is no limit to the number of drivers who are submitted from a single company.
- Drivers must be engaged in interstate or intrastate commerce as a truck or step van driver.
- Must perform regular duties for at least 11 of the 12 months prior to the application. A minimum of 1200 hours annually must be worked with at least 60% of hours worked during this period must be spent on regular duties.
- **Applicant CSA score (Compliance, Safety, Accountability) must be submitted with the application.**
- Applicant must demonstrate exemplary performance in both representing their company and the trucking industry.
- The driver cannot have any “at fault” accidents or moving violations in Arizona in the prior 12 months. **Driver’s Motor Vehicle Record (MVR) for the prior 12 months must be submitted with the application.**
- Factors such as training/mentoring, safety activities, community involvement, and other efforts to enhance highway safety and the image of the transportation industry will be considered.

**Company Name:**

**AZ DOT:**

**Mailing Address:**

**City:**

**State: Zip:**

**Nominee’s Full Name:**

**Nominee’s Email:**

**Person who completed this form:**

**Date of Nomination:**

**Email:**

**Phone:**

**A COMPANY OFFICER/MANAGER OTHER THAN THE PERSON COMPLETING THE FORM MUST SIGN THIS APPLICATION.**

**Certification:** I hereby certify that the driver 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 driver.

**Signature:**

**Title:**

**Submission Deadline:** June 30, 2026

**Submit via Email to [Jolgine@aztrucking.com](mailto:Jolgine@aztrucking.com) or Fax to: (602) 252-8008**

**Winner Announcement:** October 27, 2026, at the ATA Carrier Conference.

## **2025 DRIVER OF THE YEAR NOMINATION FORM, CONT.**

## Recorded hours worked and miles driven for the prior 12 months:

Hours: \_\_\_\_\_ Miles: \_\_\_\_\_

## Type of Driver:

City Only:      Arizona Only:      Regional:      Over-the-Road:

### **Training and/or mentoring given or received (voluntary):**

### **Safety activities** (Safety talks, Share the Road events, Industry outreach, etc.):

### **Community involvement** (neighborhood programs, youth sports, church involvement, etc.):

### **Special incidents demonstrating concern for safety or enhancement of trucking image (Roadside assistance, acts of heroism, etc.):**

***\*For additional explanations use separate sheets.***