

# 2025 SAFETY PROFESSIONAL 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 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.

## NOMINATION CRITERIA:

- Nomination must be submitted by the company
- Nominee must be employed by an ATA member motor carrier in good standing.
- Must work full-time in Arizona and be involved in safety/loss prevention in a management/supervisor role.
- Must have two years with the current employer and at least three years in safety responsibility.

## Nominee's Full Name:

## Official Job Title of Nominee:

## Position Held by Nominee:

Terminal    Shop    Dock    Company

## Years worked:

For Nominating Company:    In Safety Role:

## Company Name:

## AZ DOT:

## Mailing Address:

City:    State:    Zip:

## Indicate As Applicable:

Number of terminals/shops:

Number of drivers, shop, or dock workers:

Vehicles operated:

Approx. annual miles driven by carrier:

## Participation in Arizona Trucking Association Programs:

## Most Recent Year:

## Total # Years

Safety & Maintenance Council:

Share the Road/Teens & Trucks Events:

Road Check:

Truck Driving and Step Van Championships:

Other *(Please explain)*:

# ***2025 SAFETY PROFESSIONAL OF THE YEAR NOMINATION FORM, CONT.***

**Please Provide Metrics for Improvements Attributed to Nominee's Employment:**

**Formal Education, Training, and Certifications:**

**Professional Recognition, Honors, and Awards:**

**Community Service Enhancing Transportation Industry Image:**

**Safety Councils Memberships:***(local, state or national)*

***\*Attachments or testimonials may be submitted with application.***

**Person who completed this form:**

**Date of Nomination:**

**Email:**

**Phone:**

**A COMPANY OFFICER/DIRECTOR/MANAGER MUST SIGN THIS APPLICATION**

**Certification:** I hereby certify that the nominee listed meets the criteria stated and the above information is accurate to the best of my knowledge.

**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.