



## Safety Professional of the Year Nomination Form

March 4, 2022 | Louisiana Truck Driving  
Championships Awards Banquet

**ENTRY DEADLINE : February 8, 2022**

### ABOUT SAFETY PROFESSIONAL OF THE YEAR

Safety Professional of the Year is awarded to a deserving person responsible for supervising the safety activities of a truck fleet. This person is of high moral character and has devoted his/her career to the field of highway and industrial safety. **The Safety Professional Information Form must be filled out completely and the nomination should be supported by information regarding the nominee's experience, training, activities, recognition and achievements.** Fleet information pertaining to the type of fleet, safety program and safety records should also be included. Emphasis should be placed on the most recent years.

In addition, all nominations must comply with the following rules:

- Any person responsible for supervising truck safety activities is eligible.
- Judging will be based on professional achievements, success in advancing highway and industrial safety within the fleet, relationship and cooperation with government officials, and methods of meeting and solving safety problems facing the nominee's fleet.

### NOMINATION FORM FOR STATE SAFETY PROFESSIONAL OF THE YEAR

Company Name: \_\_\_\_\_

Name of Person Submitting Nomination: \_\_\_\_\_

**PLEASE ATTACH A DOCUMENT CONTAINING INFORMATION TO SUPPORT YOUR NOMINATION.** *This may include the nominee's experience, training, activities, recognition and achievements any other relevant information.*

### NOMINEES' INFORMATION

Nominee's Name: \_\_\_\_\_

Nominee's Work Address: \_\_\_\_\_

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Check box if driver is married. Spouse's Name \_\_\_\_\_  
(If Applicable):

Check box if driver has children. Children's Names & Ages \_\_\_\_\_  
(If Applicable):

### MILITARY RECORD

Army       Navy       Air Force       Marines       Coast Guard

Principle Duties: \_\_\_\_\_

Campaigns: \_\_\_\_\_

Citations: \_\_\_\_\_



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### SAFETY PROFESSIONAL EXPERIENCE:

Current Employer: \_\_\_\_\_

Current Employer Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Current Employer Headquarters' Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Current Home Terminal Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Title(s): \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PREVIOUS EMPLOYER INFORMATION:

Previous Employer: \_\_\_\_\_

Previous Employer Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Previous Employer Headquarters' Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Previous Home Terminal Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Title(s): \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

### **ONLY YOUR MOST RECENT PREVIOUS EMPLOYMENT HISTORY IS NEEDED.**

*This form includes two additional sections to add more employer information. If you would like to add more of your work history, please include this in your final attachment. All information presented will be considered during judging.*

Previous Employer: \_\_\_\_\_

Previous Employer Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_



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Previous Employer Headquarters' Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Previous Home Terminal Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Title(s): \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Previous Employer Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Previous Employer Headquarters' Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Previous Home Terminal Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Title(s): \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATION AGREEMENT:

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*In submitting this nomination for the Louisiana Safety Professional of the Year Award, and to be eligible for the awards offered to the winner or winners, I hereby certify and agree all the statements contained in the materials in support of my nomination or nominee for the Safety Professional of the Year are true.*

**ALL ENTRIES MUST BE RECEIVED BY FEB. 8, 2022**

Please submit forms to our nomination uploader on our website ([www.lmta.la](http://www.lmta.la)) or submit via email to Communications Director Allison Strahan, [allison@lmta.la](mailto:allison@lmta.la)