**ISRI Driver of the Year Award**

**2017 Nomination Form**

[](http://www.isri.org/iMIS15_PROD/ISRI/Home/ISRI/Home.aspx?hkey=b5f15281-53ed-4f73-8dc0-a238a1d8c4b4)

**(ISRI Members Only)**

**Purpose:**

The ISRI Safe Driver of the Year Award recognizes outstanding drivers who have driven a commercial motor vehicle for at least 20 years without incurring a preventable accident. Any ISRI member may nominate drivers who they feel exemplify outstanding safe driving. Winners are judged based upon their driving record throughout their career.

*Please provide detailed information, include supporting documents and addenda.*

*All data is subject to verification.*

**Mandatory Criteria:**

* Nominations may be submitted only by ISRI members in good standing.
* Nominees must be full-time employees whose primary responsibility is to operate a commercial motor vehicle.
* Nominees must be current employees of the nominating member company, and must be employed for at least 1 year (12 consecutive months).
* Nominations must be made by someone familiar with the nominee’s work history, such as manager, safety director, etc.
* No more than 3 drivers may be nominated from the same member company.
* Nominees must meet the minimum requirement of 10 years of verifiable employment as a commercial motor vehicle technician.

**Non-Mandatory Criteria:**

* Contributions to highway safety (driver trainer, state/national road team).
* Letters of appreciation (company, customer, motoring public, etc.).
* Deeds of heroism on or off the job (emergency responder, Good Samaritan).
* Civic and fraternal organizations (Boys & Girls Club, Habitat for Humanity, Masons, Shriners etc.)

**Mandatory Requirements:**

* Enclose a copy of the driver’s current MVR. All information must be current and valid, within 1 month of the application.
* Enclose a current copy of the driver’s FMCSA Pre-Employment Screening Program records. All information must be current within 1 month of the application, which is available through www.psp.fmcsa.dot.gov (On the website the nominee should select Access PSP Records, complete the disclosure and authorization form and follow the prompts).

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**Award Recognition:**

* Nominees will be screened and scored, and the top three finalists will be selected.
* During the selection period, all criteria for the finalists will be reconfirmed.
* First, second, and third place finalist will be honored at the 2016 ISRI Convention and Exposition.
* Second and third place finalists will receive a congratulatory letter, personalized certificate, and an ISRI Safe Driver Trophy.
* The first place recipient will receive a congratulatory letter, personalized certificate, ISRI Safe Driver of the Year Trophy, ISRI Safe Driver leather jacket, $500 check, and the recipient plus a companion will be invited to attend the ISRI Convention and Exposition in New Orleans, LA. April 22 – 27, 2017. **(ISRI will pay travel and lodging expenses).**
* Previous first place recipients will not be considered for consecutive or future awards **(One time only recognition for former first place recipients).**

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**RETURN PAGES 1 – 3 OF THE NOMINTION FORM:**

**General Information: (Provide Additional Information on a Separate Sheet)**

Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Employer phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers Name: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

CDL license No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_

**Driving Record with Sponsoring Employer:**

List type of equipment driven, Yes or No: Tractor Trailer: \_\_\_\_\_\_ Straight Truck: \_\_\_\_\_\_\_

Roll-Off/Compactor: \_\_\_\_\_\_ Dump Truck: \_\_\_\_\_\_ Luger Truck: \_\_\_\_\_\_ Flatbed: \_\_\_\_\_\_

List driving areas, Yes or No: Local: \_\_\_\_\_\_ OTR: \_\_\_\_\_\_ Regional: \_\_\_\_\_\_\_

Number of years as a local driver: \_\_\_\_\_\_\_\_ Number of years as an OTR driver: \_\_\_\_\_\_\_\_\_

Number of years as a regional driver: \_\_\_\_\_\_\_\_\_ Career total number of years: \_\_\_\_\_\_\_\_\_

Number of times the driver has been inspected on the road by a state or federal inspector

In the past 3 years: \_\_\_\_\_\_\_ Give details on any out-of-service inspections: \_\_\_\_\_\_\_\_\_\_\_\_

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

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Date of preventable crashes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of non-preventable crashes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Submit details on non-preventable crashes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­

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Date of last traffic violation or citation: \_\_\_\_\_\_\_\_\_\_ Offense description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the employee had any lost time injuries within the last 12 months? Yes\_\_\_\_\_ No \_\_\_\_\_

If yes indicate the date, circumstances, and the amount of lost time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Driving Record with Other Employers:**

List all other companies driven for, including starting and ending dates of employment:

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

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Number of preventable crashes and dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Number of non-preventable crashes and dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Submit details on non-preventable crashes: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Sponsor’s Statement:**

Our company is nominating this driver for the ISRI Driver of the Year Award for the

Following reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Certification Agreement:**

In my nomination for the ISRI Driver of the Year Award, I hereby certify that all of the

Statements, and attachments contained herein are complete and accurate.

Manager’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, both acknowledge and accept nomination for the Driver of the Year.

Driver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Nomination forms are to be completed by the employer or person/s so designated by the employer.

**All nominations must be submitted between: 01/01/17 – 02/28/17**

**(Nominations submitted after midnight on 02/28/17 will not be accepted)**

**Mail to: Institute of Scrap Recycling Industries, Inc.**

**Attention: Transportation Safety Director, Commodor E. Hall**

**1615 L. Street N.W., Suite 600**

**Washington, DC 20036-5610**

**Email: commodorhall@isri.org**

**Or Fax: 202-626-0919 (After 01/27/17 scan documents via email)**

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