**ISRI Driver of the Year Award**

**Award Period 2020**

**Deadline 03/31/21**

[](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 (verifiable) 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 a manager, safety director, etc.
* Nominees must meet the minimum requirement of 10 years of verifiable employment as a commercial motor vehicle driver.

**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 (PSP) records. All information must be current within 1 month of the application. The PSP 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).

**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 recognized virtually during the 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, and a $500 check.
* Other nominees who have driven a commercial motor vehicle for at least 20 years (verifiable) without incurring a preventable accident will receive a Milestone Congratulatory letter.
* 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 NOMINATION 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 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 persons designated by the employer.

**All nominations must be submitted between: 01/15/21 – 03/31/21**

**(Nominations submitted after midnight on 03/31/21 will not be accepted)**

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

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

**Email:** [**chall@isri.org**](mailto:chall@isri.org) **(Scan registration forms, do not fax)**

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