



FTA/SMC Safety Awards Competition

2025 DRIVER OF THE MONTH/YEAR NOMINATION

Nominations must be received in the FTA office by Friday, March 14, 2025.

Competition period for this awards program is January 1, 2024 – December 31, 2024.

WHO MAY SUBMIT NOMINATIONS: Any FTA Carrier Member company may submit a nomination from their driver roster to Florida Trucking Association for Driver of the Month.

DRIVER ELIGIBILITY: Nominees for the Driver of the Month/Year Award must be employed by or contracted to a member company of Florida Trucking Association, and must have been continuously so employed or contracted for a least one (1) year prior to the nomination date. Nominees must also hold a valid CDL domiciled in Florida.

REQUIRED DOCUMENTS: Failure to provide ALL of these items along with this FORM could disqualify your driver

- **MVR** – A three (3) year MVR is required. The MVR must be dated within 30 days of nomination.
- **Supporting documents** – Copies of documents such as newspaper articles, letters of recommendation, witness statements, accident reports, etc. are important to explain accidents and provide back up for awards and training assertions. Certificates of completion or participation must be included for training outlined in the application.

BASIS FOR SELECTION: The committee considers the following during competition judging:

1. Length of accident-free record (in years), with a minimum of at least one (1) year. This is measured in number of consecutive accident-free years prior to the application date.
NOTE: "Accident" for the purposes of this competition is defined as outlined as "DOT Recordable Accident" in the Federal Motor Carrier Safety Regulations (FMCSR) §390.5. "Accident-free" shall mean "free of all DOT Recordable Accidents, regardless of fault."
2. Length of service as a driver with one (1) company.

CURRENT COMPANY MILEAGE CATEGORY: Drivers will be scored against their peer group by mileage and route classification. Choose ONLY ONE route classification (based on what most closely describes your driver's current description):

1. **OTR/Long Haul** – Driver operating in an over-the-road environment who does NOT return to the same work reporting location each day.
2. **Local** – Driver operates both within a city and regional environment and returns to the same work reporting location each day.
3. **City/Peddler** – City driver who works within a single area or municipality, such as an LTL city or route driver, and returns to the same work reporting location each day.

CONTEST JUDGING: There will be a two-tier selection process:

Tier One: FTA Safety Management Council judging committee will score all nominations and select twelve (12) Drivers of the Month.

Tier Two:

An independent panel of three judges drawn from the law enforcement, regulatory and transportation sectors will select the Driver of the Year. The decision of the judges will be final. Nominees will be evaluated based on their community standing; safety record; acts of heroism (verified by witnesses and material evidence of their act); or other activity which may influence the judges' decision. Statements from insurance companies and/or the National Safety Council will be accepted as vouchers for accuracy of a driver's safety record.

Individuals selected for Drivers of the Month will receive public recognition signifying the accomplishment. As soon as possible after the selection of Drivers of the Month, an independent judging panel will review responses to the Driver Questionnaire and select one of those twelve to be Driver of the Year. The Driver of the Year will receive a trophy and a gift from the FTA.

See Tier One Score sheets for point values. Please include documentation to support point assessment.

Note: The winner for any month shall be ineligible for competition for a period of one (1) year, and Driver of the Year shall be ineligible for competition for a period of three (3) years.

**Return forms no later than midnight Friday, March 14, 2025, to:
FTA-SMC Safety Awards, Florida Trucking Association 350 E. College Ave., Tallahassee FL 32301**

SCORE SHEET for TIER 1 ROUND (For SMC Awards Committee)

Driver: First Name

Last Name

Company

Experience & Safe Driving Points			Special Bonus Points		
CURRENT COMPANY MILEAGE POINT VALUES (see below)			SELF IMPROVEMENT	Bonus	
	OTR Driver		CPR/First Aid Training (A /B)	+2	
	Local Driver		Defensive Driving Training (A /B)	+2	
	City/Peddler Driver		Driver Trainer	+2	
			Acts of Heroism (B)	+2	
PROFESSIONAL EXPERIENCE (Career/Lifetime)	Points		Community Leadership Involvement	+2	
Less than 10 years	+2		Military or TDC (Participant or Volunteer) (B)	+2	
10 to 15 years	+4				
15 to 20 years	+5				
20 to 25 years	+7				
Over 25 years	+9				
CONTINUOUS SAFE DRIVING	Points				
Continuous years accident free (Max 15 pts)	+1/yr				

DOT Recordable Driving History Penalties		
DOT ACCIDENT HISTORY (FMCSA Adjudicated)	Penalty (per crash)	
Past 3 Years: Preventable	-15	
> 3 Years: Preventable	-3	
DRIVING RECORD	Penalty	
Moving Violation (convictions) < 3 Years	-5	

A. Only count coursework completed within last 10 years
 B. Only count if supporting documentation is provided

Current Description Mileage Point Values

OTR/Line Haul Driver		Local Driver		City/Peddler Driver	
Accrued Mileage	Points	Accrued Mileage	Points	Accrued Mileage	Points
0 – 1 million miles	5	0 – 500,000 miles	6.75	0 – 300,000 miles	7.5
1 million – 1,500,000 miles	10	500,001 – 1 million miles	13.5	300,001 – 600,000 miles	15
1,500,001 – 2 million miles	15	1,000,001 – 1.5 million miles	20.25	600,001 – 1 million miles	22.5
> 2 million miles	20	> 1.5 million miles	27	> 1 million miles	30

DRIVER MILEAGE CLASSIFICATION

- **OTR/Line Haul** – Driver operating in an over-the-road environment who does NOT return to the same work reporting location each day.
- **Local** – Driver operates both within a city and a regional environment and returns to the same work reporting location each day.
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2025 NOMINATION FORM

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DRIVER NOMINEE INFORMATION

First Name

Middle Name

Last Name

Home Address

City

State

Zip

Florida CDL Number

Email Address *

Work Phone

Cell Phone * Required

DOB

Age

Nickname

Spouse Name

Children & Ages

Hobbies

PROFESSIONAL HISTORY/INFORMATION

**CHOOSE ONLY ONE MILEAGE
CATEGORY:(see page 1)**

OTR/Line Haul Local City/Peddler

Number of miles driven annually

Equipment operated (straight, 3-axle, etc.)

Usual run

Preventable

Non-preventable

Years as a CMV operator

Total safe miles driven

Number of lifetime DOT-Recordable Accidents

Years with present company

Total miles driven for company

Date of last DOT-Recordable Preventable
Accident

AWARDS RECEIVED AS A PROFESSIONAL DRIVER	DATE

COURSES OR TRAINING (Must provide copy of certificate)	DATE

SAFETY AND COMMUNITY SERVICE ACTIVITIES

OTHER CIVIC ACTIVITIES

CARRIER INFORMATION

Current Carrier

Date of Hire/Contract

Corporate Address

City/State/Zip

Terminal Address

City/State/Zip

PREVIOUS AFFILIATIONS

Company

Duties

Dates

Company

Duties

Dates

Company

Duties

Dates

CRIMINAL HISTORY (All misdemeanor or felony convictions)

DATE

TRAFFIC CITATIONS (list all MVR citations other than parking)

DATE

ACCIDENT REPORT – Please complete for last four (4) DOT recordable accidents

Driver Name

Current employer

ACCIDENT #1 (Most recent)

Date:

Location:

Truck

POV

Number/persons injured:

Number of fatalities:

Preventable

Non-preventable

Describe accident:

ACCIDENT #2

Date:

Location:

Truck

POV

Number/persons injured:

Number of fatalities:

Preventable

Non-preventable

Describe accident:

ACCIDENT #3

Date:

Location:

Truck

POV

Number/persons injured:

Number of fatalities:

Preventable

Non-preventable

Describe accident:

ACCIDENT #4

Date:

Location:

Truck

POV

Number/persons injured:

Number of fatalities:

Preventable

Non-preventable

Describe accident:

★ TOTAL NUMBER OF ACCIDENTS	<i>Award period</i>	<i>Lifetime</i>
DOT accidents as defined in 49 CFR §390.5 while driving trucks:		
Accidents while driving personal vehicle:		

DRIVER RELEASE, CERTIFICATION AND AGREEMENT

- A. I hereby authorize Florida Trucking Association (FTA) to obtain the following information in connection with my application for the FTA-SMC Safety Management Awards Program: criminal and/or motor vehicle records (from the Florida Dept. of Highway Safety and Motor Vehicles, Federal Bureau of Investigation, or consumer reporting agency), employment records, educational records, consumer reports, personal references and other job related data provided on this application or via the interview process. I acknowledge that FTA-SMC has informed me that it may make use of this information in evaluating my application for recognition. I hereby authorize FTA-SMC to make use of the above referenced information and release FTA and any entity that provides information to FTA from liability in connection with this information.
- B. I certify that all the information I have provided on this form is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or revocation of award.
- C. In consideration of my being allowed to participate in this program of the Florida Trucking Association Safety Management Council, and to be eligible for any awards and recognition offered in this program, I hereby certify and agree to the following:
1. All of the statements contained in the material submitted in support of my nomination are true. I authorize Florida Trucking Association and its representatives to make an independent check of all information contained herein.
 2. I authorize Florida Trucking Association to use the above-described information about me and photographs subsequently taken under FTA direction in publicity and advertising activities. I further agree to make myself available for publicity arranged by Florida Trucking Association with newspapers, magazine writers, and radio and television journalists.
 3. I understand and agree that I will travel to and attend the annual FTA SMC Awards Banquet, or such other place or places, at such time or times, as arranged by Florida Trucking Association, if chosen as a finalist or winner in this awards program.
- D. I will conduct myself in such a way as to protect and maintain the high honor bestowed upon me, and I agree that this recognition may not be used in any advertising, promotion, or exhibition except those sanctioned in writing by Florida Trucking Association.

Driver Signature

Printed Driver Name

Date

COMPANY RELEASE, CERTIFICATION AND AGREEMENT

In consideration of our driver being allowed to participate in this program of the Florida Trucking Association Safety Management Council, this company does certify and agree to the following:

1. All of the statements contained in the material submitted in support of this driver's nomination are true to the best of the company's knowledge. These statements have been investigated by the company to the best of its ability, and a company representative has personally reviewed with the driver the facts contained herein.
2. It is understood and agreed to by the company that our driver will travel to and attend the annual FTA SMC Awards Banquet, or such other place or places, and at such time or times, as arranged by Florida Trucking Association, if chosen as a finalist or winner in this award program. All travel expenses will be the responsibility of the company.

The driver interview and investigation of the facts submitted in support of this nomination have been made by:

Name of company representative

Signature

Date

Company

Phone (Required)*

Email(Required)*

Address

City, State, Zip



Driver of the Month/Year

2025 TRACKING / CHAIN OF CUSTODY FORM

Nominations must be received in the FTA office by midnight Friday, March 14, 2025.

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Driver Name

Current employer

DRIVER NOMINEE INFORMATION	Important! Please initial& date chain of custody below					
	Company Initial	Date Submitted	FTA Receipt	Date Received	SMC Review	Date Reviewed
Nomination Form(9 total pgs)						
Nominator Statement (pg 7)						
Driver Questionnaire (pg 8)						
MVR (pulled in past 30 days)						
Ring Size (pg 3)						

Supporting Documents (if applicable):

Important! Please list the number of pages included for each item in the left column

Packet includes:	Company Initial	Date Submitted	FTA Receipt	Date Received	SMC Review	Date Reviewed
Newspaper articles						
Recommendation letters						
Witness statements						
Accident reports						
Certificates/completion						
Certification documents						
Military Verification (DD214 or other)						
TDC participation or volunteer						
Other (please list):						