

Trucking Association of New York 2024 DRIVER OF THE YEAR Award Application Form

Every year, the Trucking Association of New York accepts nominations from member companies for the New York State Driver of the Year Award. Drivers with outstanding driving records, who display their professionalism both on and off the road, are considered for this prestigious award. Winners are often very involved in their communities, typically through safety education, civic engagement, or charitable pursuits.

How It Works

The top five drivers from throughout New York State are selected as finalists who are then invited to attend the Awards Ceremony with a guest on June 8, 2024 in Syracuse, NY where one will be announced as the Statewide Driver of the Year.* Finalists will receive an award and a \$100 cash prize. The statewide winner will receive an award, a \$500 cash prize, and will be invited to attend the Annual Management Conference with a guest where they will be honored at the recognition banquet. A complimentary hotel room for two nights and registration for two people to the conference will be provided.

The Statewide Driver of the Year is eligible to be nominated for the American Trucking Associations' National Driver of the Year Award.

Publicity for all finalists will include press releases distributed to media in both the submitting company and driver's town or city, acknowledgement on TANY's social media platforms, and in both the member-only weekly *Friday Final* newsletter and quarterly *Milepost* magazine.

* Any applicant who has won the statewide title within the past two years is not eligible to win but can still qualify as a finalist.

For more information, contact: Kate Crandall, *Program and Events Manager* (518) 458-9696 | kcrandall@nytrucks.org

Submission deadline: April 11, 2025

To Submit:

Option 1: Complete Online submission at https://forms.office.com/r/MZuZfDeuh5

Option 2: Email this completed form and all required documentation to kcrandall@nytrucks.org



Trucking Association of New York

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2024 DRIVER OF THE YEAR

Nomination Form



Driver's Name:					
Email:	Phone: ()				
Home Address:		City:		_ State:	Zip:
Company Name:	Terminal Location:				
Company Address:		City:		_State:	_ Zip:
Company Officer		т	itle:		
Company Officer Email:	il: Phone: ()				
SAFETY INFORMATI	ON:				
Number of Years CMV Driving: Years with Present Employer:					
Type of Driving:	cal/Pedal	Over-the-Road	□ Other		
Equipment Operated:	ı ck [Tractor/Trailer	☐ Other		
Total Miles Accumulated:	Present Employe	er:	-		
	Previous Employe	rs:	_		
	тоти	AL:	_		
Accident Type	Date of Last	# of Preventable	e # of Non	n-Preventabl	e TOTAL
DOT Reportable Accidents					
Company Accidents/Incidents					
OTJ Lost Time Injuries					
Additional Information (Letter(s) of recommenda Industry awards (Compa	tion required and r	must be submitted			
Community involvement	and hobbies:				
NOTE: To be considered, raccidents and injuries repo	orted and a current	Motor Vehicle Red	cord.		