



Trucking Association of New York 2021 DRIVER OF THE YEAR AWARD APPLICATION

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 Banquet with a guest on June 11, 2022 in Syracuse, NY where one will be selected and 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 isn't eligible to win but can still qualify as a finalist.*

For more information, contact:
Kate Kennett, Vice President
(518) 458-9696 ext.103 or kate@nytrucks.org

Submission deadline: April 22, 2022



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2021 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 _____ Title: _____

Company Officer Email: _____ Phone: () _____

SAFETY INFORMATION:

Number of Years CMV Driving: _____ Years with Present Employer: _____

Type of Driving: Local/Pedal Over-the-Road Other _____

Equipment Operated: Truck Tractor/Trailer Other _____

Total Miles Accumulated: Present Employer: _____

Previous Employers: _____

TOTAL: _____

Accident Type	Date of Last	# of Preventable	# of Non-Preventable	TOTAL
DOT Reportable Accidents				
Company Accidents/Incidents				
OTJ Lost Time Injuries				

Additional Information (Use additional paper if necessary.)
Letter(s) of recommendation required and must be submitted.

Industry awards (Company awards, Truck Driving Championships, etc.):

Community involvement and hobbies:

NOTE: *To be considered, nomination forms must be submitted with a written description of all accidents and injuries reported and a current Motor Vehicle Record.*

Certification: All of the information submitted is accurate and true to the best of my knowledge.

Signature of Company Official _____ Date _____ Signature of Driver _____ Date _____