



2024 Nomination for Driver Of the Month

Driver _____

Home Address _____

Date of Birth _____ Marital Status _____ Number of Children _____

License Number _____ State _____ Social Security # _____

Employers Name _____

Employer Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Years of Driving: Present Employer _____ Previous Employer _____

Mileage: Present Employer _____ Previous Employer _____

Equipment Operated: Straight Truck 3-Axle Semi 4-Axle Semi
5-Axle Truck Twin Trailer

Type of Driving: Local Delivery Terminal to Terminal Long Haul

Accident Record

	Number Chargeable		Number Non-Chargeable	
	Traffic	Non-Traffic	Traffic	Non-Traffic
Present Employer	_____	_____	_____	_____
Previous Employer	_____	_____	_____	_____
Date of Last Chargeable Accident	_____			
Date of Last Non-Chargeable Accident	_____			
Date of Last Traffic Violation or Citation	_____		Offense	_____
Has driver previously been a Driver of the Month?	_____ Yes	_____ No	Year	_____

(Driver may be disqualified if information contained on this form is incorrect.)

Name of person making nomination _____

Title _____ Phone _____

Email _____ Date of submission _____

Return to: WVTA
2006 Kanawha Boulevard, East
Charleston, WV 25311
Fax: (304) 343-5810
Email: Missy@omegawv.com

RETURN NO LATER THAN April 2, 2024