



## 2019 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 30, 2020**