

**2022 NOMINATION FOR SAFETY
PROFESSIONAL OF THE YEAR**
Michigan Trucking Association
1131 Centennial Way | Lansing, MI 48917
Phone: 517-321-1951



Answer the following as completely as possible. Attach additional sheets as needed. Judging will be based on:
The professional qualifications of the nominee; success in advancing highway and industry safety within the company fleet;
method of approach and solving safety problems associated with fleet operations; work and leadership in MTA Safety
Management Councils and other organizations. **The completed signed form and all attachments must be received at
MTA by Friday, April 22, 2022.**

Mail: Michigan Trucking Association
1131 Centennial Way
Lansing, MI 48917

Fax: 517-321-0884
Email: info@mitrucking.org

ELIGIBILITY

- *Nominee must be employed by an MTA member company in good standing.*
- *Nominee must be employed full time in the State of Michigan.*
- *Nominee must be in a management role directly involved in truck fleet safety/loss prevention activities.*
- *Nominee must be employed a minimum of two (2) years with present employer along with a minimum of three (3) years of total employment directly involved in safety.*
- *MTA reserves the right to suspend the competition based on lack of participation.*

GENERAL INFORMATION

Safety professional name _____
Address _____
City, State Zip _____
Cell phone _____ Home phone (if different than cell) _____
Email _____
Employer contact _____
Employer address _____
Employer City, State Zip _____
Employer contact phone _____ Employer contact fax _____
Employer contact email _____

RECORD OF FORMAL EDUCATION

School	Course Study	Years	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any informal or in-service training.

Previous employment

Company	Position	Dates
_____	_____	_____
_____	_____	_____

SAFETY ACTIVITIES

List any participation in instructive training, such as conducting seminars, speaking engagements, activities promoting transportation safety, etc.

List participation in MTA and MTA Safety Management Council activities, such as Driver of the Year, seminars, safety contests, Road Patrol, scale inspections, etc.

List years of participation in MTA Safety Management Councils and indicate any offices held.

Council	Office	Dates
---------	--------	-------

Council	Office	Dates
---------	--------	-------

List memberships and any offices held in safety organizations other than Michigan Trucking Association.

Organization	Office	Dates
--------------	--------	-------

Organization	Office	Dates
--------------	--------	-------

List any certifications or involvement with National Safety Council or North American Transportation Management Institute (NATMI), such as Director of Safety, Safety Supervisor, Driver Trainer or equivalent.

Certification	Certification number	Date
---------------	----------------------	------

Certification	Certification number	Date
---------------	----------------------	------

List any personal recognition received for activities related to safety promotion.

List other related activities you wish to share. Attach any testimonials from others endorsing your nomination.

As a condition of nomination, the nominee and employing company must grant the MTA full authority and freedom to investigate the nominees and the company's records and premises. MTA agrees to hold all findings of such an investigation in strict confidence.

SIGNATURES

I certify that the information and exhibits attached are true and correct to the best of my knowledge.

Signature of nominee

Signature of company official

Company

Title

Date

Date