

## 2024 BCTA / VOLVO TRUCKS CANADA DRIVER OF THE YEAR AWARD NOMINATION FORM

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The British Columbia Trucking Association invites members to nominate qualified drivers to become the **2024 Driver of the Year**. This award recognizes safe driving among outstanding professional drivers.

**To be eligible, a nominee must meet the following requirements:**

- Regularly employed / contracted as a professional truck driver for at least the last 10 years
- Good driving record, including no preventable accidents in the last 5 years
- Employed / contracted as a driver with your company for at least 2 years

**Preference will be given to nominees who meet one or more of the following criteria:**

- High commitment to safety and professionalism (e.g., safety committee, first aid training)
- Long service in the industry (years of employment / kilometres driven)
- Active in community service (including exceptional courtesy or acts of bravery on the road)

The successful nominee will receive a complimentary registration for two for our conference on Saturday, June 1, 2024, with one night's accommodation for the evening of June 1 at the Fairmont Chateau Whistler Resort in Whistler, BC. The award will be presented at our Luncheon on June 1. Note in preparation for the award, the sponsor may require an interview with the award recipient and/or company representatives.

**\*Please note the submission deadline is April 26, 2024.** Complete, save and send this form **along with a driver's abstract**, and any other supporting documents, to Michele Nicol, BCTA Director of Business Operations, at [MicheleN@BCTrucking.com](mailto:MicheleN@BCTrucking.com), or using the 'submit' button at the bottom of the form.

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The following questions relate to the nominee’s driving experience, equipment experience, safety-related activities, professionalism, and public service. Attach a separate sheet for detail if necessary.

Driver’s Full Name:

Driver Licence Number:

Date of Birth:

Company Name:

Employer Contact:

Company Phone:

Company Address:

City:

Province:

Postal Code:

1. Number of years of professional driving experience:

Present Employer:

Previous Employers:

Total:

Previous Employer(s):

2. Number of years of accident-free driving:

3. How many accidents has this driver had? (Use a separate page to describe)

4. How many moving violations has this driver had during the last 5 years?

5. How many personally preventable injuries has this driver received on the job?

6. Please complete the following table (total years OR kilometers):

Vehicle Configuration	City - Years	Highway - Kilometers

Total Years/Kilometers:

7. Which of the following activities has this driver participated in? (Check all that apply)

Defensive Driving training

Dangerous Goods training

First Aid training

Other Driver Training:

8. Has this driver been recognized for outstanding public service related to safety (e.g., acts of bravery or exceptional courtesy to other road users)? Describe and attach any letters of commendation.

YES NO

9. Does this driver participate in a safe driving awards program? YES NO

If yes, name of program:

What is the most recent year in which this driver received an award?

10. Rate each of the following areas of driver professionalism by writing next to each item:

“1” for Excellent, “2” for Very Good, “3” for Good, or “N/A” if not applicable

Employer/Employee Relations

Public Relations

Customer Relations

Acceptance of Responsibilities

Reporting Defects

Care of Equipment

Pre and Post Trip Inspections

Completing Records

General Work Habits

11. What is your overall rating for this driver compared to others in your fleet? (Check one)

Excellent, better than 95% of other drivers

Very Good, better than 90% of other drivers

Good, better than 80% of other drivers

12. Is the driver involved in community service activities?

13. Has the driver received any awards for public service?

14. Other general comments about this driver:

**I certify that this form and any attachments are true and correct to the best of my knowledge.**

Employer’s Signature:

Date: