



FLEET SAFETY PROFESSIONAL OF THE YEAR

THE PROGRAM

The California Trucking Association (CTA) Fleet Safety Professional of the Year award is a program sponsored by CTA's Safety Department designed to recognize truck fleet safety managers whose accomplishments are truly outstanding.

The purpose of this award is to promote the highest standards on fleet safety programs as well as the qualifications and performance of safety professionals in the commercial vehicle transportation industry.

ELIGIBILITY

The nominee must be a full-time employee who is responsible for directing the safety activities of a commercial vehicle fleet. In this capacity, the fleet safety manager must be responsible for the implementation and administration of the company's safety program.

All nominees must have a minimum of three (3) years experience as a fleet safety manager with a company that is a member in good standing with CTA.

A previous Fleet Safety Professional of the Year recipient is not eligible to be nominated again for Fleet Safety Professional of the Year.

BASIS FOR THE AWARD

Nominations will be judged by a non-CTA selection panel based upon his/her professional qualifications as well as his/her success in advancing on-highway and industrial safety for the company.

Nominations will also be judged on their administration of successful contributions in safety for the industry over the past (3) years.

NOMINATIONS PROCEDURE AND REQUIREMENTS

Nominations for the Fleet Safety Professional of the Year award may be made by any CTA member company or by any person employed by such company (including the nominee).

The nominee need **not** be certified Practicing Safety Administrator (CPSA). However, additional points will be awarded if the nominee is so certified.

Nominations must be returned to CTA's Safety Department no later than **5:00pm on the deadline date of February 20, 2009.**



PERSONAL ACHIEVEMENT AWARDS

- I. In paragraphs titled "Personal Achievement Awards," list any information of the nominee receiving special recognition for his/her safety activities in the transportation industry. Include any governmental awards presented by the local community, county or state:
 - A. Name and type of recognition
 - B. Sponsors of such recognition, dates and reasons for which recognition has been given
- II. Attach all available evidence (photographs of certificates) of awards of special recognition.

DESCRIPTION OF COMMERCIAL VEHICLE FLEET SUPERVISED

- I. In paragraphs titled "Description of Commercial Vehicle Fleet Supervised" indicate:
 - A. The total number of terminals, vehicles operated and drivers, shops and dock workers supervised
 - B. Show approximate total annual mileage of power units

JOB ANALYSIS

- I. On pages titled "Job Analysis" indicate:
 - A. Nominee's position in the organizational structure of the corporation
 - B. Duties, responsibilities and authority of nominee
 - C. Training/safety training conducted

MEMBERSHIP IN PROFESSIONAL SAFETY GROUPS

- I. In the paragraph titled "Membership and Activity in Professional Safety Groups" provide the following information:
 - A. Name of organization and brief description of its purposes and objectives
 - B. Offices/committee memberships

EMPLOYMENT HISTORY

- I. On a page titled "Employment History" provide the following for each employer for whom safety work was done in the last five years:
 - A. Employer's name, address and type of business
 - B. Date of employment and termination
 - C. Safety positions held- provide job description of each position.



FORMAL EDUCATION

- I. On pages titled "Formal Education" please include all education as follows"
 - A. Name of High School, date of attendance, and date of graduation
 - B. Name and location of college, dates of attendance, and date of graduation

- II. List the following additional information for all college credit courses:
 - A. Names of courses and subjects
 - B. Dates of study
 - C. Name of institution through which course was offered
 - D. Number of college credits, degree(s) received (include copies)

EMPLOYMENT RELATED TRAINING

- I. On pages titled "Employment Related Training," list all the educational courses taken through company and industry training programs or through other sources:
 - A. Names of courses and subjects on safety of relating to safety
 - B. Date of training and hours of classroom study
 - C. Names of educational institution where courses were taken

- II. Attach all certificates as evidence of attendance for courses claimed.

INSTRUCTIONAL/TEACHING EXPERIENCE

- I. List all teaching that you conducted in the subject(s) of commercial vehicle fleet safety or related subjects. Include all company and industry programs:
 - A. Indicate approximate dates, a brief resume of subject matter and type of groups being instructed.



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NOMINEE INFORMATION SHEET

Name _____ Telephone() _____

Home Address _____

Company _____

Company address _____

Age _____ Name of Spouse _____

Trucking industry positions held _____

Professional recognition received _____

Previous employment (beginning with most recent)

1. _____
(Company) (Address) (Dates)

2. _____
(Company) (Address) (Dates)

3. _____
(Company) (Address) (Dates)

Military (branch of service) _____ Dates _____

Civic activities: Church, lodges and clubs (offices held, if any) _____

CPSA certificate number _____



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APPLICATION

Nominee's name _____
Title _____
Company name _____
Company address _____
City _____ State _____ Telephone(_____) _____
Residence address _____
City _____ State _____ Telephone (_____) _____
Person making nomination _____
Title _____ Telephone(_____) _____

Please provide the following substantiating documentation:

- I. A letter of nomination signed by a company executive. All letters must include the following:
 - A. Certification that the nominee is responsible for directing the safety activities of the fleet of commercial vehicles
 - B. Certification that the nominee is of high moral character
 - C. Certification that all statements submitted in support of the nominee are true and correct
- II. The following documentation in summary form:
 - A. Copy of the nominee's information sheet, including a 5 by 7-inch head-and-shoulders photo
 - B. Record of employment history
 - C. Record of formal education
 - D. Record of employment related training
 - E. Record of instructional/teaching experience
 - F. Record of personal achievement awards
 - G. Description of the commercial vehicle fleet supervised
 - Number of Terminals
 - Numbers of vehicles
 - Numbers of employees
 - H. Job analysis
 - Nominee's organizational position
 - Duties and responsibilities
 - Shop and terminal responsibilities
 - Safety training program conducted
 - I. Membership and activity in professional safety groups
 - Names of organization
 - Offices/committee memberships



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NOMINATION FORM

(Name of the individual being nominated)

(Company)

The above-named person is hereby nominated for the Fleet Safety Professional of the Year as a person directly responsible for directing or administering the safety activities for an on highway fleet of commercial vehicles. I certify that the above nominee is of high moral character and integrity.

I further certify that all the statements in support of this nomination are true and correct to the best of my ability. Full authority is hereby granted to investigate any and substantiate all records pertinent to this nomination. The results of such investigation will be held in confidence.

Signed: _____
(Person making nomination)

(Nominee)

(Company executive)

(Date)

(Title)