

2018 Driver of the Year Contests: Owner Operator Application

Visit www.truckload.org/DriveroftheYear September 17, 2018 to Apply

***required field**

Section I - Personal Data

First Name *

Middle Initial

Last Name *

Nickname

E-mail (do not enter the contest liaison's e-mail in this field) *

Phone *

Address *

City *

State/Province *

Zip/Postal Code *

Country *

Team Driver *

Yes No

Team Name

Commercial Driver's License Number *

State/Province that Issued the Commercial Driver's License *

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Social Security Number *

Date of Birth *

MVR (The MVR cannot be older than June 1, 2018.) *

[Document Upload]

What region(s) do you drive *

- | | |
|---|--|
| <input type="checkbox"/> United States - Nationwide | <input type="checkbox"/> United States - Midwest |
| <input type="checkbox"/> United States - Northeast | <input type="checkbox"/> Canada - Nationwide |
| <input type="checkbox"/> United States - Southeast | <input type="checkbox"/> Canada - Northern |
| <input type="checkbox"/> United States - Southwest | <input type="checkbox"/> Canada - Eastern |
| <input type="checkbox"/> United States - West | <input type="checkbox"/> Canada - Western |

Section II - Safety Record

	2013 *	2014 *	2015*	2016 *	2017 *	2018 thru June *
Preventable Accidents *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Preventable Accidents *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Moving Violations *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been in a DOT Recordable Accident? *

- Yes No

If yes, when was the accident?

How many carriers have you been leased to in the last five years? *

Average one-way miles per load *

Loads moved per day/week *

Percent city vs. rural mileage *

Total lifetime hours of service violations *

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Total lifetime out of service violations *

Total over-the-road truckload miles *

Total over-the-road accident-free truckload miles *

Years taken to achieve total over-the-road accident-free truckload miles *

Are you an active over-the-road truckload driver? *

Yes No

Number of lifetime moving violations in a personal automobile(s) *

Have you ever received a citation for an accident in a personal automobile? *

If yes, what were you cited for?

Section III - Operating History

	2013 *	2014 *	2015 *	2016 *	2017 *	2018 thru June *
Actual Miles Driven *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle make, year *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gross Income *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Operating Expenses *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net Income/Loss *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Plan *

[Document Upload]

Financial Statement *

[Document Upload]

Section IV - Equipment Specifications

Make, Model and Year of Current Power Unit *

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Year You Began Running this Power Unit *

Section V - Commercial Truck Driver History

Applicant must substantiate 5 years as a commercial truck driver with the last 3 as an owner operator. Click "Add Another" if necessary. Please list in reverse chronological order.

Contracted to *

From (mo/yr) *

To (mo/yr) *

Address *

Telephone Number *

City *

State/Province *

Zip/Postal Code *

Country *

Company CEO *

Type of Trailer Pulled *

Average Weight of Load *

Describe Commodities Transported *

[Add Another]

Section VI - Personal Statements

Please explain in 300 words or less what you do to keep yourself healthy. Describe any routines that you follow in regard to exercise, diet, rest, and/or other aspects of your life affecting your physical and mental well-being. Be sure to emphasize anything that you feel sets you apart from your colleagues.

[Document Upload]

Please explain in 300 words or less why you should be selected as the 2018 Driver of the Year. Emphasize what sets you apart from your colleagues, such as your safety record, interaction with your peers, mentoring of drivers that are new to the field, and/or the respect you have earned from your supervisors and clients. *

[Document Upload]

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Please explain in 300 words or less what makes you a good "Trucking Citizen." Emphasize what sets you apart from your colleagues, such as your efforts to improve the image of trucking, protect the environment, and/or contribute to your community. *

[Document Upload]

Section VII - Testimonials

Each of the following should explain in 250 words or less why you should be selected as the 2018 Driver of the Year. Each testimonial may be either typed into an available field or uploaded.

CEO *

[Document Upload]

Safety Director *

[Document Upload]

Section VIII - Recognition

Please describe and date awards, achievements and recognition you have received due to your career or good citizenship. Your most recent honors/award should be entered below. Click "Add Another" if necessary.

Sample:

03/15	2000 Truck Driving Championship – Placed 1 st in Super B
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Date Description

<input type="text"/>	<input type="text"/>
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[Add Another]

Section IX - Supplemental Information

Please upload any additional information that may help the judges evaluate your qualifications. Such information could include, for example, a newspaper article on your volunteer work in your community.

[Document Upload]

[Add Another]

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Section X - Photo

Please upload four (4) 300 dpi (print-compatible) headshot photos of yourself. These pictures may be used for publicity purposes. See the sample below.



[Document Upload]

[Document Upload]

[Document Upload]

[Document Upload]

*John Lyboldt
TCA President*

SAMPLE