

SAFE DRIVING AWARD

You are invited to apply for the **2009 Safe Driving Award** for a company with an exceptional driver safety program and record for the calendar year January 1 to December 31, 2009. **To be considered ALL questions must be answered.**

Company name EXACTLY AS DESIRED ON AWARD (print)

Type of industry _____

Name of person submitting application _____

Title _____

Company Address _____ City _____

State _____ Zip _____

Award is for ___ entire company ___ one location: name of location _____

Type (s) of vehicles _____ Number of vehicles _____

Number of employees that operate these motor vehicles on the job _____

Does any of your company's driving operations require a CDL? Yes No If yes, percentage of drivers with a CDL _____

Does your company written have a driver's safety program? Yes No

Number of driver's safety classes a year _____ Number of employees trained in driver's safety in 2009 _____

Program (s) your company uses for drivers' training (check all that apply)

____ National Safety Council 4-hour ____ National Safety Council 8/6-hour

____ Other purchased program

____ In-house Who developed your in-house program _____

____ Internet Name of program _____

Why did you choose the program you use?

Does your driving safety include hands-on evaluation? Yes No Our company has a mandatory seat belt use policy Yes No



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Were any tickets issued to your drivers for on the job driving infractions at award location in 2009?

_____Yes _____No _____# of offenses

If yes, what did the offenses involve (check all that apply) : _____Speeding _____Running red lights _____Seat belt use _____Stop signs

_____Other(describe)_____

How does the company handle problem drivers?

Number of consecutive vehicle miles all vehicles driven without an incident* _____

Can this be verified in driving logs? Yes No If no, how did you arrive at this number

Did your company have a fatality involving a motor vehicle in 2009? Yes No

*Reportable Vehicle Incident: any occurrence involving a motor vehicle which results in death, injury or property damage, regardless of preventability of the incident, extent of property damage or who was responsible for the incident, unless said motor vehicle is properly parked.

In 150 typewritten words or more describe what it is that has made your driver safety efforts a success.

I hereby certify that the information included in this application form is factual and accurate.

Signature _____

Date _____

Awards will be presented during the Conference Awards Banquet on Tuesday, October 12, 2010 at the Casper Events Center in Casper, Wyoming. Application deadline is Thursday, September 30, 2010.

Recipients must be able to be present to receive award. Please attached any other information, press releases, newspaper articles, testimonials, etc you may have to support your nominee which will assist the committee in its evaluation. Please call (307) 635-4592 and follow up to make sure your application has been received.

Mail completed application and attachments to Wyoming-Montana Safety Council
1502 Logan Ave Cheyenne WY 82001

Or fax completed application to (307) 635-0940.



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