



NEW HAMPSHIRE MOTOR TRANSPORT ASSOCIATION

PO BOX 3898 • 19 HENNIKER STREET • CONCORD, NH 03302-3898

PHONE (603) 224-7337 • FAX (603) 225-9361

# Master Truck Driver Certification Application

Instructions: Complete form, sign and send to:

NHMTA  
P. O. Box 3898  
Concord NH 03302-3898  
Email: [info@nhmta.org](mailto:info@nhmta.org)

- Qualifications:
- 1) Driver must be nominated by an NHMTA member company
  - 2) Driver must have driven & been employed for that company for at least one year
  - 3) Driver must have a citation-free CDL Motor Vehicle Record for the past 3 years
  - 4) Driver must have achieved either
    - a) One million accident-free CDL miles **or**
    - b) 25,000 hours of accident-free CDL driving
  - 5) The driver must have **one** of the following:
    - a) A record of community service
    - b) Demonstrate leadership in a program or event that promotes/further industry ideals and growth.
    - c) A meritorious act of selflessness

Driver Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Driver's Home Terminal: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Type of Equipment/Routes: \_\_\_\_\_ Career Number of CDL Miles \_\_\_\_\_

Number of years as driver: \_\_\_\_\_ Miles since last CDL accident: \_\_\_\_\_

Number of years in industry: \_\_\_\_\_ Years since last CDL accident: \_\_\_\_\_

Identify drivers as either employee \_\_\_\_\_ or owner/operator \_\_\_\_\_



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# Master Truck Driver Certification Driving Record of Applicant

Driver's name: \_\_\_\_\_

### Driving record with sponsoring motor carrier.

- 1) Date affiliated: \_\_\_\_\_
- 2) Number miles driven for your company \_\_\_\_\_

### Driving record with other carriers.

List all other companies driven for:

Company	Dates	Miles Driven

Has driver been convicted of a moving violation during the past three years? \_\_\_\_\_

Driver must have completed **one** of the following qualifications. Please indicate:

- Demonstration of leadership in a program: Describe: \_\_\_\_\_
- A record of community service. Describe: \_\_\_\_\_
- Performance of a meritorious act of selflessness. Describe: \_\_\_\_\_

*Please attach additional sheets if necessary*

### **Certification by Company Representative**

I hereby certify that the above information is correct to the best of my knowledge and belief and nominate this driver to be given a Master Truck Driver certification.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_