



April 15, 2024

Dear NHMTA Member:

Do you have an exceptional driver that you would like to recognize?

The Master Truck Driver Certification program is a prestigious program that is intended to recognize those drivers in your employment who have achieved a high level of professionalism through the safe operation of motor vehicles, and who you believe have exemplified the ideals of the New Hampshire Motor Transport Association and American trucking industry during their career.

Please take this opportunity to recognize your drivers who have achieved an exceptional safety record during their career (usually more than ten years). The total required miles or hours of driving time may be at your company and/or with a previous employer.

Each driver who is awarded this certification will receive a dignified plaque, a specially designed jacket and shirt from NHMTA. The presentations will be made in a special ceremony this fall at a time and location yet to be determined. In the past, we have invited the Governor to present the plaques to the drivers in the NH Executive Council Chambers in the State House. In addition, NHMTA publicly recognizes the drivers in our newsletters, on the cover of our NHMTA Annual Directory and website.

A nomination form is enclosed, and there is no limit to how many of your drivers you can nominate. Nomination forms will be reviewed by a committee of experienced trucking industry representatives who are members of the NHMTA.

Please take a few moments to recognize those drivers whom you feel are deserving of this prestigious certification. If you have any questions about the program or the criteria for application, please do not hesitate to call me at 415-8402. Additional nomination forms are available upon request. **The deadline for submitting a nomination is July 19, 2024.**

Sincerely,

A handwritten signature in black ink, appearing to read "MaryGrace Johansen". The signature is fluid and cursive, written in a professional style.

MaryGrace Johansen
Director of Safety & Loss Control

Enclosure: Master Truck Driver Certification Nomination form



Master Truck Driver Certification Nomination Form

Instructions: Page one to be completed by a company representative
Page two to be completed by the driver
Form must be submitted by July 19, 2024

- 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 (*approx. 10 years*)
 - 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

Sponsoring Company: _____

Driver Name: _____ Date of hire with sponsoring company _____

License Number: _____ State: _____

Driver's Home Terminal: _____

Supervisor: _____ Phone #: _____

Email _____

Type of Equipment/Routes: _____

Number of miles or hours driven for sponsoring company _____

List previous companies driven for, if miles or hours driven with your company are less than (see #4 above):

Company	Dates	Miles or Hours driven

Total Career Number of miles _____

Number of years as driver: _____ Miles since last accident: _____

Number of years in industry: _____ Years since last accident: _____

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



Master Truck Driver Certification Nomination Form

(To be completed by driver)

Driver Name: _____ Date of Birth: _____

Home Address: _____ City/State/Zip: _____

Phone #: _____

Spouse's Name: _____ Number of Children: _____

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 Safety 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 _____

Sign and send completed forms to:

NHMTA
P. O. Box 3898
Concord NH 03302-3898
Email: marygrace@nhmta.org

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