



THE TRANSPORTATION ALLIANCE
PROFESSIONAL OPERATOR OF THE YEAR
NOMINATION FORM

(Nominations must be received by The Transportation Alliance no later than Friday, August 30, 2019)

Please check which industry operating segments the driver you are nominating represents:

Taxicab_____, Limousine & Sedan _____, Paratransit & Contracting _____

Name of the Driver You Are Nominating _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ Fax Number (_____) _____

Years of Professional Driving Experience _____

Driving Record (safety: years of safe driving; accident record: miles between accidents; etc.)

Passenger Relations Record (letters, commendations, newspaper articles, etc.—please include copies)

Management Record (extra effort, initiative, never late, etc.)

- Please attach a brief statement (200 words or less) describing the reasons your nominee should be chosen to be the Driver of the Year.
Please include any newspaper articles, newsletter, or write-ups that will support your nomination.

Name of the Person Submitting this Nomination _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ Fax Number (_____) _____

Email _____ Date of Submission _____

Please return this form no later than Friday, August 30, 2019

The Transportation Alliance, 3200 Tower Oaks Blvd., Suite 220, Rockville, MD 20852; or (fax) (301) 984-5703