



**THE TRANSPORTATION ALLIANCE
PROFESSIONAL VEHICLE
OPERATOR OF THE YEAR
NOMINATION FORM**

(Nominations must be received in The Transportation Alliance office no later than January 31, 2020)

Please check which industry operating segment 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.