

Colorado Motor Carriers Association Fleet Safety Contest Application Form

Company Name: _____ Phone: _____

Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Company DOT #: _____

A: Category

Companies may enter a maximum of two (2) categories. **A separate application must be submitted for each category entered. Mileage must be separated for each application.**

Check category entered below:

- General Commodities – Truckload
- General Commodities – LTL
- Tank Truck
- Household Goods
- Heavy Hauler
- Miscellaneous (includes livestock, auto transport, tow truck, courier)

B: Accident Rate / Mileage Report

_____ x 1,000,000 / _____ = _____
of DOT Recordable CO Accidents 2009 2009 CO Miles Accident Frequency Rate

C: Complete this section to be eligible for "Most Improved" Award

_____ x 1,000,000 / _____ = _____
of DOT Recordable CO Accidents 2008 2008 CO Miles Accident Frequency Rate

_____ x 1,000,000 / _____ = _____
of DOT Recordable CO Accidents 2007 2007 CO Miles Accident Frequency Rate

D: Complete this section to be eligible for President's Award (overall safety program)

- Complete attached "Self Audit Form"
- Submit written description of safety program, including policies, procedures, training program, disciplinary guidelines, past award history, management structure, etc.
- Submit record of **ALL** accidents in Colorado for the previous 3 years, including non-DOT recordable, preventable and non-preventable.
- Submit record of **ALL** workplace accidents for the previous 3 years. Include your workers compensation mod rate.

Safety Director: _____ Signature: _____

Submit to CMCA Offices no later than Monday, February 19, 2010.