

SAFETY SUPERVISOR OF THE YEAR

1. The candidate for "Safety Supervisor of the Year" must be actively involved in the loss prevention program and safety activities of a for-hire or private carrier truck fleet. This includes safety directors, safety supervisors and/or other persons responsible for this duty.
2. The candidate must reside in Colorado.
3. The candidate must be employed by the same employer for one year prior to the nomination cycle (e.g. employed Jan. 06 – Dec. 06 for 2007 nomination year).
4. The employer for whom the candidate is employed must be a member of the state's trucking association in which the carrier is domiciled, and a member of the Safety Management Council.
5. The candidate must be actively involved in the Safety Management Council.
6. Candidates will be selected on his/her accomplishments for the contest year only. The contest year will be from January 1st through December 31st of the year preceding the Annual Safety Awards Banquet.

THE ENCLOSED NOMINATION FORM IS USED FOR THE SELECTION OF THE COLORADO SAFETY SUPERVISOR OF THE YEAR, AS WELL AS COLORADO'S NOMINEE FOR THE ROCKY MOUNTAIN REGIONAL SAFETY SUPERVISOR OF THE YEAR. COLORADO'S NOMINEE IS THE WINNER OF THE STATE CONTEST.

**THIS FORM MUST BE RETURNED TO THE
COLORADO MOTOR CARRIERS ASSOCIATION OFFICE
NO LATER THAN 4:30 PM ON FEBRUARY 29, 2012.**

**COLORADO MOTOR CARRIERS ASSOCIATION
AND
ROCKY MOUNTAIN REGIONAL SAFETY RENDEZVOUS
SAFETY SUPERVISOR OF THE YEAR**

SUPERVISOR INFORMATION SHEET

Supervisor Name: _____

Date of Birth: _____

Home Address: _____

Single _____ Married _____ Spouse's Name _____

Names and Ages of Children: _____

Present Employer: _____

Employer Address: _____

Principal Officer: _____

How long has the supervisor served in this capacity with the present employer?

Years _____ Months _____ Days _____ (This is extremely important)

Supervisor's specific duties with present employer: (use additional sheets if necessary)

Additional Information

Military Record:

Branch of Service: _____

Dates of Service: _____

Principal Duties: _____

Campaigns and Citations (submit copy of supporting documents, if available, with nomination form): _____

Memberships (church, lodges, and clubs – show offices held, if any): _____

List other Activities and Hobbies: _____
