

OMCA Driver Excellence Award

General Information

Driver's Name

Company Name

Driver's Home Garage

Address

Telephone

Name of Company Official Nominating Driver

Title of Company Official Nominating Driver

Email

Driver employment status:

_____ Full-time / _____ Part-time

Safety Evaluation

Number of km driven in last year: _____

Total number of years driving passengers in an applicable class motor coach:

Has the driver had any preventable accidents in the last three (3) years? _____ Yes _____ No

Number of years of accident free driving: _____

(Example: If driving for 10 years but had an accident in the 4th year, then 9 years of accident free-driving)

Driver's Abstract attached, dated:

(Note: Driver's abstract **must not** be older than 30 days as of Sept. 1 of the current year and must be attached to this form or nomination will be rejected)

Achievements and Awards

Company safe driving awards

IHSA/OSL

St. John's Ambulance/Red Cross

PRIDE Program

Driving Competitions

Defensive Driving

Others

Additional Information

The following space is for additional information that may be relevant. The Executive Committee reserves the right to decide whether this information will be considered in the final analysis (attach separate pages if necessary).
