

CCJ Innovator of the year

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Nomination Form

Commercial Carrier Journal's Innovator of the Year award recognizes trucking operations that have demonstrated true innovation in trucking management. The editors of *CCJ* will select finalists, one of which will be named Innovator of the Year and featured in a *CCJ* cover story. Other finalists will be featured monthly throughout the year.

Rules and criteria

CCJ editors will assess each nominee in light of the degree of innovation, results achieved and the trucking operation's available resources. Judging will be based on the information provided on the nomination form, interviews with key personnel, discussions with professional references and publicly available information and databases. Decisions rest with the editors of CCJ and are final.

The competition is open to all North American trucking fleets, private or for-hire, operating equipment and in Classes 3-8 that:

- Own and/or operate at least 10 power units
- Have been in operation at least 5 years
- Possess a satisfactory safety rating if rated by FMCSA. (Unrated fleets may be asked to provide evidence of safety fitness.)

Information submitted on this form is subject to verification. Operations tentatively selected as finalists may be subject to further screening.

Information about nominee (Please type or print clearly)

Chief executive's name: _____
(For private fleets, use chief fleet official)

Title: _____

Company: _____

(Use name of trucking operation if different from corporate owner)

Address: _____

City: _____ **State:** ____ **Zip:** _____

Telephone: _____ **Fax:** _____

E-mail: _____

Company: _____

Classification of operation: For-hire ____ Private ____

Years in operation: _____ **Number of power units (Class 3-8):** _____

Description of operation and/or cargo: _____

US DOT # (if applicable): _____

Professional references (Optional)

To the extent possible, references should be familiar with your company's innovations.

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Telephone: _____ **Fax:** _____

E-mail: _____

Relationship to you (i.e., customer, vendor, etc): _____

You may submit additional references if you wish.

Company: _____

Information about achievements

- 1. Please describe briefly what actions and initiatives make your operation worthy of recognition as Innovator of the Year:**

- 2. Please describe briefly how those actions and initiatives have benefited your company, employees, shareholders, local community, trucking industry and/or others:**

Company: _____

Information about achievements (continued)

3. Please identify key personnel involved in your company's innovation(s):

Name: _____ Title: _____

Phone: _____ E-mail: _____

Name: _____ Title: _____

Phone: _____ E-mail: _____

Name: _____ Title: _____

Phone: _____ E-mail: _____

Name: _____ Title: _____

Phone: _____ E-mail: _____

Certification

Must be signed by chief executive listed on first page of nomination form.

I hereby certify that to the best of my knowledge the information provided herein is true and accurate. I understand that information provided is subject to verification by any means available to *Commercial Carrier Journal*.

Signature

Date