

Fleet Safety Award Nomination Form

Name of Carrier: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Person in charge of Safety Program:

Name: _____

Title: _____

Signature: _____

Contest Division: (choose one)

- | | |
|--|--|
| <input type="checkbox"/> Irregular Route | <input type="checkbox"/> Regular Route |
| <input type="checkbox"/> Petroleum | <input type="checkbox"/> Miscellaneous |

Mileage Classification: (calendar year mileage only - Jan. 1, 2017-Dec. 31, 2017)

- Under One (1) Million Miles
 One (1) to Five (5) Million Miles
 More than Five (5) Million Miles

DOT Annual Crash Frequency:

Mileage Operated in Oklahoma (2016): _____

Number of Recordable Crashes (2016): _____

Crash Frequency (2016): _____

Mileage Operated in Oklahoma (2017): _____

Number of Recordable Crashes (2017): _____

Crash Frequency (2017): _____

Crash Frequency for ALL States (2017): _____

USDOT Carrier Safety Rating: _____