



Safe Driving Award Application Form

Application for a _____ year safe driving award.

DATE: _____

TO: Alberta Motor Transport Association (AMTA)
285005 Wrangler Way
Rocky View, AB T1X 0K3
FAX: (403) 243-4610
Attn: Maria Brown

Dear Sir/Madam;

I have driven a commercial vehicle without a preventable accident during the past 12 months ending _____ and I hereby make this application for a _____ year safety award.
(Month/year)

The last safe driving award received was a _____ year award.

Note: A driver is to be penalized 12 months of driving time for each preventable accident in which he/she was involved. This penalty is assessed against the driver by advancing the date eligible for the next higher award by one year.

It is understood and agreed that the allocation of the safe driver awards is left to the discretion of the Alberta Motor Transport Association and their decision shall be final.

PRINT NAME OF APPLICANT HERE

(Signature of Applicant)

c/o _____

(Work Address of Applicant)

The above applicant has been in my employ for the above-stated period and to the best of my knowledge and belief, the statements contained herein are true.

(Signature of Employer)

(Company Name)

(Company's Full Address)

City / Prov

PC