

The Safety Professional of the Year is selected by an independent committee, not affiliated with the WTA.

Please provide a detailed recommendation on behalf of the nominee.

NOMINEE NAME:							
LAST	FIR	FIRST					
CURRENT EMPLOYER:							
ADDRESS:							
CITY:	STATE:	ZIP:					
HIRE DATE:	TOTAL YEARS IN SAFETY:						
CURRENT JOB TITLE:							
LIST ALL PREVIOUS TRUCKING	G INDUSTRY POSITIONS	S HELD:					
LIST ALL PROFESSIONAL REC	OGNITIONS RECEIVED:						
LIST ALL AFFILIATIONS & MEN	MBERSHIPS:						
LIST ALL EDUCATION & PROF	ESSIONAL TRAINING HI	STORY:					
MILITARY SERVICE?							
BRANCH:	DA	ATE OF SERVICE:					

All nominations must be received by **June 13, 2025**Submit via email to: wta@watrucking.org



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DESCRIBE THE SAFETY DUTIES/ACTIVITIES WITH THE CURRENT EMPLOYER:						



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NOMI	NATED	BY:				PHONE:				
EMAIL	.:									
Signat	ure (No	minator)				<u></u>	ate.			

Winning entries will be announced at:

The Day with the Winners

Tacoma Country Club | Lakewood, WA

Saturday, August 2nd | 9:00am

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