

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	FIRS	M.I.					
CURRENT EMPLOYER:							
ADDRESS:							
CITY:	STATE:	ZIP:					
HIRE DATE:	TOTAL YEARS IN SAFETY:						
CURRENT JOB TITLE:							
LIST ALL PREVIOUS TRUCKING	INDUSTRY POSITIONS	HELD:					
LIST ALL PROFESSIONAL RECO	OGNITIONS RECEIVED:						
LIST ALL AFFILIATIONS & MEM	BERSHIPS:						
LIST ALL EDUCATION & PROFE	SSIONAL TRAINING HIS	TORY:					
MILITARY SERVICE?		TE OF SERVICE:					

All nominations must be received by **June 23rd, 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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INDUSTRY CONTRIBUTIONS TO SAFETY DEVELOPED OR PROVIDED BY THE NOMINEE AS A SAFETY PROFESSIONAL IN 2024. INCLUDE SUPPORTING DOCUMENTS AND
COMMENDATIONS DEMONSTRATING THE NOMINEE'S ACTIVITIES AND CONTRIBUTIONS TO BE HONORED AS SAFETY PROFESSIONAL OF THE YEAR.



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EMAIL	_:								
Signat	ture (No	minator	<u> </u>			 Da	e e		

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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