

**2023 UMA EXCELLENCE IN DRIVING RECOGNITION PROGRAM
APPLICATION**

NAME¹ _____

STREET ADDRESS² _____

CITY _____ ST _____ ZIP _____ - _____

TELEPHONE³ _____ - _____ - _____ email address _____

COMPANY YOU CURRENTLY DRIVE⁴ _____

CALENDAR YEAR(S) FOR CONSIDERATION⁵ _____

PLEASE ATTACH:

- A letter from the motor carrier(s) under whose authority the driver is/was operating for the period applied, stating that driver had no preventable crashes during the period (minimum two years) or insurance company loss records or original letter certifying no-reported crashes for period applied.

- Copy of applicant's state issued Motor Vehicle Report.

The undersign hereby certifies that I have read the SAFE DRIVER RECOGNITION CRITERIA, the information submitted is true, correct, and further grant program administrators authority and permission to view and evaluate such information set forth for purposes of determining eligibility. I acknowledge that eligibility criteria are established by the United Motorcoach Association, are at the sole discretion of their assigns, and are subject to change without notice. I agree to HOLD HARMLESS the United Motorcoach Association, its subsidiaries and/or affiliates, directors, officers, employees,

(Signature of Applicant) DATE ____/____/____

Please email application and supplemental information to kpresley@uma.org or fax to (703) 737-2950.

¹ Name as it appears on your driver's license.

² Mailing Address

³ Best telephone number to contact you.

⁴ Your current employer must be a member of the United Motorcoach Association

⁵ First application must cover a minimum time span of two-years.