# **South Carolina Technician of the Quarter Nomination Form**



#### **Basis for Nomination**

The SCTA Technician of the Quarter program recognizes the contributions of outstanding technicians of the heavy duty fleet maintenance industry. The contest evaluates the technician's knowledge of their trade and ability to utilize that knowledge on basic mechanical problems. A technician is expected to be efficient, savvy, and productive. Consistent professional conduct over the span of a career is not an expectation, it is the rule in today's truck transportation system. Also, active involvement in civic affairs, family, and other activities which contribute to the person as a whole warrant consideration.

The SCTA Technician of the Quarter and Technician of the Year program was established to single out those outstanding technicians who deserve that special recognition.

## **Qualification Criteria**

- All outstanding South Carolina-based technicians who are employed by SCTA member companies are eligible.
- Nomination may be made by any party, but must be approved by employer or employer representative.
- Exceptional or heroic actions must be documented by letters or statements of recognition, news clippings, etc. NOTE: Once a technician has been awarded Technician of the Month, they cannot be nominated for another five years. Once they have been awarded Tech of the Year, that's it. Congrats! One and done.

### **SUBMIT COMPLETED NOMINATION FORMS TO:**

Technician Personal Info	ormation			
Name:		Phone:	Cell:	
Company Employed by:		_ Location: _		
Home Address:				
City:		State:	Zip:	
Date of Birth:	Marital Status: M	D S		
pouse Name: # of Children:			# of Grandchildren:	
<b>Nomination</b> Please complete each question in the Has the technician had an on-the-  I. In your own words, why are you	job injury during the pr	revious twelve	months?	□No
Describe actions which deserve spectation. Attach additional sheets if	C	ose upon which	h nominations are based. I	nclude all documen

PAGE 2 - Technician of the Quarter Nomination 2. In what ways has this technician contributed		orkers?
3. List innovative methods, new procedures, no suggested or put in place:	ew tooling, modified tooling or	time saving ideas that this technician has
4. List any qualifications or certifications the to	echnician has obtained:	
5. List the characteristics that enhance the prof	fessionalism of this technician:	
6. In what ways has this technician contributed	d to the profession?	
For Nominator to Complete Name of Nominator:	Title:	
Company Address:		
City:	State:	Zip:
Phone:	Cell:	
Fax:	E-mail:	
Signature:	Date submitted: _	Nominations are valid for six months

## Include the Following with this Nomination Form:

- A head and shoulders photo (submitted electronically) to taryn@sctrucking.org
- Any and all supporting documentation

Recipients will be notified by letter to their home addresses with a copy sent to their supervisor.

Those awarded Technician of the Quarter are presented certificates at the Annual Fall Management Conference. They are also recognized and presented with plaques and tool box plates at the SCTA Spring Safety Awards Banquet (takes place in the Spring after the completion of the year). The Technician of the Year is announced at this time. We encourage companies of Technicians of the Quarter to allow them to participate in both events. Registration for the technician and one spouse/guest is covered. All travel and hotels are left to the company/technician.

If your driver is selected as a Technician of the Quarter, we strongly encourage you to submit additional letters of recommendation and supplements to be included with their packets so that the Technician of the Year Selection Committee has more substance to review.