



# MAINE MOTOR TRANSPORT ASSOCIATION FLEET SAFETY AWARDS

## PHASE I APPLICATION FORM

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email (mandatory): \_\_\_\_\_

USDOT Number: \_\_\_\_\_

Number of power units (Tractors and/or Trucks): \_\_\_\_\_

Miles traveled from July 1 to June 30 of the current year: \_\_\_\_\_

Number of recordable accidents (**INCLUDING** those you think should not be considered when determining your Accident Frequency Ratio): \_\_\_\_\_

Number of drivers: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**Deadline for submission is the first Friday in September.**

Submit to: [events@mmta.com](mailto:events@mmta.com)

- OR -

Maine Motor Transport Association  
Attn: Fleet Safety Award  
PO Box 857, Augusta, ME 04332-0857  
or fax to 207-629-5184

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RULES AND  
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