

EXCELLENCE IN TRANSPORTATION

AWARD

Application must be received by the ITD Awards Coordinator **by COB** **Thursday, Dec. 15, 2022.**

*Multiple winners may be selected based on the overall quality of the category’s submissions.*

**ITD Safety Person/Team of the Year Award**

**- Nomination Criteria**

This award recognizes an employee or group of employees who have consistently demonstrated that safety is not just a goal but is an imperative. This person or group has shown a deep commitment to personal safety during the past year and helped to advance ITD’s safety mission.

**Narrative:** Please provide a brief narrative describing the nominee’s outstanding contributions and accomplishments in modeling and promoting a culture of safety.

* Dedication to safety personally and professionally
* Serving as a role model and/or mentor to others with regard to safety
* Advancement of ITD culture of safety
* Helping to advance innovative safety initiatives implemented by the department

**Entry Requirements:**

1. Nomination narrative is limited to 1,000 words, must utilize size 12 font and be double-spaced for readability
2. Please include at least one individual photo, along with project and/or team photos
3. Submit an electronic copy of the nomination narrative and nomination application
   1. Documents must be submitted in Word format
   2. Email all files to ITDCommunication@itd.idaho.gov

**Judging:** The winning nomination(s) will be selected by a panel of qualified professionals from across the transportation profession. The award winner(s) will be recognized at an Idaho Transportation Department Board meeting.

**Send Entries To:**

Idaho Transportation Department – HQ Office of Communications

*email:* ITDCommunication@itd.idaho.gov

*For questions, please contact Reed Hollinshead at (208) 334-8881 (cell 208 608-6118) or* reed.hollinshead@itd.idaho.gov

**Official Nomination Application**

**About the Nominee**:

Nominee Name: Click here to enter text.

Title: Click here to enter text.

Company: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

**Name of Individual(s) Submitting Nomination:** Click here to enter text.

Company: Click here to enter text.

Address: Click here to enter text.

City/State/Zip: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

*Application sheet must be attached to nomination to ensure proper contact information is provided on the nominee and submitting party in case further information is required.*