

Atlantic Provinces Trucking Association "Good Samaritan Award"

Sponsored by *Marine Atlantic Inc.*, this award has been established for the Atlantic Canada Region and **will be presented at the upcoming Atlantic Provinces Trucking Association's Annual Awards Dinner on December 13th, 2018.**

"Good Samaritan Award" – Selection Criteria

1. An individual whose main occupation is in the trucking industry.
2. An individual who has performed an act of charity, provided assistance to a person/s in need or despair, etc.
3. The candidate must be a resident of one of the four Atlantic Provinces.
4. Any pertinent newspaper clipping, letter of commendation, etc., to be included in support of the nomination.
5. The event must have taken place between November 1st, 2017 and October 31st, 2018.

When submitting nominations, please bear in mind that the nomination represents a professional honour in the Atlantic Provinces trucking industry and therefore the nominee's qualifications must be carefully evaluated.

Nominations can be submitted by the employer or other associations (ei. THRSC, NSTSA).

**All nomination forms must be returned by
November 9th, 2018 at 5:00pm**

Please return forms to Micheline Babineau

Fax: 1.506.853.7424 or email: mbabineau@apta.ca

Atlantic Provinces Trucking Association

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Nomination Form for
"Good Samaritan Award"
Sponsored by
Marine Atlantic Inc.



**Marine Atlantic
Marine Atlantique**

Full Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Age: _____

Marital Status: _____

Children (Names and Ages): _____

Company Name: _____

Company Address: _____

Employer Contact: _____ Phone: _____

Number of Years with present employer: _____

Please give details of the act of charity, assistance provided to person/s in need or despair, etc.
Please provide any letters of commendation, press clippings, etc. with form, if applicable.

List any community activities involved in:

Attach any clippings, letters, supporting document with completed form.

Nominator

Name: _____ Title: _____

Company: _____ Phone Number: _____

Email: _____ Signature: _____

I hereby certify that the foregoing and any attachments are true and correct to the best of my knowledge and belief, and in accordance with my investigation of same.