



SAFE DRIVING AWARD RECOGNITION ITEMS ORDER FORM

Owner-Operator Independent Drivers Associations
PO Box 1000
Grain Valley, MO 64029

INSTRUCTIONS:

Individual full dues-paying OOIDA Members (excludes \$10 spouse members) –

Complete Sections C, D, E and F on this order form and return with your Safe Driving Award Request Form. (\$10 spouse members will need to purchase items by completing sections A, C, D and E).

\$10 Spouse members, or motor carriers and fleet owners applying on behalf of \$10 OOIDA driver members –

Complete Sections A, B, D, E and F. Use the matrix in Section A to order patches and certificates, which are available for specific years of achievement. Use total type of product (e.g. patch, decal) when tabulating order sales total on next page.

TERMS AND CONDITIONS

Price Change Notification

Merchandise and prices in this handbook are subject to change without notice. While we make every effort to ensure the accuracy of the information in the catalogue, occasional errors may occur. We reserve the right to make corrections.

GENERAL

Prices include applicable sales taxes. Shipping and handling charges are separate.

COPYRIGHT

All OOIDA materials are fully protected by the United States copyright laws and are solely for the non-commercial use of its members. Such materials shall not be rented, leased, transferred, broadcast in any media form, publicly exhibited, reproduced or used outside of their intended purpose without the prior consent of OOIDA.

Use of Materials

Merchandise in this handbook is available to qualifying members of OOIDA. They may not be used to convey the impression that OOIDA has approved any commercial product of service.

Shipping Information

Items are shipped via UPS. Please allow three weeks for delivery.

Returned Goods Policy

We accept returns to correct errors or omissions on the part of OOIDA.

If you are dissatisfied with any part of your purchase, you may qualify for credit or exchange from OOIDA if the merchandise is returned:

1. within 30 days of shipment
2. unused
3. in saleable condition
4. in original package

Other restrictions may apply.

***Personalized merchandise cannot be returned**

OOIDA SAFE DRIVING AWARD REQUEST FORM

You must complete and return an enrollment form each year to receive a Safe Driving Award for yourself or your drivers. Awards will not be issued automatically.

If you are an individual member requesting an award for yourself, please complete Section 1 below. Verification as described in the guidelines must be included.

If you are a motor carrier or fleet owner requesting such awards for your OOIDA member employed drivers and/or leased owner-operators, please complete Section 2 of this form. You must attest that your drivers meet the qualification criteria.

I am: an Owner-Operator a Fleet Owner
 a Company Driver a Motor Carrier

SECTION 1: Individual Member Award Request

Name: _____

Business Name: _____

Physical Address: _____

OOIDA Membership Number: _____

CDL Number: _____ State: _____

Number of Safe Driving Years Requested: _____

VERIFICATION MUST BE INCLUDED

Verification included: *(Please check all that apply)*

Letter from motor carrier

Insurance company loss records

Copy of MVR and letter explaining why verification cannot be supplied

Yes, OOIDA has my permission to announce my award with other award recipients in "Land Line Magazine", my local newspaper and on "Land Line Now".

I attest that the information provided is true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

SECTION 2: Motor Carrier/Fleet Owner Award Request

Company Name: _____

Company Address: _____

Phone Number: _____

OOIDA Member Number: _____

Contact Person: _____

List OOIDA member driver employees and/or leased owner-operator below:

Name: _____

Name: _____

OOIDA Member Number: _____

OOIDA Member Number: _____

Driver Leased

Driver Leased

Driver License Number: _____

Driver License Number: _____

Issuing State: _____

Issuing State: _____

Number of Safe Driving Years: _____

Number of Safe Driving Years: _____

Name: _____

Name: _____

OOIDA Member Number: _____

OOIDA Member Number: _____

Driver Leased

Driver Leased

Driver License Number: _____

Driver License Number: _____

Issuing State: _____

Issuing State: _____

Number of Safe Driving Years: _____

Number of Safe Driving Years: _____

(If necessary provide information for additional award recipients on a separate piece of paper)

I attest that the above drivers are eligible under the guidelines to receive an OOIDA Safe Driving Award. Only qualifying members of OOIDA will be presented with an award.

Signature: _____ Date: _____

Title: _____

Mail this form to:

Owner-Operator Independent Drivers Association

ATTN: Membership Dept

PO Box 1000

Grain Valley, MO 64029