



## 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.

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### 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" and my local newspaper.

Yes, OOIDA has my permission to provide my name to Volvo/Dave Nebo radio show on Sirius XM radio.

*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**