



# 2023 Operator of the Year Award

## Nomination Information Package

**NOMINATIONS DUE FRIDAY, JULY 14, 2023 by 6:00PM**

The Florida Public Transportation Association (FPTA) is pleased to announce that the Association is accepting applications for the 2023 Operator of the Year Awards Competition. The award recognizes an outstanding operator whose service has enriched and enhanced public transportation in their community. *Awards will be presented at the FPTA Awards Luncheon (Time TBA) portion of the FPTA Conference, on October 11, 2023 held in conjunction with APTA’s TRANSform Conference & EXPO in Orlando.*

The winning transit agencies will be notified of the winning operator in advance. Travel will only be paid for the Operator that wins 1<sup>st</sup> Place. The 2<sup>nd</sup> and 3<sup>rd</sup> place winners’ travel MUST be arranged and paid for by the transit agency.

### **2023 FPTA Annual Conference Operator of the Year Award Nomination Procedures**

This nomination packet provides the criteria, eligibility, and nomination forms for the FPTA Operator of the Year Award. Please submit nominations using the enclosed forms and additional sheets as needed, by **FRIDAY, JULY 14, 2023 at 6:00PM**. E-mail submissions are welcome.

Please provide the information requested below. The application should be completed by the nominee’s direct supervisor and approved by the transit property director. All information is critical – please do not leave any areas blank. Additional pages may be attached if necessary to include commendations and nomination letters. The information provided will be used by the selection committee to conduct a review of all contestants. Award Nominees will be notified in writing. Individuals wishing to withdraw their names from consideration must contact Karen Deigl, [kdeigl@sramail.org](mailto:kdeigl@sramail.org), immediately.

**Deadline for Application Submission: FRIDAY, JULY 14, 2023 at 6:00PM.** Mail or Email Applications to:

**KAREN DEIGL**  
**GoLine/Indian River Transit**  
694 14th Street  
Vero Beach, FL 32960  
Tel: 772.569.0760 x139  
Email: [kdeigl@sramail.org](mailto:kdeigl@sramail.org)



# 2023 Operator of the Year Award

## Official Nomination Form

Please provide the information requested below. The application should be completed by the nominee’s direct supervisor and approved by the transit property director. All information is critical – please do not leave any information areas blank. Additional pages may be attached if necessary to fully outline the nominee’s background, qualifications and accomplishments. The selection committee will use submitted information to evaluate nominees.

### **Nominating Transit Agency Information (Must be FPTA member in good standing)**

Transit Agency Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Tel # \_\_\_\_\_ Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

### **Nominee General Information**

Nominee Full Name \_\_\_\_\_  
Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Business # \_\_\_\_\_

### **Career**

Total years as a professional operator \_\_\_\_\_ Total career miles driven (approximate) \_\_\_\_\_  
Total accidents \_\_\_\_\_ Chargeable \_\_\_\_\_ Non-chargeable \_\_\_\_\_  
Professional Development/ Training attended within the past 5 years (Examples: courses, training, safety seminars, rodeos, etc)  
\_\_\_\_\_  
\_\_\_\_\_



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## Current Employment

Employer: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Years of Service: \_\_\_\_\_ Total Miles Driven, This Employer (approximate): \_\_\_\_\_

Safe Driving Years: \_\_\_\_\_ Total Bus Accidents: \_\_\_\_\_ Chargeable\*: \_\_\_\_\_ *\*When Was Chargeable Accident?* \_\_\_\_\_ Non-Chargeable: \_\_\_\_\_

Employment-Related Points on Driving Record: \_\_\_\_\_

## Employment Record Last 12 Months

Revenue Hours Worked: \_\_\_\_\_ Number Chargeable Accidents: \_\_\_\_\_ Non-Chargeable: \_\_\_\_\_  
(Minimum 1600)

Total workplace injuries requiring off site medical attention or days of loss work: \_\_\_\_\_

Number of Chargeable Passenger Falls: \_\_\_\_\_

Attendance: Number of Unplanned Days Off: \_\_\_\_\_

Number of Times Reported Late to Duty: \_\_\_\_\_

Total Hours of Revenue Service Driven: \_\_\_\_\_

Number of Validated Complaints: Written: \_\_\_\_\_ Verbal: \_\_\_\_\_

Number of Written Commendations (Attach Copies): \_\_\_\_\_

Number of Disciplinary Charges: \_\_\_\_\_

## Nomination Letter

Please submit a one-page letter on company letterhead. In creating the letter, state what the nominee has done to promote transit and public transportation. Why should this operator be recognized as the Florida Public Transportation Association’s Operator of the Year? Please incorporate specific examples of the following criteria in the letter. Nominees must:

- Exhibit a cooperative attitude towards their job
- Detail attention to their professional appearance
- Willingly assist passengers and other staff members
- Always greet passengers in a polite and friendly manner
- Always drive safely and be courteous to other drivers on the road
- Go above and beyond the call of duty



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Applications must be in the possession of the selection committee on or before **FRIDAY, JULY 14, 2023 at 6:00PM**. Applications must be mailed or email to: **KAREN DEIGL, GoLine/Indian River Transit, 694 14th Street, Vero Beach, FL 32960, 772.569.0760 x139, [kdeigl@sramail.org](mailto:kdeigl@sramail.org)**

## Award Committee Member Nomination and Information

The Award Committee will be composed of transit members of the FPTA to evaluate the nominations. Nominations are evaluated based on the information provided by applicants on the nomination form and attachments.

Participation in the Award Committee is strictly voluntary. Due to the distance and time constraints, all committee correspondence will be by email or telephone communication. Once nomination forms are received by the deadline date, profiles of each nominee will be sent to each committee member to rate and grade.

### Contact Information:

Name \_\_\_\_\_

Title \_\_\_\_\_

Transit Agency \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Tel # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

Best Method to Contact \_\_\_\_\_ Best Time to Contact \_\_\_\_\_

**Supervisor Information (Optional)** – Please submit your supervisor’s information. We would like to make sure that your participation and efforts in this award committee are recognized.

Immediate Supervisor’s Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Tel # \_\_\_\_\_ Cell # \_\_\_\_\_