

**South Carolina Maintenance Council**  
**MAINTENANCE TECHNICIAN OF THE QUARTER**  
**Award Nomination Form**

Nominee's Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please complete each question in 100 words or less. Feel free to use additional paper.*

**1. In your own words, why are you nominating this person for SCTA Technician of the Quarter?**

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2. In what ways has this technician contributed to the betterment of his/her coworkers?

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3. List innovative methods, new procedures, new tooling, modified tooling or time saving ideas that this technician has suggested or put in place:

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4. List any qualifications or certifications that the technician has obtained:

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5. List the characteristics that enhance the professionalism of this technician:

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6. In what ways has this technician contributed to the profession?

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**COMPLETED NOMINATIONS SHOULD BE SENT VIA EMAIL OR FAX TO:**



**SC Technology & Maintenance Council  
South Carolina Trucking Association  
PO Box 50166 Columbia, SC 29250  
Phone: 803-799-4306 ~ Fax 803-254-7148  
taryn@sctrucking.org**