

22nd Anniversary

Volvo Trucks Canada Canadian Fleet Maintenance Manager of the Year Award

NOMINATION FORM

Name of Candidate _____

Title _____

Fleet Name _____

Address _____

City _____ Prov. _____

Postal Code _____ Tel# _____

FLEET SIZE (number of pieces of equipment)

Straight Trucks (Class 8) _____

Tractors (Class 8) _____

Trailers _____

Length of employment by above fleet: _____ years.

Length of service to industry: _____ years.

Submitted by: _____

Title _____

Tel# _____ Email _____

Upon receipt of this form, we will be contacting you
for more information about the nominee.

Be sure to visit our website at www.cfmsonline.com

**FAX APPLICATION by March 8th, 2010 to:
289-998-0030**

VOLVO