RECOMMENDATION FOR MUSEUM RECOGNITION AWARD

Instructions:

Museum must have at least six (6) motor trucks on display.

Send recommendation to the above address at least two months prior to date of proposed presentation.

Name of Museum__________________________________________________________

Current Address____________________________________________________________

Year Formed:______________________________________________________________

Phone: (          ) __________________________Fax: (          )_______________________

Curator or contact name_____________________________________________________

Please list motor trucks display:

1._____________________________ 4._____________________________
2._____________________________ 5._____________________________
3._____________________________ 6._____________________________

Other displays:

1._____________________________ 4.____________________________
2._____________________________ 5.____________________________
3._____________________________ 6.____________________________

Additional information, such as honors received, accomplishments, etc. (attach photo clippings or other printed material if available – including museum brochure and hours of operations.)

_____________________________________________________________________________

_____________________________________________________________________________

If museum is approved by the ATHS Museum Committee, presentation could be made at:

___________________________________ON_______________________________________

Name of Function                                                          Date

Recommendation submitted by

Signature____________________________Date_____________________________

Printed Name & Title__________________________________________________________

Company or Association________________________________________________________

Address_______________________________________________________________________

City____________________________________State______________Zip_________________

Phone (          )__________________Fax (        )________________E-mail________________
MUSEUM RECOGNITION AWARD PROCEDURE

ELIGIBILITY

A Person shall have on display:

1. At least six (6) Motor Truck vehicles
2. Motor Truck industry memorabilia
3. Motor Truck historical data (photos, articles, etc.)
4. Other Motor Truck related items

The museum shall have:

1. Published hours of operation
2. Be listed as a “Transportation Museum”
3. Allow public to view exhibits
4. Have curator or representative for contact

RECOMMENDATION

From: any responsible person, company or association
By: letter or form obtained from ATHS headquarters
Giving: name, company, current address, and information to support the nomination
To: ATHS headquarters, P.O. Box 901611, Kansas City, MO 64190-1611

SELECTION

The Museum Committee, consisting of a chairman and a minimum of two members appointed by the ATHS president, shall vote on the museum recommended to them through headquarters and shall inform headquarters of the voting results.

PREPARATION OF THE AWARD

Headquarters shall arrange for the preparation after receiving approval from the Awards Committee.

PRESENTATION OF THE AWARD

1. Arrangements for presentation shall be coordinated by ATHS
2. Presentations are to be made at
   • A museum function
   • An ATHS meeting or function, either national or local
   • A state or province trucking association meeting
   • Any other gathering of people in the trucking industry
3. Presentations are to be made by
   • An officer or member of ATHS
4. Presentations are to be made to
   • The person named on the award
   • Someone designated to receive it in the awardee's name
5. Presentations are to be made as soon as possible after the Museum Committee has given its approval.