

**LANDSTAR**  
**Star of Quality Award**

**Nomination Form**

(Please print and fax to 815-972-5477)

Date \_\_\_\_\_

BCO/Driver Name \_\_\_\_\_

Tractor Number \_\_\_\_\_

Name and affiliation of person nominating individual for Star of Quality \_\_\_\_\_  
\_\_\_\_\_

Trip Number *(if applicable)* \_\_\_\_\_

Why is **BCO/Driver** being nominated? *(include brief description of circumstances)* \_\_\_\_\_  
\_\_\_\_\_  
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