



**EOCP**  
Environmental Operators  
Certification Program

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## EOCP OPERATOR OF THE YEAR AWARD NOMINATION

### NOMINEE INFORMATION (OPERATOR BEING NOMINATED)

Name:

Company:

Email:

Phone:

Address:

City:

Province/Territory:

Postal Code:

### NOMINATOR INFORMATION (YOU)

Name:

Company:

Email:

Phone:

Address:

City:

Province/Territory:

Postal Code:

### HOW DOES THE NOMINEE CONTRIBUTE TO HIS/HER WORKPLACE?

### HOW DOES THE NOMINEE CONTRIBUTE TO THE WATER/WASTEWATER INDUSTRY?

**HOW DOES THE NOMINEE CONTRIBUTE TO HIS/HER COMMUNITY?**

**ADDITIONAL INFORMATION ON WHY THIS OPERATOR SHOULD BE RECOGNIZED WITH AN EOCP AWARD**

**CERTIFIED OPERATORS SUPPORTING NOMINATION**

Name	Email	Phone

**VERIFICATION SIGNATURE**

I verify that the information provided on this application is true.

Signature of applicant:

Date: