



EOtec24
Building Better Futures

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EOtec2024 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 THEIR WORKPLACE?

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

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HOW DOES THE NOMINEE CONTRIBUTE TO THEIR COMMUNITY?

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

CERTIFIED OPERATORS SUPPORTING NOMINATION (MANDATORY)

Name	Email	Phone

VERIFICATION SIGNATURE

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

Signature of applicant:

Date:

Submit on or before 15 August 2024 to eoep@eoep.ca