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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: Email: Phone: Company: Address: City: Postal Code: Province/Territory: HOW DOES THE NOMINEE CONTRIBUTE TO THEIR WORKPLACE? HOW DOES THE NOMINEE CONTRIBUTE TO THE WATER/WASTEWATER INDUSTRY?

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.		
Signature of applicant:		Date:

Submit on or before August 1st to eocp@eocp.ca. Forms received after August 1st will be considered for the next cycle of Awards.