



**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 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**

*NOTE 1: A MANDATORY (3) supporters must be listed and they will be contacted by the EOCP Office to confirm their support*

*NOTE 2: If you are also a Certified Operator, you can include yourself as one of the supporters*

<b>Name</b>	<b>Email</b>	<b>Phone</b>

**VERIFICATION SIGNATURE**

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

Signature of applicant:

Date:

Submit on or before August 1<sup>st</sup> to [eoep@eoep.ca](mailto:eoep@eoep.ca). Forms received after August 1<sup>st</sup> will be considered for the next cycle of Awards.