



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: