NOMINATION FORM
FOR
OUTSTANDING OPERATOR OF THE YEAR

_____
DATE

Nomination for Outstanding Water Supply and Pollution Control Operators can be submitted to the State Association Office by individuals or district associations. This form must be received no later than November 15. Once the nomination form is received, the immediate supervisor is notified and asked to fill out a detailed questionnaire on the nominee. From this questionnaire, the Board of Governors critique each nominee and based on a point system, determine which operator in each division will be selected. The Nomination Form must be signed in order to be considered.

PLEASE PRINT

☐ Water Supply Operator Class A B C D **OR** (Please Circle One) Pollution Control Operator Class I II III IV ☐

Nominee's Name _____

Address _____
Street or Box City State/Zip

Home Phone _____ Office Phone _____

Employer _____

Address _____
Street or Box City State/Zip

Immediate Supervisor _____

Reason you believe that the Operator should be selected as OPERATOR OF THE YEAR.

_____

_____

_____
Signature

_____
Title

PLEASE RETURN THIS FORM BY NOVEMBER 15 TO:

MWPCOA
POST OFFICE BOX 720399
JACKSON, MS 39272

NOMINEE MUST BE A MEMBER OF MWPCOA.