



APPLICATION FOR
SOUTHWEST MEMBRANE OPERATOR ASSOCIATION'S
OUTSTANDING OPERATOR AWARD

INSTRUCTIONS: All blanks must be completed for Award eligibility. Please refer to the "Operator of the Year" Awards Criteria as you fill out this application. To be considered in the next Award, your completed application must be submitted by December 10th. Please send to **SWMOA, 1035 E. Vista Way, #103, Vista, CA 92084-4606** or email to: admin@swmoa.org **GOOD LUCK!**

I. GENERAL:

Operator Name: _____

Employer: _____

Employer's Mailing Address: _____

Employer's Telephone Number: _____

Brief Treatment Process Overview: _____

II. PERSONAL:

Years of Experience: _____

Operator's License No. and Classification: _____

Length of Time with Present Employer: _____

Previous Plant Operations Experience: _____

Educational Contact Hours Earned During Past 24 Months: _____

III. PROFESSIONAL:

SWMOA Membership (years) _____

Length of Time in Present Job: _____

IV. THE OPERATOR DESERVES THIS AWARD BECAUSE:

Submit any additional material with this completed application that may be helpful in evaluating your candidate for the Outstanding Operator Award.

Submitted by: _____

(Signature)

(Printed Name and Title)

(Work Telephone No.)

(Date Form Completed)

Attach additional sheets as required!