



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 April 15<sup>th</sup>. Please send to [SWMOA, 1035 E. Vista Way, #103, Vista, CA 92084-4606](mailto:events@swmoa.org) or email to: [events@swmoa.org](mailto:events@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:**

Describe how the operator exhibits a job effort that is above and beyond the normal requirement for his or her position:

Describe how the operator demonstrates a working knowledge of membrane process and willingness to further their knowledge on a regular basis:

Describe how the operator represents his or her employer in positive manner in the water or wastewater industry:

List any awards or honors the operator has received: \_\_\_\_\_

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!