

**OPERATOR'S MERITORIOUS SERVICE AWARD**

Deadline for Submission: \_\_\_\_\_

Return To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

	<u>Nominee</u>		<u>Utility</u>
1.	Full Name: _____	Name:	_____
	Title: _____		_____
	Address: _____	Address:	_____
	Phone No.: (    ) _____	Phone No.:	(    ) _____

2. Eligibility: Please note the area(s) of the nominee's accomplishments.
- a. Continuous compliance with public health standards in finished water. \_\_\_\_\_
  - b. Consistent and outstanding contribution to plant maintenance thereby prolonging the useful lives of equipment. \_\_\_\_\_
  - c. The development of new and/or modified equipment or significant process modifications to provide for a more efficient or effective treatment. \_\_\_\_\_
  - d. Special efforts in the training of treatment plant operators. \_\_\_\_\_
  - e. Special acts not directly related to water treatment, but which demonstrate dedication to the public beyond the normal operating responsibilities. \_\_\_\_\_
  - f. Consistent and outstanding contribution to operation and/or maintenance of distribution lines, pump stations, and reservoirs. \_\_\_\_\_

3. Justification: Please note the nominee's accomplishments which entitle him/her to receive this award.

\_\_\_\_\_

\_\_\_\_\_

4. Biographical Data: Please complete the Biographical Information Data Form.
5. Citation - Please provide recommended citation of 50 words or less:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Submitted By: \_\_\_\_\_  
Name (Please Print)      Date

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: (    ) \_\_\_\_\_

(Attach additional sheets as required.)

**BIOGRAPHICAL INFORMATION**

(Print Clearly or Type)

a. Brief employment history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b. Civic organization memberships (Lions, Kiwanis, schoolboard, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c. Year joined AWWA: \_\_\_\_\_ and offices held (indicate whether section or Association-level): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

d. Professional organization memberships: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

e. Professional awards or honors received. Give year and identify awarding organization:

\_\_\_\_\_  
\_\_\_\_\_

f. College(s): \_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ & Year: \_\_\_\_\_

g. Publications - List three major publications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Attach additional information as necessary.