



SOUTH CENTRAL MEMBRANE ASSOCIATION (SCMA) APPLICATION FOR 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 June 15th. Please send to [SCMA, 14900 Avery Ranch Blvd., C200 #300, Austin, TX 78717](mailto:support@scmembrane.org) or email to: support@scmembrane.org.

I. GENERAL:

Operator Name: _____

Employer: _____

Employer's Mailing Address: _____

Employer's Telephone Number: _____

State PWS ID #: _____

TCEQ Plant ID #: _____

Brief Treatment Process Overview:

II. PERSONAL:

Years of Experience: _____ Length of Time with Present Employer: _____

Operator's License No. and Classification: _____

Previous Plant Operations Experience:

Please provide the number of education contact hours and list courses attended during the past 24 months:

III. PROFESSIONAL:

SCMA Membership (years) _____

Length of Time in Present Job: _____

IV. THE OPERATOR DESERVES THIS AWARD BECAUSE:

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

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

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

VIII. 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!