



Florida Water & Pollution Control Operators Association

A Non-Profit Association Serving Water and Wastewater Professionals in the State of Florida

Dr. A. P. Black Award Application

(Water, Wastewater, and Systems Operator)

A. Nominee's Information

Name: _____

Address: _____

City, State, Zip: _____

Work Phone #: _____ E-mail Address: _____

B. Narrative

On a separate sheet of paper, to be attached to this application, provide a brief (100 words or less) narrative on each of the following award criteria regarding the nominee.

1. Describe the nominee's assistance to the FW&PCOA.
2. Describe the nominee's work done for or on behalf of fellow operators.
3. Describe the nominee's outstanding or exceptional work performed under trying conditions.
4. Describe or provide an example of the nominee's personal achievement.

I hereby nominate the aforementioned person for the Dr. A. P. Black Award. I certify that the information provided in this award application is truthful and accurate.

Nominating Person's Signature: _____

Nominating Person's Printed Name: _____

Date Submitted: _____ Telephone #: _____

E-mail Address: _____

Mail the award application and back-up material to: FW&PCOA Awards Committee
PO Box 813520
Hollywood FL 33081-3520

Please observe the post mark deadline for the award.