SDWWA Longevity Award Nomination Form

Use this form to nominate a person for a South Dakota Water and Wastewater Association Longevity Award. Nominations may be submitted from January 1st to August 1st. Either print out this form and fill in by hand or fill out the form electronically and print. Submit the form by mail or by e-mail to the appropriate address found at the bottom of this form.

There are four awards, the qualifications for which are shown in the following table. Note that the Siger Bies award is for certified operators, whereas the James N Dornbush Award is for other persons are not operators (engineer, superintendent, maintenance, educator, etc.). The Price Rees Award and the JR Yde Award are for any person engaged in water or wastewater works (operator, engineer, superintendent, educator, etc). Also note that 10 years of employment history must be in the State of South Dakota, and the nominee must be a member of SDWWA the year the award is made.

Check the box next to the award for which you are nominating the person, fill in the nominee's employment history to show the person is qualified for the selected award.

Check One	Award Name	Longevity Qualification	Fill in the nominee's employment history to show qualifications (years of employment, occupation, employer) for the selected award
☐	Price Rees Award	Actively engaged in water or wastewater works operation for 20 years, 10 of which is in SD. SDWWA member 3 of last 5 years.	
☐	Siger Bies Award (must be certified in SD during the year award is made)	Actively engaged in water or wastewater works operation for 30 years, 10 of which is in SD. SDWWA member 5 of last 7 years.	
☐	James N Dornbush Award	Actively engaged in water or wastewater works operation for 30 years, 10 of which is in SD. SDWWA member 5 of last 7 years.	
☐	JR Yde Award	Actively engaged in water or wastewater works operation for 40 years, 10 of which is in SD.	

Contact Information of Nominee:

First Name: _____ Last Name:_____

Organization:_____

Address:_____ City:_____ State:_____ Zip Code:_____

E-mail:_____ Work Phone:_____

Contact Information of person making this nomination:

First Name:_____ Last Name:_____

Organization:_____

Address:_____ City:_____ State:_____ Zip Code:_____

E-mail:_____ Work Phone:_____

Please submit form to:

Mail: SDWWA
PO Box 353
Pierre, SD 57501

E-mail: rob.kittay@pie.midco.net