



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Toxics Use Reduction Program

BWP TU 02 & BWP TU 04

Application for Certification or Re-Certification of a Limited Practice Toxics Use Reduction Planner

Transmittal Number

Before completing this application please read the TURA Regulations found at 310 CMR 50.00 (specifically sections 50.50 to 50.63) as well as the Instructions for Certification or Recertification of Limited Practice Toxics Use Reduction Planners.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Instructions: Make check payable to Commonwealth of Massachusetts

Please mail this application along with a copy of the transmittal form to: Department of Environmental Protection, TUR Planner Certification Program, One Winter St., Boston, MA 02108

A. Certification Information

Please indicate the type of certification you are requesting:

1. Limited Practice Toxics Use Reduction Planner Certification

May certify toxics use reduction plans only for the facility or facilities owned/operated by current employer.

Initial Certification checkbox

Initial Certification

- Fee is \$100. On the transmittal form, enter BWP TU 02 as the permit code and "Limited Practice TURP" as the permit name. Applicant must complete sections A, B, C and D. Skip Section E

Re-Certification checkbox

Re-Certification

- Fee is \$75. On the transmittal form, enter BWP TU 04 as the permit code and "Limited Practice TURP" as the permit name. Applicant must complete sections A, B, C and E. Skip Section D

2. Environmental Management System or Resource Conservation Planner Certification

Please indicate if you are also applying to certify an Environmental Management System and/or a Resource Conservation Plan (there is no additional fee for this certification).

Environmental Management System checkbox

Environmental Management System (Complete Section F)

Resource Conservation Plan checkbox

Resource Conservation Plan (Complete Section G)

B. Applicant Information

Please print or type.

Last Name

First Name

Middle Initial

Mailing Address Line 1

Mailing Address Line 2

City/Town

State

Zip Code

Telephone & Extension

Email

Place of Employment

Employer's MassDEP Facility # if a TURA Filer

Address

City/Town

State

Zip Code

Telephone & Extension

Enter address ONLY if different from above.



## BWP TU 02 & BWP TU 04

### Application for Certification or Re-Certification of a Limited Practice Toxics Use Reduction Planner

Transmittal Number \_\_\_\_\_

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## C. Certification Statement

"I certify that, to the best of my knowledge, all information presented in this application is true in substance and effect."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## D. Limited Practice Planner Certification Information

In order to qualify for Limited Practice Planner certification, you must:

- Possess seven (7) years of specific work experience in fields related to toxics use reduction (complete section 1 below). Please note that education may substitute for up to five (5) years of the required work experience (if applicable, please fill out section D – 1 (b));

AND (check one)

- Demonstrate that two (2) years out of the seven (7) years listed above meet the criteria for full-time experience specific to toxics use reduction activities and provide documentation (please fill out section D - 2). **Please Note:** Completing the TUR Planner Course may count for six (6) months of the required two years experience.

OR

- Satisfactorily complete the TUR Planner Course developed by the Toxics Use Reduction Institute at the University of Massachusetts at Lowell and pass the TUR Planner Examination given by MassDEP (please fill out section D-2).

### 1. Employment Information:

Applicants must have seven (7) years of specific work experience in fields related to toxic use reduction in any of the following six areas:

1. Engineering or process control
2. Manufacturing, production, or quality control
3. Environmental compliance or worker health and safety
4. Accounting, business, administration or product marketing
5. Planning, industrial design, or research development
6. Managerial or legal

Part-time work experience in the areas listed above may count, on a pro-rated basis, toward the required seven (7) years of full-time experience. See the instructions for more information. If more space is needed, please continue on a separate page and clearly note which question you are answering. If necessary, use a photocopy of this page.



# BWP TU 02 & BWP TU 04

## Application for Certification or Re-Certification of a Limited Practice Toxics Use Reduction Planner

Transmittal Number \_\_\_\_\_

### D. Limited Practice Planner Certification Information (cont.)

**a. Employment Experience** – current position:

\_\_\_\_\_  
List Current Position

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Immediate Supervisor/Title

\_\_\_\_\_  
Supervisor's Telephone #

Is this full-time or part-time work?  Full Time (37.5 or more hours)  Part Time

If part-time, how many hours per week do you work? \_\_\_\_\_  
Hours

Describe duties, responsibilities, skills and/or knowledge acquired within the six areas of experience noted above:

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

Employment experience – previous position:

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Immediate Supervisor/Title

\_\_\_\_\_  
Supervisor's Telephone #

Was this full-time or part-time work?  Full Time (37.5 or more hours)  Part Time

If part-time, how many hours per week did you work? \_\_\_\_\_  
Hours

Describe duties, responsibilities, skills and/or knowledge acquired within the six areas of experience noted above:

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

**b. Educational Substitution:**

Education may substitute for up to five (5) years of the required work experience. Please refer to the instructions as well as 310 CMR 50.52(3) for more information on educational substitutions.

If you are seeking educational substitution attach a photocopy of proof of attainment of degree or certificate (a transcript may be used if it clearly states attainment of degree or certificate. If you would like your transcript returned, enclose a self-addressed, stamped envelope with this application).

i. Are you seeking to substitute education for some of the required experience?  Yes  No

ii. If yes, how many years do you seek to substitute? \_\_\_\_\_  
# of Years



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Toxics Use Reduction Program

**BWP TU 02 & BWP TU 04**

**Application for Certification or Re-Certification of a  
Limited Practice Toxics Use Reduction Planner**

Transmittal Number \_\_\_\_\_

**D. Limited Practice Planner Certification Information** (cont.)

iii. Educational Information: List below the educational institutions attended in reverse chronological order beginning with the most recent. Use a photocopy of this part of the application if necessary.

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
Major

\_\_\_\_\_  
Dates Attended

Degree

Certificate

If degree/certificate is not in one of the fields described in Section 1 (b) of the Instructions explain why you think this education is relevant. Please also enclose a transcript of your courses.

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

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
Major

\_\_\_\_\_  
Dates Attended

Degree

Certificate

If degree/certificate is not in one of the fields described in Section 1 (b) of the Instructions explain why you think this education is relevant. Please also enclose a transcript of your courses.

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

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
Major

\_\_\_\_\_  
Dates Attended

Degree

Certificate

If degree/certificate is not in one of the fields described in Section 1 (b) of the Instructions explain why you think this education is relevant. Please also enclose a transcript of your courses.

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



## BWP TU 02 & BWP TU 04

### Application for Certification or Re-Certification of a Limited Practice Toxics Use Reduction Planner

Transmittal Number \_\_\_\_\_

## D. Limited Practice Planner Certification Information (cont.)

### 2. Demonstrated Experience in Toxics Use Reduction

TURA and its implementing regulations require that two (2) years out of the seven (7) years listed above meet the criteria for full-time experience specific to toxics use reduction activities. Please note that this 2 years of experience must be in process characterization, options identification, technical evaluation, and economic evaluation. For detailed information on how to calculate actual experience, see the instructions. Alternatively, an applicant may satisfy this requirement by taking the TUR Planner course and passing the TUR Planner exam (see section D-3).

a. Are you claiming at least two (2) years of experience in toxics use reduction activities as described in 310 CMR 50.55(2) of the TURA Regulations?  Yes\*  No

b. \*If Yes, please describe your two (2) years of experience of TUR activities by providing the name of the employer at which the experience was gained, a brief description of the experience itself (or the project name, if applicable), and the dates during which you gained the experience or worked on the project(s):

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Dates

c. Have you attended and completed the Toxics Use Reduction Planner course?  Yes\*  No

\*If Yes, please provide the date and location of the Toxics Use Reduction Planner course you attended and attach a copy of your TURP course certificate to this page of the application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location

d. Experience in Toxics Use Reduction and other related activities.

Please provide a detailed description below how your two (2) years of experience in TUR activities applies to the following four Toxic Use Reduction activity areas: **process characterization, options identification, technical evaluation and economic evaluation.**

Experience in toxic use reduction activities means possessing either the skills or knowledge necessary to conduct all the analyses or tasks as described in each of the four areas, or skills or knowledge necessary to evaluate whether each of these analyses were conducted in accordance with the Regulations.

All applicants are encouraged to review the instructions for further detail on completing this section. Please attach additional pages as needed.



# BWP TU 02 & BWP TU 04

## Application for Certification or Re-Certification of a Limited Practice Toxics Use Reduction Planner

Transmittal Number \_\_\_\_\_

### D. Limited Practice Planner Certification Information (cont.)

Process  
Characterization: \_\_\_\_\_

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

Options  
Identification: \_\_\_\_\_

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

Technical  
Evaluation: \_\_\_\_\_

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

Economic  
Evaluation: \_\_\_\_\_

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

Other Related  
Activities: Describe any experiences that do not fit easily into one or more of the four categories above,  
but you believe are relevant to TUR planning.

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

#### e. Certification Information:

If you plan to certify plans for any facility(ies) owned or operated by your employer other than the one at which you are currently employed, please provide the facility name, address and MassDEP facility ID number. Also describe below how at least one (1) year of your experience in TUR activities is related to the operation of the other facility(ies). Attach additional pages if necessary.

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
DEP Facility ID#

\_\_\_\_\_  
Description

\_\_\_\_\_



## BWP TU 02 & BWP TU 04

### Application for Certification or Re-Certification of a Limited Practice Toxics Use Reduction Planner

Transmittal Number \_\_\_\_\_

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#### D. Limited Practice Planner Certification Information (cont.)

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
DEP Facility ID#

\_\_\_\_\_  
Description

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
DEP Facility ID#

\_\_\_\_\_  
Description

#### 3. Toxics Use Reduction Planner Course and Exam Information

You may qualify for the required two (2) years of TUR experience by taking the TUR Planner course AND passing the MassDEP TUR Planner exam. If applicable, please complete the information below.

a. Provide the date and location of the TUR Planner certification course you attended:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location

b. Attach a copy of your TUR Planner course certificate to this page of the application.

c. Provide the date and location of the TUR Planner examination you took:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location

d. Attach a copy of the letter from MassDEP verifying that you passed the TUR Planner exam.

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#### E. Re-Certification for Limited Practice TUR Planner

In order to be re-certified as a Limited Practice Planner, you must have completed 24 credits in continuing education for your first re-certification, and 20 credits for all subsequent re-certifications (i.e., second, third, etc...) as explained in the instructions. Please check the appropriate box:

Minimum 24 continuing education credits (first re-certification)

Minimum 20 continuing education credits (second re-certification and subsequent)



## BWP TU 02 & BWP TU 04

### Application for Certification or Re-Certification of a Limited Practice Toxics Use Reduction Planner

Transmittal Number \_\_\_\_\_

#### E. Re-Certification for Limited Practice TUR Planner (cont.)

Please provide the title of the educational activity attended, the dates attended, the hours in attendance, a brief description of the activity, and the number of continuing education credits you are seeking for your attendance. Please attach additional pages if needed. Note: The summation of continuing education activities listed in sections E through G must equal or exceed the number of credits required for your re-certification (this will depend upon whether it is your first, second, third, etc. re-certification) as defined in the instructions

1. \_\_\_\_\_

Title	_____	Date(s)	_____
Hours	_____	Credits Requested	_____
Description	_____ _____ _____		

2. \_\_\_\_\_

Title	_____	Date(s)	_____
Hours	_____	Credits Requested	_____
Description	_____ _____ _____		

3. \_\_\_\_\_

Title	_____	Date(s)	_____
Hours	_____	Credits Requested	_____
Description	_____ _____ _____		

4. \_\_\_\_\_

Title	_____	Date(s)	_____
Hours	_____	Credits Requested	_____
Description	_____ _____ _____		



# BWP TU 02 & BWP TU 04

## Application for Certification or Re-Certification of a Limited Practice Toxics Use Reduction Planner

Transmittal Number \_\_\_\_\_

### F. Environmental Management System Certification

In order for a Limited Practice TUR Planner to certify an Environmental Management System (EMS) for any facility, the planner would need to be accredited or certified under a recognized Environmental Management System Standard OR have 16 one-time continuing education credits on EMS OR demonstrate two (2) years of experience in EMS, including auditing environmental management systems. **Please note:** This does not change the total number of credits required in section E. Please check the applicable box below and provide the requested information.

- 1. **Accredited or Certified Under a Recognized Environmental Management Standard.**  
I am accredited or certified under the following recognized EMS Standard:

\_\_\_\_\_  
Name of Recognized EMS Standard

- 2. **Continuing Education Credits.** I have completed the following 16 continuing education credits in EMS: Please list the courses and attach additional pages if needed:

a. \_\_\_\_\_

Title	Date(s)
_____	_____
Hours	Credits Requested
_____	_____
Description	
_____	

b. \_\_\_\_\_

Title	Date(s)
_____	_____
Hours	Credits Requested
_____	_____
Description	
_____	

c. \_\_\_\_\_

Title	Date(s)
_____	_____
Hours	Credits Requested
_____	_____
Description	
_____	

- 3. **Demonstrate two (2) years of Environmental Management Systems Experience.**  
Please complete the following.

a. Employment Experience – Current Position

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Dates of Employment



## BWP TU 02 & BWP TU 04

### Application for Certification or Re-Certification of a Limited Practice Toxics Use Reduction Planner

Transmittal Number \_\_\_\_\_

## F. Environmental Management System Certification (cont.)

\_\_\_\_\_  
Immediate Supervisor & Title

\_\_\_\_\_  
Supervisor's Telephone Number

Is this full-time or part-time work?     Full Time (37.5 or more hours)     Part Time

If part-time, how many hours per week did you work?    \_\_\_\_\_  
Hours

Describe EMS duties, responsibilities, skills and/or knowledge acquired, including EMS auditing.

\_\_\_\_\_  
Description

### b. Employment Experience – Previous Position

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Immediate Supervisor & Title

\_\_\_\_\_  
Supervisor's Telephone Number

Is this full-time or part-time work?     Full Time (37.5 or more hours)     Part Time

If part-time, how many hours per week did you work?    \_\_\_\_\_  
Hours

Describe EMS duties, responsibilities, skills and/or knowledge acquired, including EMS auditing.

\_\_\_\_\_  
Description

## G. Resource Conservation Plan Certification

In order for a TUR planner to certify a Resource Conservation Plan, the Planner would need to have at least 12 continuing education credits for the first Resource Conservation Plan certification:

- At least six (6) of the 12 credits must be in applying TUR planning methods to Resource Conservation Planning;
- The remaining six (6) credits must be related to the following asset: energy, water, materials found in solid waste, toxics in articles, (**Note:** To maintain Resource Conservation Plan certification status into the future, a TUR Planner would need to obtain 9 credits every four (4) years, three (3) each in energy, water, and materials found in solid waste).

### Please note:

- No Resource Conservation Planning credits are needed to certify Resource Conservation Plans that focus on toxics substances used below threshold amounts or chemical substances exempt from TURA reporting. Please see the instructions for additional information.
- This does not change the total number of credits required in section E.



## BWP TU 02 & BWP TU 04

### Application for Certification or Re-Certification of a Limited Practice Toxics Use Reduction Planner

Transmittal Number \_\_\_\_\_

---

## G. Resource Conservation Plan Certification (cont.)

Please list the courses (at least 6 continuing education credits must be in applying TUR planning to Resource Conservation):

1. \_\_\_\_\_

Title	_____	Date(s)	_____
Hours	_____	Credits Requested	_____
Description	_____ _____ _____		

2. \_\_\_\_\_

Title	_____	Date(s)	_____
Hours	_____	Credits Requested	_____
Description	_____ _____ _____		

3. \_\_\_\_\_

Title	_____	Date(s)	_____
Hours	_____	Credits Requested	_____
Description	_____ _____ _____		

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## H. Supporting Documentation

Your certification and re-certification credit request MUST be supported by documentation, which should be attached to this application. Such documentation should be attached in the order the activity is listed in Sections E, F, and G and should describe the courses or events listed and the hours in attendance, e.g., a course syllabus or event itinerary and a copy of the sign-up sheet or certificate of completion.



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Toxics Use Reduction Program

BWP TU 02 & BWP TU 04

Application for Certification or Re-Certification of a
Limited Practice Toxics Use Reduction Planner

Transmittal Number

I. Continuing Education Credit Pre-Approval Form

Any applicant may receive prior written continuing education credit from MassDEP for any course, seminar, etc. by completing this form and submitting it (faxing is preferred) to the phone number shown on the form.

Instructions:

This form should be completed by any applicant seeking prior approval of continuing Education credit for any activity the applicant has taken, or plans to take (i.e., prior to submitting a completed TUR Planner Recertification Application). A separate form and supporting documentation should be submitted for each activity. Once the form and supporting documentation are received, MassDEP will make a credit determination and will notify the applicant.

Mail or Fax Form to:

Department of Environmental Protection, Toxics Use Reduction Planner Certification Program, One Winter Street, Boston, MA 02108

Fax: 617-292- 5858

1. Applicant Information

Form fields for Applicant Information: Last Name, First Name, Middle Initial, Street Address or Box Number, City, State, Zip Code, Home Telephone Number, Work Telephone Number, Fax

2. Documentation

For a course, seminar, etc. already attended or planned, for which a credit determination is requested, please attach documentation to this form that will provide MassDEP with a description of the activity, verification of attendance (for activity already attended), and the hours the applicant spent or plans to spend in attendance at the activity. In addition, please provide the following information:

Form fields for Documentation: Activity Name and Sponsor, Hours in Attendance (or planned), Date(s) of Activity, Credits Requested, Category (see instructions) with checkboxes for TUR activities, Laws and regulations (4 credit limit), Professional activities (8 credit limit), Environmental Management Systems, Resource Conservation Planning

Description field

3. Final Approval for Planned Activities

Any credit determination made by MassDEP in response to this form for activities NOT YET ATTENDED BY THE APPLICANT are subject to verification of hours in attendance, which must be provided either prior to, or with, the applicant's Toxics Use Reduction Planner Recertification Application.

MassDEP USE ONLY - PREAPPROVAL/CREDIT DETERMINATION

The continuing education activity described in section B of this form has been:

- APPROVED for credits toward Planner Recertification.
DISAPPROVED for Recertification credit.

Comments, Date, Signature: