FOR BOARD USE ONLY
License #:_____
Type:_____
Cash Date:_____

The Commonwealth of Massachusetts
DIVISION OF PROFESSIONAL LICENSURE
BOARD OF CERTIFICATION OF OPERATORS OF DRINKING WATER SUPPLY FACILITIES
1000 Washington Street, Suite 710 – Boston, Massachusetts 02118

The following documentation must be submitted with this application. The Board will not review this application without the required information. Incomplete applications will be returned to the applicant.

<u>If applying for multiple licenses, you must submit separate applications for each license and separate documentation must be included in each application</u>

- ✓ a 2" x 2" color passport photo
- ✓ the ABC score report verifying I have passed the exam
- ✓ "Proof of Education" documentation required on page 3 of this application
  All applicants with greater than a High School Diploma, GED or Equivalent must submit proof of such education with this application. <u>All candidates submitting post-secondary education must include a copy of their college transcript.</u>
- ✓ "Proof of Experience" documentation required on page 4 of this application
  All applicants seeking a certificate for "Full" status must include a copy of their job description obtained directly from their employer or a letter from their supervisor detailing their duties and responsibilities. Candidates must include verification from their employer(s) of years of service and hours worked per week.
- ✓ Training Course Certificate of Completion
  All applicants for Grade 2 or higher level exams must submit a copy of the Certificate of Completion issued by the training organization to demonstrate that the applicant has successfully completed the required training course(s) for the grade and classification of the certificate being applied for. The required training course(s) include the following:
  VSS, D1, or T1 – No training required.
  D2, D3, or D4 – Applicant must complete Basic Distribution Training with provider approved by the Board.
  T2 – Applicant must complete Basic Treatment Training Course with provider approved by the Board.
  T3 or T4 - Applicant must complete Advanced Treatment Training Course with provider approved by the Board.
  Applicants may apply for a waiver from the training requirements if they meet criteria established by the Board. If an applicant has been granted a waiver, the applicant must submit a copy of the approved waiver.
- ✓ "CORI Acknowledgement Form including the completion of either Section A or Section B
- ✓ Signed Code of Ethics Agreement
- ✓ $70.00 non-refundable application/license fee payable to the **"Commonwealth of Massachusetts"**
- ✓ **<u>VETERANS ONLY</u>**: a copy of my DD form 214

Mail your completed application to:
Board of Certification of Operators of Drinking Water Supply Facilities
1000 Washington Street – Suite 710
Boston, MA, 02118-6100

PHONE: 617 727-9952 **FAX: 617 727-6095** **www.mass.gov/dpl/boards/dw**

The Commonwealth of Massachusetts
DIVISION OF PROFESSIONAL LICENSURE
BOARD OF CERTIFICATION OF OPERATORS OF DRINKING WATER SUPPLY FACILITIES
1000 Washington Street, Suite 710 – Boston, Massachusetts 02118

UPGRADE FROM OPERATOR-IN-TRAINING TO FULL CERTIFICATION APPLICATION

NOTE: $70.00 Application Fee – non-refundable payable to the "Commonwealth of Massachusetts"

APPLICANT INFORMATION

Application Date:_____

Last Name: _____First Name: _____Middle Initial:_____

Former Name, Also Known as, if applicable:

Other Last Name_____ Other First Name _____ Other Middle Initial:_____

Gender: Male: Female: Prefer not to answer:

Mailing Address: _____ _____ _____ _____ _____
Number Address City/Town State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____
Please note: EMAIL is the primary means of contact for routine correspondences during the application process.

Social Security Number (Mandatory): _____ Date of Birth: _____
Pursuant to G.L. c.62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

_____

_____

Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

_____

_____

PHONE: 617 727-9952 **FAX: 617 727-6095** **www.mass.gov/dpl/boards/dw**

Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

_____

_____

Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

_____

_____

Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

_____

_____

Have you ever been charged with a criminal violation which led to a disposition of "continued without a finding"("CWOF") or admission to sufficient facts? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

_____

_____

List **all** professional licenses/certifications you have held in the United States, or any country or jurisdiction, and the state/jurisdiction from which the license/certification was originally issued.

Type of License:_____ Jurisdiction: _____License Number:_____

Type of License:_____ Jurisdiction: _____License Number:_____

MILITARY STATUS

Please check the appropriate box: Active Duty: Spouse: Veteran: Not Applicable:

PHONE: 617 727-9952 **FAX: 617 727-6095** **www.mass.gov/dpl/boards/dw**

INSTRUCTIONS

1. You must have passed an operator examination before applying for certification
2. Read all instructions and questions before filling out the application
3. Answer all questions on this form. If a question is not applicable, draw a line in that space or write N/A. **Incomplete applications will be returned.**
4. Make additional copies of page 4 to submit if you are including multiple relevant employment
5. Mail your completed application package to the address at the bottom of page 1

A. OPERATOR GRADE INFORMATION

Operator grade for which this application is being submitted:
CHECK ONLY ONE ITEM IN BOX 1. AND ONE ITEM IN BOX 2.
Only one license request is allowed per application

1.	2.
D1 ◯ D2 ◯ D3 ◯ D4 ◯ T1 ◯ T2 ◯ T3 ◯ T4 ◯ VSS ◯ VND-D1 ◯ VND-D2 ◯ VND-T1 ◯ VND-T2 ◯ VND-T3 ◯ VND-T4 ◯	Full ◯ In-Training ◯

B. CURRENT GRADE STATUS

List all **FULL** Massachusetts Drinking Water certifications you currently hold

Grade: _____ License Number: _____ Grade: _____ License Number: _____

Grade: _____ License Number: _____ Grade: _____ License Number: _____

C. EDUCATION

1. High School Diploma ◯ GED or Equivalent ◯
2. College/University Degree: AS ◯ BS ◯ MS ◯ AA ◯ BA ◯ MA ◯ PHD ◯
3. Certificate: ☐ In what discipline? _____
4. Years of acceptable college credit **without a degree**: _____

All applicants with greater than a High School Diploma, GED or Equivalent must submit proof of such education with this application. Candidates with a BS, AS or MS must submit a copy of their diploma or college transcript. All other degrees or non-degree college experience must include a copy of the transcript.

This application will only be reviewed if all documentation listed on the front page has been included with your submittal. Incomplete forms will be returned

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Please make additional copies of this page and include them with your application in order to provide additional employment history necessary to meet the experience requirements associated with the license you are applying for.

D. EXPERIENCE

You must include all of the experience items from the front page of this application in order to be reviewed. Incomplete applications will be returned

1. Position

_____ _____ _____
Title | Date Position Began | Date Position Ended

_____ _____
Employer's Name | Address

_____ _____ _____
City/Town | Supervisor's Name | Title

_____ _____
Supervisor's Phone | Supervisor's email address

2. Public Water Supply Information

Name of Public Water System: _____

Public Water System ID Number: _____

DEP classification of the Public Water System.
(If not sure, please verify by contacting your local DEP Regional Office.)

DI ◯ DII ◯ DIII ◯ DIV ◯ VSS ◯ TI ◯ TII ◯ TIII ◯ TIV ◯

3. List your duties and responsibilities (please be specific):

Distribution:
How much of your time is spent on Distribution duties each day? _____ hours per day _____ days per week

List your specific Distribution duties in space provided below:

_____

_____

_____

Treatment:
How much of your time is spent on Treatment duties each day? _____ hours per day _____ days per week

List your specific Treatment duties in space provided below:

_____

_____

_____

Name of Treatment facility: _____

Type(s) of Treatment process: _____

Types of chemicals used: _____

Date facility was placed online: _____

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The Board is certified by the Criminal History Systems Board {ID#MAREG G} to access data about convictions and pending criminal cases. Those records – and other Federal and professional records – may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity for a limited appearance before the Board of Certification of Operators of Drinking Water Supply Facilities.

CERTIFICATION OF APPLICANT

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Certification of Operators of Drinking Water Supply Facilities to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c.62C, §49A, to the best of my knowledge and belief, I have complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature of Applicant _____ Date _____

Please affix
2” x 2”
Passport Photo Here

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MASSACHUSETTS BOARD OF CERTIFICATION OF OPERATORS OF DRINKING WATER SUPPLY FACILITIES

PROFESSIONAL CODE OF ETHICS FOR WATER SYSTEM OPERATORS

In order to establish and maintain a high standard of integrity, skills and practice in the profession of water system operations and to safeguard the life, health, property, and welfare of the public, the following rules of professional conduct are adopted by every person holding a license as a water system operator in Massachusetts. All persons licensed in Massachusetts are required to have knowledge of the existence of these rules of professional conduct and understand them.

1. The water systems operator shall, at all times, recognize his or her primary obligation is to protect the safety, health, and welfare of the public in the performance of his or her duties. If his or her judgement is overruled under circumstances where the safety, health, and welfare of the public are endangered, he or she shall inform his or her employer of the possible consequences and notify such other proper authority of the situation, as may be appropriate.

2. The water systems operator shall accept and perform water operations assignments only when qualified by education, or experience, in the specific technical area and levels of water operations involved. The water systems operator may accept an assignment requiring education, or experience outside of his or her own field of competence, but only under the direct supervision of licensed, qualified co-workers, consultants, or employees.

3. The water systems operator shall be completely objective and truthful in all professional reports, statements, or testimony. He or she shall include all relevant and pertinent information in such reports, statements, or testimony.

4. The water systems operator shall avoid conflicts of interest with his or her employer, or customer, but, when unavoidable, the water system operator shall promptly disclose the circumstances to his or her employer, or customer, of any business association, interest, or circumstances which could influence his or her judgment, or the quality of his or her work. The water system operator shall not review, or influence the decision of his or her employees' work for any public body on which he or she may serve.

5. The water system operator shall not solicit, or accept financial or other valuable items from material, or equipment suppliers for specifying their product.

6. The water system operator shall not solicit, or accept gratuities from contractors, or other parties dealing with his or her customers, or employer, in connection with work for which he, or she is responsible.

7. The water system operator shall not falsify his or her academic or professional qualifications. He or she shall not misrepresent or exaggerate his or her degree of responsibility in prior assignments, duties, or accomplishments to enhance his or her qualifications and work.

8. The water system operator shall not knowingly associate with or permit the use of his or her name or employer's name in the operation of a public water system which he or she knows or has reason to believe is engaging in business or professional practices of fraudulent or dishonest nature.

9. If the water system operator has knowledge or reason to believe that another person, or water purveyor, may be in violation of any of these rules, he or she shall present such information to the Massachusetts Board of Certification of Operators of Drinking Water Supply Facilities and the Massachusetts Department of Environmental Protection in writing and shall cooperate with the regulatory agency in furnishing information, or assistance as may be required by the agency.

I have read and understood the above Professional Code of Ethics for Water System Operators and hereby agree to adhere to said code in performance of my duties. I further understand that failure to adhere to said code may result in disciplinary action and/or suspension or revocation of the license(s).

_____	_____	_____
Name of Applicant (Print)	***Signature of Applicant***	***Date***

PHONE: 617 727-9952 **FAX: 617 727-6095** **www.mass.gov/dpl/boards/dw**

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____

Signature Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

_____ _____

DPL Board of Registration License Type

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

_____ _____ _____ ____
*Last Name *First Name Middle Name Suffix

_____
*Maiden Name (or other name(s) by which you have been known)

_____ _____
*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

_____ _____ _____ _____
Street Number & Name City/Town State Zip Code

_____ _____ _____ _____
Street Number & Name City/Town State Zip Code

SECTION A: VERIFICATION BY DPL EMPLOYEE: To be filled out by DPL employee only if the applicant is submitting this form in person

I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:[1]

Passport ◯ State-issued driver's license ◯ Military identification ◯ State-issued identification card ◯

VERIFIED BY: _____
Name of Verifying DPL Employee (Please Print)

_____ _____
Signature of Verifying DPL Employee Date

SECTION B: VERIFICATION BY NOTARY: To be filled out by Notary if the applicant is filling in this form while not in the presence of a DPL employee

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:[1]

Passport ◯ State-issued driver's license ◯ Military identification ◯ State-issued identification card ◯

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

_____ _____
Notary Public: Notary Commission Expires On:

[1] If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by the other forms of identification documentation as determined by DCJIS. 803 CMR 2.09 (2).