Updated: August 2025

Commonwealth of Massachusetts Executive Office of Environmental Affairs Department of Environmental Protection

APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR

CERTIFICATION BY RECIPROCITY

In accordance with 257 CMR 2.00, any person requesting reciprocity must be a certified wastewater treatment plant operator. Your certification must have been based on an examination process recognized by the Commonwealth of Massachusetts or the Associated Boards of Certification (ABC). You must

Instructions

- Type or print clearly in ink only.
- Attach recent photo, with face, not less than one inch wide, or a copy of your driver's license. Please note that this is a mandatory requirement.
- Supply the following documentation: [1] proof of having passed a written test In another state; [2] resume explaining job duties, responsibilities, and dates of employment at each facility; [3] flow diagrams of each facility worked at; and [4] copy of rules and regulations for certification in state certified, or proof of acceptable reciprocity registration.
- Each application must be accompanied by a check/money order for \$80.00 payable to the Commonwealth
 of Massachusetts.
- Mail application, attachments, and check/money order to:

Department of Environmental Protection P.O. Box 4062 Boston, MA 02211

<u>Please complete all applicable sections on the front and back of this Application and attach all</u> required materials. The Board will not consider incomplete Applications.

Application Date		Certification Number		Date of Birth		Driver's License Number or State ID			
				Month / Day / Year					
Applicant's Name									
First		MI Last			1				
							ATT A CLI		
							ATTACH PICTURE		
Home Address							HERE		
Street		Town		State	State Zip		ΠENE		
Home Phone Number		Work Phone Number		Email		-			
						1			
l,			_(print) do so	olemnly s	wear (affirm) tha	t all the	e information presented in		
this application is true in substance and effect.									
				_					
Signature(sign) Date									
-									
For Official Use Only									
Date Received	Board Date	Approval of Status and Comments			S	Certification Number			
		Board Yes/	No						
							·		

STATEMENT OF QUALIFICATIONS									
	ompleted by each applicant. This informate be submitted on this form and any ad								
	, OR PROVINCE WHERE CERTIFIED	·	CERTIFICAT						
EDUCATION	INSTITUTION and ADDRESS	YEARS AT	TENDED	DEGREE GRAN	TED STUDIES				
HIGH SCHOOL:									
COLLEGE:									
UNIVERSITY:									
OTHER:									
1.	INSTITUTION and ADDRESS	Month/Day/Ye	ear - Month/Da	y/Year	TOTAL HOURS				
2.									
3.									
4.									
List only those jobs which have been in the wastewater treatment field. Describe specific duties (responsibilities) performed in the job title indicated. Please use the same format on a separate sheet if you need more space.									
CURRENT EMPLOYER NAME and ADDRESS, FACILITY GRADE, JOB TITLE, EMPLOYMENT DATES Month(s)/Year(s)									
OPERATIONS: (Re	ecords, reports, equipment operating,	sludge handling, proces	s control funct	tions, etc.)					
MAINTENANCE: (Pumps, level controls, chlorination, e	tc.)							
		•							
LABORATORY PR	ROCEDURE: (Process control and reg	ulatory testing)							
COLLECTION OR	DISTRIBUTION: (Operation and maint	enance procedures)							
PREVIOUS EMPLO	OYER NAME and ADDRESS, FACILITY	/ GRADE, JOB TITLE, EM	PLOYMENT D	ATES Month(s)/Yea	r(s)				
					•				
OPERATIONS: (Re	ecords, reports, equipment operating,	sludge handling, process	s control funct	tions, etc.)					
MAINTENANCE: (Pumps, level controls, chlorination, et	tc.)							
LABORATORY	OCCEDIDE: (Process accorded and	vilatami ta -ti\							
LABURATURY PH	ROCEDURE: (Process control and reg	ulatory testing)							
COLLECTION OR	DISTRIBUTION: (Operation and maint	enance procedures)							