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

APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR

UPGRADE TO COMBINED GRADE 7

In accordance with 257 CMR 2.00, any person requesting an upgrade to a Combined Grade 7 Wastewater Treatment Plant Operator license must apply in writing to the Board of Certification. The Combined Grade 7 Operator shall have passed a Combined Grade 6 examination and possess at least 8 years of experience at a level of responsibility comparable to that of a Class 6 Operator or higher. Education may be substituted for not more than 5 years of experience. By a majority vote, the Board may issue the applicant the Combined Grade 7 license to any operator who meets all of the requirements. The Board will review properly-filed applications and will notify the applicant in writing of the results.

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.
- Each application must be accompanied by a check/money order for \$20.00 (non-refundable) 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 required materials.</u> The Board will not consider incomplete Applications.

Application Date		Certification Number			Date of Birth		Driver's License Number or State ID			
				М	Month / Day / Year					
Applicant's Name										
First		MI Last				!				
								ATTACH		
Home Address								PICTURE		
Street		City/Town		State	ate Zip			HERE		
Phone Number	Email									
I,			(print) do	solem	nlv swear (af	firm) that	all the	e information presented in		
I, this application is true	in substanc	e and effec	ct.		,	,				
Signatura			(cian)	Data						
Signature(sign) Date										
For Official Use Only										
Date Received Board Date		Approval of	Status	and Con	d Comments			Certification Number		
Board Yes/No										

STATEMENT OF QUALIFICATIONS										
This form is to be completed by each applicant. This information is needed to determine your status as a certified operator. All related wastewater field experience must be submitted on this form and any additional information may also be submitted separately, but in similar form.										
STATE, COUNTRY	Y, OR PROVINCE WHERE CERTIFIED	CERTIFICATION DATE	CERTIFICATION #	# GRADE/LEVEL	STATUS					
EDUCATION	INSTITUTION and ADDRESS	YEARS AT	TENDED DI	EGREE GRANTED	STUDIES					
HIGH SCHOOL:										
COLLEGE:										
UNIVERSITY:										
OTHER:										
	INSTITUTION and ADDRESS	Month/Day/Ye	ar - Month/Day/Yea	r	TOTAL HOURS					
1.										
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: (Records, reports, equipment operating, sludge handling, process control functions, etc.)										
MAINTENANCE: (Pumps, level controls, chlorination, etc.)										
LABORATORY PROCEDURE: (Process control and regulatory testing)										
COLLECTION OR DISTRIBUTION: (Operation and maintenance procedures)										
PREVIOUS EMPL	OYER NAME and ADDRESS, FACILITY	GRADE, JOB TITLE, EM	PLOYMENT DATES	Month(s)/Year(s)						
OPERATIONS: (R	ecords, reports, equipment operating,	sludge handling, process	control functions,	etc.)						
MAINTENANCE: (Pumps, level controls, chlorination, et	c.)								
LABORATORY PR	ROCEDURE: (Process control and regu	ulatory testing)								
COLLECTION OR	DISTRIBUTION: (Operation and maint	enance procedures)								