Updated: August 2025

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 Plan Operator license must apply in writing to the Board of Certification. The Combined Grade 7 Operator shall have passed a Comined 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 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		
				M	onth / Day / Year				
Applicant's Name									
First		MI Last							
							ATTACH		
Home Address		PICTURE							
Street		City/Town		State	Zip		HERE		
Home Phone Number		Work Phone Number		Email	Email				
I,(print) do solemnly swear (affithis application is true in substance and effect.						irm) that all t	he information presented in		
this application is true	in substanc	e and effe	ct.						
Signature	(sign) Date								
			For Off	<u>icial Us</u>	e Only				
Date Received	· · ·		and Comments			Certification Number			
		Board Yes	/No						
		1							

STATEMENT OF QUALIFICATIONS									
	ed by each applicant. This information ubmitted on this form and any add								
STATE, COUNTRY, OR P	PROVINCE WHERE CERTIFIED	CERTIFICATION DATE	CERTIFICATI	ION # GRADE/LEVEL	STATUS				
EDUCATION INSTI	TUTION and ADDRESS	YEARS AT	TENDED	DEGREE GRANTED	STUDIES				
HIGH SCHOOL:									
COLLEGE:									
UNIVERSITY:									
OTHER:									
COURSE TITLES INSTI	TUTION and ADDRESS	Month/Day/Ye	ar - Month/Day	/Year	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, et	tc.)							
LABORATORY PROCED	URE: (Process control and reg	ulatory testing)							
COLLECTION OR DISTRI	IBUTION: (Operation and maint	tenance procedures)							
PREVIOUS EMPLOYER N	NAME and ADDRESS, FACILITY	Y GRADE, JOB TITLE, EM	PLOYMENT DA	ATES Month(s)/Year(s)					
OPERATIONS: (Records,	, reports, equipment operating,	, sludge handling, process	s control functi	ions, etc.)					
MAINTENANCE: (Pumps	, level controls, chlorination, et	tc.)							
LABORATORY PROCED	URE: (Process control and reg	ulatory testing)							
COLLECTION OR DISTRI	IBUTION: (Operation and maint	tenance procedures)							