Updated: August 2025

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

APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR

UPGRADE TO EMERGENCY CERTIFICATION

In accordance with 257 CMR 2.00, any person requesting emergency certification must apply in writing to the Board of Certification. Through a majority vote and for a good cause shown, the Board will grant Emergency Certification to enable an operator to work at a specified facility in a position for which the operator is not otherwise certified. The Board may grant a Chief Operator an Emergency Certification only if the request is approved by the appropriate regional DEP/BRP section chief. Emergency Certification shall not be granted to employees or managers of contract operations and maintenance firms. Emergency certification shall be valid for no longer than six months and cannot be renewed.

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.
- The application must include a letter on its letterhead from the facility requesting the certification stating the reason for the request.
- Each application must be accompanied by a check/money order for \$30.00 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	Month / Day / Year				
Applicant's Name									
First		MI Last					ATTACH		
Home Address		PICTURE							
Street		Town		State	Zip		HERE		
Home Phone Number	ne Number		Email						
I,(print) do solemnly swear (affirm) that all the information presented in this application is true in substance and effect.									
Signature(sign) Date									
For Official Use Only									
Date Received	Board Date	Approval of Board Yes/		is and Cor	nments	Certification Number			

STATEMENT OF QUALIFICATIONS									
	ompleted by each applicant. This informate be submitted on this form and any ad								
·	, OR PROVINCE WHERE CERTIFIED	· · · · · · · · · · · · · · · · · · ·	CERTIFICAT		ADE/LEVEL	STATUS			
EDUCATION	INSTITUTION and ADDRESS	YEARS AT	TENDED	DEGREE	GRANTED	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)									
00504710110 (0									
OPERATIONS: (R	ecords, reports, equipment operating,	sludge handling, process	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)/Year(s)				
OPERATIONS: (Re	ecords, reports, equipment operating,	sludge handling, process	s control funct	tions, etc.)					
MAINTENANCE: (Pumps, level controls, chlorination, e	tc.)							
LABORATORY PR	ROCEDURE: (Process control and reg	ulatory testing)							
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COLLECTION OR	DISTRIBUTION: (Operation and maint	enance procedures)							