

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

APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR
UPGRADE TO PROVISIONAL CERTIFICATION

In accordance with 257 CMR 2.00, any person requesting provisional certification must apply in writing to the Board of Certification. Through a majority vote the Board may issue a Provisional Certification to any operator who did not pass the appropriate examination but who meets all of the other requirements for a specified grade. A Provisional Certification shall be issued only after the applicant has failed the examination and an Emergency Certification previously granted has expired. Duration of the Provisional Certification shall be more than six months and cannot be renewed. The Chief Operator of a facility may not hold Provisional Certification unless allowed by the Board.

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 \$30.00 (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**

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

| | | | |
|------------------------------------|-----------------------------|---|--|
| Application Date | Certification Number | Date of Birth <small>Month / Day / Year</small> | Driver's License Number or State ID |
| Applicant's Name | | | |
| First | MI | Last | |
| Home Address | | | |
| Street | City/Town | State | Zip |
| Phone Number | Email | | |
| ATTACH PICTURE HERE | | | |

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/No | Status and Comments | Certification Number |
| | | | | |

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, OR PROVINCE WHERE CERTIFIED | CERTIFICATION DATE | CERTIFICATION # | GRADE/LEVEL | STATUS |
|---|--------------------|-----------------|-------------|--------|
| | | | | |

| EDUCATION | INSTITUTION and ADDRESS | YEARS ATTENDED | DEGREE GRANTED | STUDIES |
|---------------------|-------------------------|----------------|----------------|---------|
| HIGH SCHOOL: | | | | |
| COLLEGE: | | | | |
| UNIVERSITY: | | | | |
| OTHER: | | | | |

| COURSE TITLES | INSTITUTION and ADDRESS | Month/Day/Year - 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, etc.)

LABORATORY PROCEDURE: (Process control and regulatory testing)

COLLECTION OR DISTRIBUTION: (Operation and maintenance procedures)

| PREVIOUS 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)

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)

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)

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)