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

### <u>APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR</u>

#### **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 \$35.00 (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	onth / Day / Year					
Applicant's Name										
First		MI Last								
						ATTACH				
Home Address								PICTURE		
Street		City/Town		State	Zip		HERE			
Phone 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/		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	CERTIFICAT	ON # GRADE/LEVEL	STATUS				
EDUCATION	INSTITUTION and ADDRESS	YEARS AT	TENDED	DEGREE GRANTED	STUDIES				
HIGH SCHOOL:									
COLLEGE:									
UNIVERSITY:									
OTHER:									
COURSE TITLES	INSTITUTION 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, etc.)									
LABORATORY PROCEDURE: (Process control and regulatory testing)									
COLLECTION OR DISTRIBUTION: (Operation and maintenance procedures)									
PREVIOUS EMPLO	OYER NAME and ADDRESS, FACILITY	GRADE, JOB TITLE, EM	PLOYMENT DA	ATES Month(s)/Year(s)					
OPERATIONS: (Re	cords, reports, equipment operating,	sludge handling, process	s control functi	ons, etc.)					
MAINTENANCE: (F	Pumps, level controls, chlorination, et	tc.)							
LABORATORY PROCEDURE: (Process control and regulatory testing)									
COLLECTION OR DISTRIBUTION: (Operation and maintenance procedures)									