The Commonwealth of Massachusetts
DIVISION OF OCCUPATIONAL LICENSURE
BOARD OF CERTIFICATION OF OPERATORS OF DRINKING WATER SUPPLY FACILITIES
One Federal Street, Suite 600 – Boston, Massachusetts 02110

APPLICATION FOR INACTIVE STATUS

Instructions: To apply for inactive status, please complete this application and submit it to the Board with your signed renewal form and renewal fee. **A new application must be filed each renewal cycle.**

Name: _____
First Middle Last

Address: _____
Number Street City/Town Zip Code

Contact Information: _____ _____ _____
Home Phone Cell Phone Email Address

License Number: _____ Grade: _____

As stated in CMR 236 s 4.07(5) Inactive operators will not be required to obtain the required TCH's [Training Contact Hours], but must pay the bi-annual certificate renewal fee to maintain a current certificate. If an operator chooses to become inactive, the operator must notify the Board in writing of such status and in obtaining such status, **agrees not to engage directly or indirectly** in the onsite operation of a public water system as an employee of such system. An inactive operator who chooses to reactivate his/her certificate shall apply to the Board in writing of the status change and thereafter complete all required TCH's as required by the Board. It is the responsibility of the inactive operator to notify the Board of his/her change in status.

I have read and understand the regulations as stated above. **Yes:** ☐ **No:** ☐

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Certification of Operators of Drinking Water Supply Facilities to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law.

_____
Signature of applicant

_____
Date