



The Commonwealth of Massachusetts  
**Division of Occupational Licensure**  
**Board of Certification of Operators of Drinking Water**  
**Supply Facilities**

1 Federal Street, Suite 0600 – Boston, Massachusetts 02110-2012  
[www.mass.gov/get-a-drinking-water-supply-facility-operators-license](http://www.mass.gov/get-a-drinking-water-supply-facility-operators-license)

**Provisional Certification Application--Fee \$28.00**

**Instructions:**

1. Read all instructions and questions before filling out this application.
2. Answer all questions on this form. If a question is not applicable, draw a line in the space or write N/A. Incomplete applications will be returned.
3. Enclose a check or money order for the amount of \$28.00 payable to the Commonwealth of Massachusetts.
4. Send your complete application package to the address at the top of this page.

Note: Provisional certificates are valid for a period of six months from the date of approval by the Board. Provisional certification can be used only in specific instances where a water supplier has provided evidence satisfactory to the Board that the supplier is presently unable to obtain a certified operator. A provisional certificate can be issued only after a temporary emergency certification has expired. Issuance of the certificate does not relieve the water supplier from the responsibility of vigorously pursuing the goal of obtaining a fully certified operator of appropriate grade at the earliest possible opportunity.

Temporary Emergency Certificate (TEC) #

**A: Applicant Information**

Name of Public Water System	PWS ID#	
Classification of System	Contact Person	
Address	Work Telephone #	Cell #
City/Town	Zip Code	Email Address

**B: Provisional Certification Grade information**

Grade of provisional certificate applying for:

**a. License type:**

1. Distribution	1D	2D	3D	4D
2. Treatment	1T	2T	3T	4T
3. Very Small System:	VSS			
4. Water vending machine:	VND-1D	VND-2D	VND-1T	
	VND-2T	VND-3T	VND-4T	

**b. Status:**

Full Operator      Operator in Training

**C: Experience**

In the following spaces, please furnish information about the operator designated to operate the system under the provisional certification.

**Position:**

Operator's Name	Address	
Title	City/Town	Zip Code
Date this position began	Supervisor's Name	
Employer's name	Supervisor's Phone Number	
City/Town	Zip Code	Supervisor's Email Address

1. Why is provisional certification necessary for your public water system?
2. Does your public water system plan to hire an operator on a contract basis?    Yes                      No
3. Does the proposed operator plan to become a certified operator?    Yes                      No
4. Does your public water system plan to assist a current operator of your system to meet certification requirements?    Yes                      No
5. If you answered yes to #3 and #4, please answer the following:
  - a. Grade of examination: VSS (very small system)  
   VND (vending machine)  
   Distribution 1D      2D      3D      4D  
   Treatment 1T      2T      3T      4T
  - b. Date on which examination will be taken:
  - c. Is the operator enrolled in an examination preparation training course?  
         Yes                      No  
         If yes, list the name(s) of the course(s):  
         and the sponsoring organization(s):
6. Under what capacity would this operator function?  
Primary Operator                      Secondary Operator

Treatment:

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**E: Affidavit**

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure 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 Responsible Party

Date