



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

APPLICATION FOR REINSTATEMENT OF EXPIRED LICENSE

Requirements for reinstatement of expired licenses are established by the Board of Operators of Drinking Water Supply Facilities in regulation 236 CMR 4.07(2) and may be viewed on the Board website at: www.mass.gov/orgs/board-of-certification-of-operators-of-drinking-water-supply-facilities. Licensees who fail to renew their certification within two years of the expiration date will be required to retake and pass the examination for the grade held to become re-certified.

Applicant Information

Name			License Number	
Address			License Type	
City/Town	State	Zip Code	License Level/Grade	
Telephone #	Email Address		Issue date	Expiration date

License to be Reinstated:

License Grade: 1. Distribution: D1 D2 D3 D4 2. Treatment: T1 T2 T3 T4 3. VND (vending machine): VND-1D VND-2D VND-1T VND-2T VND-3T VND-4T 4. VSS (very small systems)	License Type: Full OR In-Training
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IMPORTANT: READ, COMPLETE AND SIGN BELOW.

I ATTEST UNDER THE PAINS & PENALTIES OF PERJURY THAT:

1. I AM IN COMPLIANCE WITH G.L. c. 62C §§47A & 49A (Income Tax). YES _____ NO _____
2. I HAVE COMPLETED ALL REQUIRED CONTINUING EDUCATION
IN COMPLIANCE WITH BOARD STATUTES/REGULATIONS. YES _____ NO _____
3. I HAVE REPORTED TO THE BOARD ALL DISCIPLINE TAKEN
AGAINST ANY OCCUPATIONAL LICENSE ISSUED TO ME. YES _____ NO _____
4. AS REQUIRED BY M.G.L. C. 30A, §13A, I HAVE REPORTED
MY SOCIAL SECURITY NUMBER. YES _____ NO _____

INSTRUCTIONS REGARDING UNTRUE ATTESTATIONS FOR WHICH YOU ANSWERED "NO":

If you are unable to sign the reinstatement application because any of the listed attestations are not true, please do the following:

Provide an explanation and supporting documentation for each untrue attestation detailing why it is not true;

Sign the application; and,

Submit the application, explanation, supporting documentation directly to the Board of Certification of operators of Drinking Water Supply Facilities.

The Board will contact you if it requires more information. The Board will review the provided explanation(s) and supporting documentation regarding your answers to the attestations and will make a determination regarding renewal eligibility. If a determination is made that you are not eligible to renew your license, the Board will issue a written decision advising you of your rights, including your right to appeal the decision.

Signature of Applicant: _____ Date: _____

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Occupational Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Occupational Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Occupational Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgment Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: DOL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DOL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY.

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*The Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Number Name City/Town State Zip

Number Name City/Town State Zip

SECTION A: VERIFICATION BY DOL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

Passport State-issued driver's license Military identification State-issued identification card

VERIFIED BY: _____
Name of Verifying DOL Employee (Please Print)

Signature of Verifying DOL Employee (Please Print) Date

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

Passport State-issued driver's license Military identification State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On:

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by the other forms of identification documentation as determined by DCJIS. 803 CMR 2.09 (2).