



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

1000 Washington Street, Suite 710, Boston, Massachusetts 02118-6100

[www.mass.gov/get-a-drinking-water-supply-facility-operators-license](http://www.mass.gov/get-a-drinking-water-supply-facility-operators-license)

**Temporary Emergency Certification Application--Fee \$28.00**

**Instructions:**

1. If you are assisting a current operator of your system to meet certification requirements, you must contact **AMP** at [www.goamp.com](http://www.goamp.com) to register for the operator examination.
2. Read all instructions and questions before filling out this application.
3. Answer all questions on this form. If a question is not applicable, draw a line in the space or write NA. Incomplete applications will be returned.
4. Send your complete application package to the address at the top of the page.

**A. Applicant Information**

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

**B: Temporary Emergency Certification Grade Information**

Grade of temporary emergency certificate applying for:  
 (check one)

- |                            |        |        |        |
|----------------------------|--------|--------|--------|
| 1. VSS (very small system) |        |        |        |
| 2. VND (vending machine)   | VND-1D | VND-2D |        |
|                            | VND-1T | VND-2T | VND-3T |
| 3. Distribution            | 1D     | 2D     | 3D 4D  |
| 4. Treatment               | 1T     | 2T     | 3T 4T  |

Note: Temporary emergency certificates are valid for a period of six months from the date of approval by the Board and cannot be renewed.

**C: Staffing Requirement Information**

1. Why is temporary emergency certification necessary for your public water system?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Does your public water system plan to hire an operator on contract basis? Y N

b. Date on which examination will be taken: \_\_\_\_\_

3. Do you plan to become a certified operator?  
 Y N

c. Is the operator enrolled in an examination preparation training course?  
 Y N

4. Does your public water system plan to assist a current operator of your system to meet certification requirements? Y N

If yes, please list the name(s) of the course(s) and the sponsoring organization(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

5. If you answered yes to #3 and #4, please answer the following:

- a. Grade of examination operator will be taking:
- |                            |    |    |       |
|----------------------------|----|----|-------|
| 1. VSS (very small system) |    |    |       |
| 2. VND (vending machine)   |    |    |       |
| 3. Distribution            | 1D | 2D | 3D 4D |
| 4. Treatment               | 1T | 2T | 3T 4T |

6. Under what capacity would this operator function?  
 Primary operator  
 Secondary operator

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**D. Experience**

In the following spaces, please furnish information about the operator designated to operate the system under the temporary emergency certification:

_____ Name		_____ Address	
_____ Title		_____ City/Town	_____ Zip Code
_____ Date this Position Began		_____ Work Telephone #	_____ Home Telephone #
Is this person presently an operator of a PWS, defined in 236 CMR 2.03?      Y            N		_____ Supervisor	_____ Title
_____ Grade(s)		_____ Supervisor's Telephone #	
How long has this person worked as an operator of said system?		_____ Supervisor's Email Address	
_____ Years	_____ Months		

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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

Please make additional copies of this page and include them with your application in order to provide additional employment history necessary to meet the experience requirements associated with the license you are applying for.

**D. EXPERIENCE**

**1. Position**

\_\_\_\_\_ Title \_\_\_\_\_ Date Position Began \_\_\_\_\_ Date Position Ended

\_\_\_\_\_ Employer's Name \_\_\_\_\_ Address

\_\_\_\_\_ City/Town \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Title

\_\_\_\_\_ Supervisor's Phone \_\_\_\_\_ Supervisor's email address

**2. Public Water Supply Information**

Name of Public Water System: \_\_\_\_\_

Public Water System ID Number: \_\_\_\_\_

DEP classification of the Public Water System.  
(If not sure, please verify by contacting your local DEP Regional Office.)

DI      DII      DIII      DIV      VSS      TI      TII      TIII      TIV

**3. List your duties and responsibilities (please be specific):**

**Distribution:**

How much of your time is spent on Distribution duties each day? \_\_\_\_\_ hours per day \_\_\_\_\_ days per week

List your specific Distribution duties in space provided below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treatment:**

How much of your time is spent on Treatment duties each day? \_\_\_\_\_ hours per day \_\_\_\_\_ days per week

List your specific Treatment duties in space provided below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Treatment facility: \_\_\_\_\_

Type(s) of Treatment process: \_\_\_\_\_

Types of chemicals used: \_\_\_\_\_

Date facility was placed online: \_\_\_\_\_

# 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:<sup>1</sup>

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:<sup>1</sup>

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:

<sup>1</sup> 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).