



**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 Waiver from  
Training Requirements to Sit for Exams**

**Personal Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone No: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Grade of Exam Being Applied For: \_\_\_\_\_

Current License(s)/License No: \_\_\_\_\_

Training Course(s) Waiver Requested for: \_\_\_\_\_

**Section A – Education (check applicable box and provide transcript)**

☐ Certificate of competency in water treatment technology or other related technical fields with courses in the physical and/or biological sciences (courses shall be in the areas of sanitary, civil, chemical or environmental engineering, public health, biology, chemistry, or other discipline acceptable to the Board).

*Note: Certificate of competency means a certificate issued by an organization, institute or school which is recognized by the Board as being appropriate for the training of a public water system operator.*

☐ Associate degree or two or more years of college with at least 50% of the courses (30 credit hours) in the physical and/or biological sciences (courses shall be in the areas of sanitary, civil, chemical or environmental engineering, public health, biology, chemistry, or other discipline acceptable to the Board).

☐ Bachelor's degree or four or more years of college with at least 25% of the courses (30 credit hours) in the physical and/or biological sciences (courses shall be in the areas of sanitary, civil, chemical or environmental engineering, public health, biology, chemistry, or other discipline acceptable to the Board).

**Section B – Experience (provide written documentation)**

☐ 2 years of full-time experience in a system with a classification equal to or greater than the Grade of the license which the applicant is seeking. Documentation should include both a comprehensive description of the experience and supporting materials such as supervisor recommendations, job descriptions, etc.

## Section C – 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. I further attest that, pursuant to G.L. c. 62C, s. 49A, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

The completed application, including all supporting documentation, can be submitted to the Board at [DrinkingWaterBoard@mass.gov](mailto:DrinkingWaterBoard@mass.gov).

If you have questions, please contact the Board by email.