

Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Protection

APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR
STATUS CHANGE FORM

In accordance with 257 CMR 2.00, to request a change in status as a certified wastewater treatment plant operator, you must apply in writing to the Board of Certification. By majority vote, the Board may issue a change in status to any operator who meets all the requirements. The Board will notify the applicant its decision in writing.

- Type or print clearly in ink only.
- ATTACH A COPY OF A RECENT GOVERNMENT ISSUED PHOTO ID (i.e., driver's license, passport, etc.). PLEASE NOTE THIS IS A MANDATORY REQUIREMENT.
- Mail to: **Board of Certification of Wastewater Treatment Plant Operators**
NEIWPCC
650 Suffolk St., Suite 410
Lowell, MA 01854

Current Information

Application Date	Certification Number	Date of Birth <small>Month / Day / Year</small>	Driver's License Number or State ID
Applicant's Name			ATTACH PICTURE HERE
First	MI	Last	
Home Address			
Street	Town	State Zip	
Phone Number	Email		

Change Information or Status

Check Type of Status Change:

- Active to inactive – must show no wastewater activities in that calendar year.
- Inactive to active – must submit 10 TCHs in the same calendar year that you choose to become active.
- “When and if” to “Operator in Training” – Must show employment at a graded wastewater treatment facility.
- “Operator in Training” to “Full” – Must show specific job responsibilities and experience in the wastewater field for their license and grade.
- New address (provide new address):

Please complete all applicable sections on the front and back of this Application and attach all required materials. The Board will not consider incomplete Applications.

I, _____ (print) do solemnly swear (affirm) that all the information presented in this application is true in substance and effect.

Signature _____ (sign) Date _____

For Official Use Only

Date Received	Board Date	Approval of Board Yes/No	Status and Comments	Certification Number

STATEMENT OF QUALIFICATIONS

This form is to be completed by each applicant. This information is needed to determine your status as a certified operator. All related wastewater field experience must be submitted on this form and any additional information may also be submitted separately, but in similar form.

STATE, COUNTRY, OR PROVINCE WHERE CERTIFIED	CERTIFICATION DATE	CERTIFICATION #	GRADE/LEVEL	STATUS

EDUCATION	INSTITUTION and ADDRESS	YEARS ATTENDED	DEGREE GRANTED	STUDIES
HIGH SCHOOL:				
COLLEGE:				
UNIVERSITY:				
OTHER:				

COURSE TITLES	INSTITUTION and ADDRESS	Month/Day/Year - Month/Day/Year	TOTAL HOURS
1.			
2.			
3.			
4.			

List only those jobs which have been in the wastewater treatment field. Describe specific duties (responsibilities) performed in the job title indicated. Please use the same format on a separate sheet if you need more space.

CURRENT EMPLOYER NAME and ADDRESS, FACILITY GRADE, JOB TITLE, EMPLOYMENT DATES Month(s)/Year(s)

OPERATIONS: (Records, reports, equipment operating, sludge handling, process control functions, etc.)

MAINTENANCE: (Pumps, level controls, chlorination, etc.)

LABORATORY PROCEDURE: (Process control and regulatory testing)

COLLECTION OR DISTRIBUTION: (Operation and maintenance procedures)

PREVIOUS EMPLOYER NAME and ADDRESS, FACILITY GRADE, JOB TITLE, EMPLOYMENT DATES Month(s)/Year(s)

OPERATIONS: (Records, reports, equipment operating, sludge handling, process control functions, etc.)

MAINTENANCE: (Pumps, level controls, chlorination, etc.)

LABORATORY PROCEDURE: (Process control and regulatory testing)

COLLECTION OR DISTRIBUTION: (Operation and maintenance procedures)