Updated: August 14, 2024, August 2025

Current Information

## 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

Application Data		Cartificatio	n Niumbar		to of Dirth	Deixe	Duiseada Liannaa Nissata a a Otat 12					
Application Date		Certification Number			Date of Birth  Month / Day / Year		Driver's License Number or State ID					
					.,							
Applicant's Name	1											
First		MI	Last				ATTACH COPY OF					
Tillat		Last					DRIVER'S LICENSE					
Home Address	I		1				R STATE ID HERE					
Street	Town State			Zip		M OTATE ID TIERE						
Street		TOWIT		State	Zip							
Phone Number		Email										
Filotie Nullibei		Liliali										
Change of Status Check the type of status change that applies to you:												
□ "When and If" (WI) to "Operator in Training" (OT) – You have a WI next to your license, which is an inactive status.												
To become active, simply include your employment at a graded wastewater treatment facility on this form.												
10 2000me active, simply include your employment at a graded wastewater treatment facility on this form.												
□ "Operator in Traini	na" (OT) to "I	Full" (FUI	I ) – You	have eno	igh years of expe	erience at th	ne required grade facility to					
	"Operator in Training" (OT) to "Full" (FULL) – You have enough years of experience at the required grade facility to obtain a FULL status at your license grade. You must show specific job responsibilities and experiences the											
wastewater field fo					specific job respe		and experiences the					
wastewater field to	i your noons	, and grac	ic on this									
□ "Need more information (NMI) to OT or FULL – You did not supply the enough information on your plant (NMI-P) or												
job (NMI-J) for the Board to assign you an OT or FULL status. Complete this form completely for the Board to assign you an OT or FULL status.												
☐ Inactive to active —	You are look	ing to acti	ivate vou	r license a	at the OT, NMI or	FULL status	s. You must submit 10					
Inactive to active – You are looking to activate your license at the OT, NMI or FULL status. You must submit 10 TCHs in the same calendar year that you choose to become active.												
	,	, , , , , , , , , , , , , , , , , , , ,										
□ Active to inactive –	must show r	no wastew	ater activ	vities in th	at calendar year.	•						
					•							
Please complet	te all applic	cable se	ctions o	on the fr	ont and back	of this Ap	plication, attach all					
							plete Applications.					
required mater	ilais alia si	gii belet	W. 111C	<u> </u>	viii iiot coiisia		biete Applications.					
l,				do solem	nly swear (affirm	i) that all the	e information presented in					
this application is true	in substance	e and effe	ct.									
Signature			(sign)	Date								
			For C	Official Us	e Only							
Date Received Board Date		Approval of Statu		tus and Cor	s and Comments		Certification Number					
		Board Yes	/No									

STATEMENT OF QUALIFICATIONS										
	completed by each applicant. This informal ust be submitted on this form and any ad-									
STATE, COUNTR	Y, OR PROVINCE WHERE CERTIFIED	CERTIFICATION DATE	CERTIFICAT	ION# G	RADE/LEVEL	STATUS				
EDUCATION	INSTITUTION and ADDRESS	YEARS AT	TENDED	DEGRE	E GRANTED	STUDIES				
HIGH SCHOOL:										
COLLEGE:										
UNIVERSITY:										
OTHER:										
COURSE TITLES	INSTITUTION and ADDRESS	Month/Day/Ye	ar - Month/Da	y/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 EMPLO	OYER NAME and ADDRESS, FACILIT	Y GRADE, JOB TITLE, EN	IPLOYMENT D	ATES Mor	th(s)/Year(s)					
OPERATIONS: (Records, reports, equipment operating, sludge handling, process control functions, etc.)										
MAINTENANCE: (	Pumps, level controls, chlorination, et	c.)								
LABORATORY PI	ROCEDURE: (Process control and reg	ulatory testing)								
COLLECTION OR	DISTRIBUTION: (Operation and maint	enance procedures)								
PREVIOUS EMPL	OYER NAME and ADDRESS, FACILITY	GRADE, JOB TITLE, EM	PLOYMENT D	ATES Mon	th(s)/Year(s)					
OPERATIONS: (R	ecords, reports, equipment operating,	sludge handling, process	s control funct	tions, etc.)						
MAINTENANCE: (	Pumps, level controls, chlorination, et	c.)								
LABORATORY PI	ROCEDURE: (Process control and reg	ulatory testing)								
COLLECTION OR	DISTRIBUTION: (Operation and maint	enance procedures)								