

Commonwealth of Massachusetts  
 Executive Office of Environmental Affairs  
 Department of Environmental Protection  
 Board of Certification of Wastewater Treatment Plant Operators  
 D.E.P. Central Regional Office  
 627 Main Street, Worcester, MA 01608  
 Phone # 508-767-2781

**APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR UPGRADE TO  
 COMBINED GRADE 7**

In accordance with 257 CMR 2.00, to request for an upgrade to a Combined Grade 7 wastewater treatment plant operator status you must apply in writing to the Board of Certification. The Combined Grade 7 operator shall have passed a Combined Grade 6 examination and possess at least 8 years of experience at a level of responsibility comparable to that of a Class 6 plant or higher. Education may be substituted for not more than five years of experience. By majority vote, the Board may issue the applicant the Combined Grade 7 to any operator who meets all of the requirements. The Board shall review properly filed applications and shall notify the applicant in writing of the results.

Please read all questions carefully and answer fully. Application must be filled out completely where applicable.

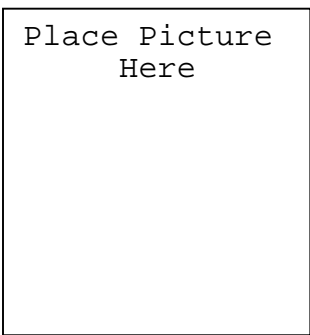
- [1] Type or print clearly in ink only.
- [2] Each application must be accompanied by a check/money order of \$24.00 payable to

Commonwealth of Massachusetts  
 D.E.P.  
 P.O. Box 4062  
 Boston, MA 02211

- [4] ATTACH RECENT PHOTO WITH FACE NOT LESS THAN ONE INCH WIDE, OR A XEROX COPY OF DRIVER'S LICENSE MAY BE USED. PLEASE NOTE THIS IS A MANDATORY REQUIREMENT.

APPLICATION DATE : \_\_\_\_/\_\_\_\_/\_\_\_\_

CERTIFICATION # : \_\_\_\_\_  
 APPLICANT'S NAME : \_\_\_\_\_  
 DATE OF BIRTH : \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SOCIAL SECURITY # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 HOME ADDRESS : \_\_\_\_\_  
Street Town State Zip Code  
 TELEPHONE NUMBER : ( ) \_\_\_\_\_ - \_\_\_\_\_



**PLEASE COMPLETE THE FRONT AND BACK OF THIS APPLICATION**

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 & 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.

<u>EDUCATION</u>	<u>INSTITUTION &amp; ADDRESS</u>	<u>YEARS ATTENDED</u>	<u>DEGREE GRANTED</u>	<u>STUDIES</u>
HIGH SCHOOL :	_____			
COLLEGE :	_____			
UNIVERSITY :	_____			
OTHER :	_____			

<u>COURSE TITLES</u>	<u>INSTITUTION &amp; ADDRESS</u>	<u>MONTH/DAY/YEAR-MONTH/DAY/YEAR</u>	<u>TOTAL HOURS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 & 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 & Maintenance Procedures)

MANUFACTURING AND/OR PROCESS EXPERIENCE: (Industrial license only)

**PREVIOUS EMPLOYER NAME & ADDRESS, FACILITY GRADE, JOB TITLE, EMPLOYMENT DATES MONTH(S)/YEAR(S)**

OPERATIONS:

MAINTENANCE:

LABORATORY PROCEDURE:

COLLECTION OR DISTRIBUTION:

MANUFACTURING AND/OR PROCESS EXPERIENCE: (Industrial license only)