

Commonwealth of Massachusetts  
 Executive Office of Environmental Affairs  
 Department of Environmental Protection  
 Board of Certification of Wastewater Treatment Plant Operators  
 Contact the Board of Certification at (508) 767-2781 with exam  
 application questions.

**APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR EXAMINATION**

**GRADE OF EXAM DESIRED INDUSTRIAL: 1 2 3 OR 4 (CIRCLE ONE)**

In accordance with 257 CMR 2.00, any person desiring to be certified by examination as a wastewater treatment plant operator shall file an application with the Board not later than 45 days preceding the date of a scheduled examination. You will be notified by the Board in writing where and the exact time you will be taking the examination. If your application is not postmarked by the examination deadline date, you will be placed into the next scheduled exam or you may request a refund. 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] Please indicate by circling the region you would like to take the exam  

Northeast	Southeast	Central	Western
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- [3] Each application must be accompanied by a check/money order of \$80.00 payable to  

Commonwealth of Massachusetts D.E.P. P.O. Box 4062 Boston, MA 02211
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- [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 : \_\_\_\_\_

TELEPHONE NUMBER : ( Street ) \_\_\_\_\_ - Town \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_



**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)