

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 an upgrade to a Combined 7 wastewater treatment plant operator license 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 5 years of experience. By majority vote, the Board may issue the applicant the Combined Grade 7 license 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 \$20.00 payable to Commonwealth of Massachusetts.

Mail 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. PLEASE NOTE THIS IS A MANDATORY REQUIREMENT.

PLEASE COMPLETE THE FRONT AND BACK OF THIS APPLICATION

APPLICATION DATE	CERTIFICATION NUMBER	DATE OF BIRTH Month / Day / Year	MA DRIVER LICENSE OR ID # - -
APPLICANT'S NAME			ATTACH PICTURE HERE
First Name	Middle Initial	Last Name	
HOME ADDRESS			
Street	Town	State Zip	
HOME PHONE NUMBER		WORK PHONE NUMBER	
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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)