

Effective: June, 2009

Code: ONLINE APP

Commonwealth of Massachusetts  
Department of Environmental Protection  
Board of Certification of Wastewater Treatment Plant Operators

New England Interstate Water Pollution Control Commission  
116 John Street  
Lowell, MA 01852  
Telephone 978-323-7929

**APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR LICENSE**

Please fill out this application to obtain a certified wastewater treatment plant operator license once you receive a passing grade on the Massachusetts online exam given by Applied Measurement Professionals, Inc.

Please read all questions carefully and answer fully. The application must be filled out completely where applicable. Exam results must be attached to this application. There is a \$30.00 licensing fee payable to NEIWPCC.

[1] Type or print clearly in ink only.

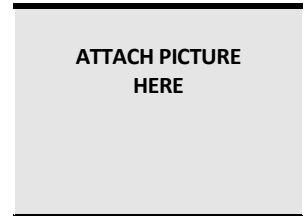
[2] Attach copy of exam results showing passing grade.

[3] **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 : \_\_\_/\_\_\_/\_\_\_

EXAM DATE : \_\_\_/\_\_\_/\_\_\_

Exam Passed:	Industrial <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
	Municipal <input type="checkbox"/>						
	Combined <input type="checkbox"/>						



NAME : \_\_\_\_\_

PREVIOUS CERTIFICATION #: \_\_\_\_\_ (If Applicable)

DATE OF BIRTH : \_\_\_/\_\_\_/\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

Street Address

Town

State

Zip Code

TELEPHONE NUMBER : (     ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**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>
<b>HIGH SCHOOL :</b>	_____			
<b>COLLEGE :</b>	_____			
<b>UNIVERSITY :</b>	_____			
<b>OTHER :</b>	_____			

<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)

\_\_\_\_\_