

**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**

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

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**

<b>DATE RECEIVED</b>	<b>BOARD DATE</b>	<b>APPROVAL OF BOARD YES/NO</b>	<b>STATUS AND COMMENTS</b>	<b>CERTIFICATION NUMBER</b>

## 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
<b>HIGH SCHOOL:</b>				
<b>COLLEGE:</b>				
<b>UNIVERSITY:</b>				
<b>OTHER:</b>				

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)**