

MUNICIPAL
Effective Date: February 1, 2004

Code: MUN 1/4

Commonwealth of Massachusetts
Board of Certification of Wastewater Treatment Plant Operators

NEIWPC Phone # 978-323-7929
Board of Cert. Phone # 508-767-2781

APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR EXAMINATION

Grade of Exam Desired - MUNICIPAL: 1 2 3 OR 4 (CIRCLE ONE)

Beginning February 1, 2004, the New England Interstate Water Pollution Control Commission (NEIWPC) will assist MA DEP and the Board with the administration of the Operator Certification Program. 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 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 of MASSACHUSETTS you would prefer to take the exam:

Northeast (Wilmington)	Southeast (Lakeville)	Central (Millbury)	Western (Northampton)
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- [3] Each application must be accompanied by a check/money order of \$80.00 payable to NEIWPC. (Please note the address change - applications/checks sent to the State or made out to MA DEP will not be honored.)

Mail To: **NEIWPC - MA Certification**
Boott Mills South
116 John Street
Lowell, MA 01852

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

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)