

Effective: Feb12

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
650 Suffolk Street, Suite 410
Lowell, MA 01854
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 administration fee payable to NEIWPC. Type or print clearly in ink only.

Attach a copy of the FIRST page of the Score Report showing a passing grade.

APPLICATION DATE : ___/___/___

EXAM DATE : ___/___/___

Exam Passed:	Industrial	<input type="checkbox"/>									
	Municipal	<input type="checkbox"/>									
	Combined	<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"/>

**ATTACH A COPY OF A RECENT GOVERNMENT ISSUED PHOTO ID
(i.e., Driver's License)**

PLEASE NOTE THIS IS A MANDATORY REQUIREMENT.

NAME : _____ DRIVER'S LICENSE #: _____

DATE OF BIRTH : ___/___/___ CURRENT CERTIFICATION _____ (If Applicable)
Number Grade Status

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 SENT TO DEP	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.

EDUCATION	INSTITUTION & ADDRESS	YEARS ATTENDED	DEGREE GRANTED	STUDIES
HIGH SCHOOL :	_____			
COLLEGE :	_____			
UNIVERSITY :	_____			
OTHER :	_____			

COURSE TITLES	INSTITUTION & ADDRESS	MONTH/DAY/YEAR-MONTH/DAY/YEAR	TOTAL HOURS

*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. **(If this section left blank, you will receive W&I status.)***

CURRENT EMPLOYER NAME & ADDRESS	FACILITY GRADE	JOB TITLE	DATES OF EMPLOYMENT
OPERATIONS DUTIES: (Records, reports, equipment operating, sludge handling, process control functions, etc.)			
MAINTENANCE DUTIES: (Pumps, level controls, chlorination, etc.)			
LABORATORY PROCEDURE DUTIES: (Process control and regulatory testing)			
COLLECTION OR DISTRIBUTION DUTIES: (Operation & Maintenance Procedures)			
MANUFACTURING AND/OR PROCESS EXPERIENCE: (Industrial license only)			

PREVIOUS EMPLOYER NAME & ADDRESS	FACILITY GRADE	JOB TITLE	DATES OF EMPLOYMENT
OPERATIONS:			
MAINTENANCE:			
LABORATORY PROCEDURE:			
COLLECTION OR DISTRIBUTION:			
MANUFACTURING AND/OR PROCESS EXPERIENCE: (Industrial license only)			