Updated: April 2015 **Code: ONLINE APP**

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

New England Interstate Water Pollution Control Commission (NEIWPCC)
650 Suffolk Street, Suite 410
Lowell, MA 01854
Telephone 978-323-7929

APPLICATION FOR MASSACHUSETTS WASTEWATER TREATMENT PLANT OPERATOR (WWTPO) LICENSE

Please fill out and submit this application form to obtain a certified Massachusetts wastewater treatment plant operator (WWTPO) license once you receive a passing grade on a Massachusetts computer-based wastewater exam given by Applied Measurement Professionals, Inc. (AMP). The application must be filled out completely, where applicable. Write or type clearly in ink only. Submit this completed form, along with the items listed below, to the NEIWPCC address shown above.

- Attach a copy of the **FIRST page** of the **wastewater exam Score Report** showing a **passing grade**.
- Attach a copy of your **Driver's License** or **State ID**
- Include a **$30 administrative fee** (see below right for payment method details)

NOTE: ***The three items at left MUST be provided (along with this completed form)*** **in order to complete the wastewater license application process.**

APPLICATION DATE : ____/____/____

EXAM DATE : ____/____/____

Exam Passed (check off type and grade level):

Industrial ☐ Municipal ☐ Combined ☐

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Payment Method: Check (payable to **NEIWPCC**) ☐ Credit Card ☐ Money Order ☐

If Credit Card, circle one: VISA MasterCard Discover (AmEx not accepted)

Credit Card number:_____

Expiration Date: _____

Signature: _____ Date: _____

NAME: _____ DRIVER'S LICENSE or STATE ID #: _____

DATE OF BIRTH: ____/____/____ CURRENT CERTIFICATION (if applicable) _____
Number Grade Status

ADDRESS: _____
Street Address

_____
Town State Zip Code

TELEPHONE NUMBER: ( )_____-_____ EMAIL ADDRESS: _____

PLEASE COMPLETE BOTH PAGES 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 MassDEP	BOARD DATE	APPROVAL OF BOARD YES/NO	STATUS & COMMENTS	CERTIFICATION NUMBER

STATEMENT OF QUALIFICATIONS

The information you provide is needed to determine your status as a certified operator. All related experience in the wastewater field must be included on this form. Any additional information may also be submitted on a separate sheet, but in the same or similar form.

EDUCATION INSTITUTION & ADDRESS YEARS ATTENDED DEGREE GRANTED STUDIES

HIGH SCHOOL:_____

COLLEGE:_____

UNIVERSITY:_____

OTHER:_____

COURSE TITLES INSTITUTION & ADDRESS MONTH/DAY/YEAR to 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 is left blank, you will receive "WI" 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)