

**Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Protection**

APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR
UPGRADE TO EMERGENCY CERTIFICATION

In accordance with 257 CMR 2.00, any person requesting emergency certification must apply in writing to the Board of Certification. Through a majority vote and for a good cause shown, the Board will grant Emergency Certification to enable an operator to work at a specified facility in a position for which the operator is not otherwise certified. The Board may grant a Chief Operator an Emergency Certification only if the request is approved by the appropriate regional DEP/BRP section chief. Emergency Certification shall not be granted to employees or managers of contract operations and maintenance firms. Emergency certification shall be valid for no longer than six months and cannot be renewed.

Instructions:

- Type or print clearly in ink only.
- Attach recent photo, with face, not less than one inch wide, or a copy of your driver's license. Please note that this is a mandatory requirement.
- The application must include a letter on its letterhead from the facility requesting the certification stating the reason for the request.
- Each application must be accompanied by a check/money order for \$30.00 payable to the Commonwealth of Massachusetts.
- Mail application, attachments, and check/money order to:

**Department of Environmental Protection
P.O. Box 4062
Boston, MA 02211**

Please complete all applicable sections on the front and back of this Application and attach all required materials. The Board will not consider incomplete Applications.

Application Date		Certification Number		Date of Birth <small>Month / Day / Year</small>		Driver's License Number or State ID	
Applicant's Name							
First		MI	Last				
Home Address							
Street			Town	State	Zip		
Home Phone Number		Work Phone Number		Email			
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)