

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

**New England Interstate Water Pollution Control Commission (NEIWPC)
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 NEIWPC 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 State Issued Driver's License or 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 **NEIWPC**) 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 PROCESSED	APPROVAL DATE	STATUS	COMMENTS	CERTIFICATION NUMBER
		<input type="checkbox"/> WI <input type="checkbox"/> NMI-P/J <input type="checkbox"/> OT/OE <input type="checkbox"/> OT ___ <input type="checkbox"/> FULL		

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)			