

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

APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR

UPGRADE TO COMBINED GRADE 7

In accordance with 257 CMR 2.00, any person requesting an upgrade to a Combined Grade 7 Wastewater Treatment Plant Operator license must apply in writing to the Board of Certification. The Combined Grade 7 Operator shall have passed a Comined Grade 6 examination and possess at least 8 years of experience at a level of responsibility comparable to that of a Class 6 Operator or higher. Education may be substituted for not more than 5 years of experience. By a majority vote, the Board may issue the applicant the Combined Grade 7 license to any operator who meets all of the requirements. The Board will review properly-filed applications and will notify the applicant in writing of the results.

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.
- Each application must be accompanied by a check/money order for \$20.00 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	City/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)