

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

APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR

CERTIFICATION BY RECIPROCITY

In accordance with 257 CMR 2.00, any person requesting reciprocity must be a certified wastewater treatment plant operator. Your certification must have been based on an examination process recognized by the Commonwealth of Massachusetts or the Associated Boards of Certification (ABC). You must

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.
- Supply the following documentation: [1] proof of having passed a written test in another state; [2] resume explaining job duties, responsibilities, and dates of employment at each facility; [3] flow diagrams of each facility worked at; and [4] copy of rules and regulations for certification in state certified, or proof of acceptable reciprocity registration.
- Each application must be accompanied by a check/money order for \$80.00 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
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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)