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

## APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR STATUS CHANGE FORM

In accordance with 257 CMR 2.00, to request a change in status as a certified wastewater treatment plant operator, you must apply in writing to the Board of Certification. By majority vote, the Board may issue a change in status to any operator who meets all the requirements. The Board will notify the applicant its decision in writing.

- Type or print clearly in ink only.
- ATTACH A COPY OF A RECENT GOVERNMENT ISSUED PHOTO ID (i.e., driver's license, passport, etc.). PLEASE NOTE THIS IS A MANDATORY REQUIREMENT.
- Mail to: Board of Certification of Wastewater Treatment Plant Operators
   NEIWPCC
   650 Suffolk St., Suite 410
   Lowell, MA 01854

Current Information											
Application Date		Certification Number		Date of Birth	Drive	Driver's License Number or State ID					
				Month / Day / Year							
Applicant's Name											
		MI			ATTACH CORV OF						
First		MI Last				ATTACH COPY OF DRIVER'S LICENSE					
Home Address						OR STATE ID HERE					
Street		Town State		e Zip		OR STATE IS TIERE					
Street		Journ									
Phone Number		Email									
There is a second of the secon											
Change of Status	s Check the t	vpe of stat	us change t	hat applies to you:							
Change of Status Check the type of status change that applies to you:											
<ul> <li>"When and If" (WI) to "Operator in Training" (OT) – You have a WI next to your license, which is an inactive status.</li> <li>To become active, simply include your employment at a graded wastewater treatment facility on this form.</li> </ul>											
"Operator in Training" (OT) to "Full" (FULL) – You have enough years of experience at the required grade facility to obtain a FULL status at your license grade. You must show specific job responsibilities and experiences the wastewater field for your license and grade on this form.											
"Need more information (NMI) to OT or FULL – You did not supply the enough information on your plant (NMI-P) or job (NMI-J) for the Board to assign you an OT or FULL status. Complete this form completely for the Board to assign you an OT or FULL status.											
□ Inactive to active – You are looking to activate your license at the OT, NMI or FULL status. You must submit 10 TCHs in the same calendar year that you choose to become active.											
□ Active to inactive – must show no wastewater activities in that calendar year.											
Please complete all applicable sections on the front and back of this Application, attach all											
required m	aterials and s	<u>ign below</u>	ı. The Boa	<u>ird will not consid</u>	<u>er incom</u>	plete Applications.					
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/l	Status an	d 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	Y, OR PROVINCE WHERE CERTIFIED	CERTIFICATION DATE	CERTIFICAT	ION#	GRADE/LEVEL	STATUS				
EDUCATION	INSTITUTION and ADDRESS	YEARS AT	TENDED	DEG	REE GRANTED	STUDIES				
HIGH SCHOOL:										
COLLEGE:										
UNIVERSITY:										
OTHER:										
COURSE TITLES	INSTITUTION and ADDRESS	Month/Day/Ye	ar - Month/Da	y/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 PR	ROCEDURE: (Process control and regu	ulatory testing)								
COLLECTION OR	DISTRIBUTION: (Operation and maint	enance procedures)								
PREVIOUS EMPL	OYER NAME and ADDRESS, FACILITY	( GRADE, JOB TITLE, EM	PLOYMENT D	ATES Mo	onth(s)/Year(s)					
OPERATIONS: (R	ecords, reports, equipment operating,	sludge handling, proces	s control func	tions, etc	c.)					
MAINTENANCE: (	Pumps, level controls, chlorination, et	tc.)								
LABORATORY PR	ROCEDURE: (Process control and regu	ulatory testing)								
COLLECTION OR	DISTRIBUTION: (Operation and maint	enance procedures)								