

Commonwealth of Massachusetts
 Executive Office of Environmental Affairs
 Department of Environmental Protection
 Board of Certification of Wastewater Treatment Plant Operators
 Central Regional Office
 627 Main Street
 Worcester, MA 01608
 Telephone 508-767-2781

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 the applicant the change in status to any operator who meets all of the requirements. The Board shall review properly filed applications and shall notify the applicant in writing of the results.

Please read all questions carefully and answer fully. The application must be filled out completely where applicable.

- [1] Type or print clearly in ink only.
- [2] **ATTACH RECENT PHOTO WITH FACE NOT LESS THAN ONE INCH WIDE, OR A XEROX COPY OF DRIVER'S LICENSE MAY BE USED. PLEASE NOTE THIS IS A MANDATORY REQUIREMENT.**

APPLICATION DATE : ___/___/___



CERTIFICATION # : _____

CURRENT STATUS : _____ CHANGE STATUS TO: _____

CURRENT NAME : _____

CHANGE NAME TO : _____ DATE OF BIRTH : ___/___/___

SOCIAL SECURITY #: ____-____-____

CURRENT ADDRESS : _____

Street Town State Zipcode
 CHANGE ADDRESS TO: _____

Street Town State Zipcode

TELEPHONE NUMBER : () _____ - _____

PLEASE COMPLETE THE FRONT AND BACK 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 RECEIVED	BOARD DATE	APPROVAL OF BOARD YES/NO	STATUS & 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.

EDUCATION	INSTITUTION & ADDRESS	YEARS ATTENDED	DEGREE GRANTED	STUDIES
HIGH SCHOOL :	_____			
COLLEGE :	_____			
UNIVERSITY :	_____			
OTHER :	_____			

COURSE TITLES	INSTITUTION & ADDRESS	MONTH/DAY/YEAR-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.

CURRENT EMPLOYER NAME & 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 & Maintenance Procedures)

MANUFACTURING AND/OR PROCESS EXPERIENCE: (Industrial license only)

PREVIOUS EMPLOYER NAME & ADDRESS, FACILITY GRADE, JOB TITLE, EMPLOYMENT DATES MONTH(S)/YEAR(S)

OPERATIONS:

MAINTENANCE:

LABORATORY PROCEDURE:

COLLECTION OR DISTRIBUTION:

MANUFACTURING AND/OR PROCESS EXPERIENCE: (Industrial license only)

Note: highlighted fields are mandatory, but you may fill in more detail.

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APPLICATION DATE: 7/2/08



CERTIFICATION #: 13775

CURRENT STATUS: WI CHANGE STATUS TO: Active

CURRENT NAME: Madeline Amlin

CHANGE NAME TO: _____ DATE OF BIRTH: 12/09/81

SOCIAL SECURITY #: 000-00-0000

CURRENT ADDRESS: 12 Channel St, Boston, MA 02210

CHANGE ADDRESS TO: _____
Street Town State Zipcode

TELEPHONE NUMBER: (617) 423-5639

PLEASE COMPLETE THE FRONT AND BACK OF THIS APPLICATION

I, Madeline Amlin (PRINT), do solemnly swear (affirm) that all the information presented in this application is true in substance and effect.

SIGNATURE [Signature] (SIGN) DATE: 7/2/08

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