



Temporary Emergency Certification Application--Fee \$28.00

Instructions:

1. If you are assisting a current operator of your system to meet certification requirements, you must contact **AMP** at www.goamp.com to register for the operator examination.
2. Read all instructions and questions before filling out this application.
3. Answer all questions on this form. If a question is not applicable, draw a line in the space or write NA. Incomplete applications will be returned.
4. Send your complete application package to the address at the top of the page.

A. Applicant Information

Name of Public Water System _____		PWS ID# _____	
Classification of System _____		Contact Person _____	
Address _____		Work Telephone # _____	Home Telephone # _____
City/Town _____	Zip Code _____		

B: Temporary Emergency Certification Grade Information

Grade of temporary emergency certificate applying for:
 (check one)

1. VSS (very small system)
2. VND (vending machine) VND-1D VND-2D
 VND-1T VND-2T VND-3T VND-4T
3. Distribution 1D 2D 3D 4D
4. Treatment 1T 2T 3T 4T

Note: Temporary emergency certificates are valid for a period of six months from the date of approval by the Board and cannot be renewed.

C: Staffing Requirement Information

1. Why is temporary emergency certification necessary for your public water system?

2. Does your public water system plan to hire an operator on contract basis? Y N

b. Date on which examination will be taken: _____

3. Do you plan to become a certified operator?
 Y N

c. Is the operator enrolled in an examination preparation training course?
 Y N

4. Does your public water system plan to assist a current operator of your system to meet certification requirements? Y N

If yes, please list the name(s) of the course(s) and the sponsoring organization(s)

5. If you answered yes to #3 and #4, please answer the following:

- a. Grade of examination operator will be taking:
 VSS (very small system)
 VND (vending machine)
 Distribution 1D 2D 3D 4D
 Treatment 1T 2T 3T 4T

6. Under what capacity would this operator function?
 Primary operator
 Secondary operator

D. Experience

In the following spaces, please furnish information about the operator designated to operate the system under the temporary emergency certification:

_____ Name	_____ Address	
_____ Title	_____ City/Town	_____ Zip Code
_____ Date this Position Began	_____ Work Telephone #	_____ Home Telephone #
_____ Is this person presently an operator of a PWS, defined in 236 CMR 2.03? † Y † N	_____ Supervisor	_____ Title
_____ Grade(s)	_____ Supervisor's Telephone #	
_____ How long has this person worked as an operator of said system?		
_____ Years	_____ Months	

E. Affidavit

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Drinking Water Certification to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Responsible Party

Date