

MASSACHUSETTS DRINKING WATER OPERATOR EXAMINATION REGISTRATION FORM

Submit this form ONLY if you are paying your examination fee by cashier's check, company check or money order. Visit our website at www.goAMP.com or call 800-345-6559 **two weeks after mailing this form** to schedule an examination appointment. If payment is to be made by credit card, visit www.goAMP.com or call AMP at 800-345-6559 to schedule your appointment and do not submit this form.

1. **NAME**

Last Name First Name M.I.

2. **MAILING ADDRESS**

Number, Street and Apartment Number

City State Zip Code

Email Address

3. **TELEPHONE NUMBER**

(_____) _____ - _____ and (_____) _____ - _____
Daytime Telephone Number Evening Telephone Number

4. **SOCIAL SECURITY NUMBER**

_____ - _____ - _____

5. **BIRTH DATE**

____/____/____
Month Day Year

6. **EXAMINATION FEE**

\$144

Your examination fee must be submitted with your registration form. Payment may be made by cashier's check, company check or money order made payable to AMP. Payment by personal check or cash is not acceptable.

7. **QUALIFICATION REQUIREMENTS TO SIT FOR THE EXAMINATION**

- If you are applying for the Very Small Water System examination, there are no education requirements.
- If you are applying for a Grade 1 examination, there are no education requirements.
- If you are applying for a Grade 2 examination, you must have a Grade 1 license or a passing grade on the Grade 1 examination, plus completion of education requirements or an education waiver from the state.
- If you are applying for a Grade 3 examination, you must have a Grade 2 license or a passing grade on the Grade 2 examination, plus completion of education requirements or an education waiver from the state.
- If you are applying for a Grade 4 examination, you must have a Grade 3 license or a passing grade on the Grade 3 examination, plus completion of education requirements or an education waiver from the state.

Failure to meet these requirements may result in being denied a license. There will be no refunds for candidates testing without meeting these requirements.

8. **GRADE 2 OR HIGHER REGISTRATION QUESTIONS**

You must answer the following questions if applying for Grade 2 or higher, or your registration form will not be processed.

License number for previous grade (For example, if you are applying for Grade 2, enter your Grade 1 license number.):

Date of previous grade examination: _____

Score for previous grade examination: _____

Name of approved Training Course (For example, Basic Treatment, Advanced Treatment):

Date of Training: _____

Have you been granted a waiver by the Board? Yes No

If you answered 'No', enter your Course ID (For example, EXM2012-000): _____

9. CHOOSE EXAMINATION TYPE

- Massachusetts Distribution – Grade 1
- Massachusetts Distribution – Grade 2
- Massachusetts Distribution – Grade 3
- Massachusetts Distribution – Grade 4
- Massachusetts Very Small Water System
- Massachusetts Water Treatment – Grade 1
- Massachusetts Water Treatment – Grade 2
- Massachusetts Water Treatment – Grade 3
- Massachusetts Water Treatment – Grade 4

10. SIGNATURE AND DATE

I have read and understand the information provided in the Candidate Handbook, and the information I have provided on this registration form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Mail this form with cashier's check, company check or money order to:

Massachusetts Drinking Water Operator Examination
Examination Services
18000 W. 105th St.
Olathe, KS 66061