## MASSACHUSETTS DRINKING WATER OPERATOR PSI ADMINISTERED REQUIRED DOCUMENT FOR MAIL-IN PAYMENT

Submit this form ONLY if you have already applied and been approved by the Massachusetts Drinking Water Operator and are paying your PSI examination administration fee by cashier's check, company check or money order. If you have not applied with the Massachusetts Drinking Water Operator, you must do so first at: <a href="https://www.mass.gov/orgs/board-of-certification-of-operators-of-drinking-water-supply-facilities">https://www.mass.gov/orgs/board-of-certification-of-operators-of-drinking-water-supply-facilities</a>. Visit our website at <a href="https://schedule.psiexams.com/">https://schedule.psiexams.com/</a> or call 833-256-1420 two weeks after mailing this form to schedule an examination appointment. If payment is to be made by credit card, visit <a href="https://schedule.psiexams.com/">https://schedule.psiexams.com/</a> or call PSI at 833-256-1420 to schedule your appointment and do not submit this form. If this is submitted prior to approval by state, payment will be returned.

1.	NAME	Last Name		First Na	ame		M.I.	
2.	MAILING ADDRESS		reet and Apartment N					
		City		State			Zip Code	
		Email Addre	ess					
3.	TELEPHONE NUMBE	:R (	)		<u>and</u> (	)		
			Daytime Telephone	Number	Eveni	ng Telephone Nur	mber	
4.	SOCIAL SECURITY N	UMBER _	<u></u>					
5.	BIRTH DATE	-		 				
6.	EXAMINATION FEE	\$1	04					
	Your examination fee n check or money order							
	IF THIS IS SUBMITTED PRIOR TO APPROVAL BY STATE, PAYMENT WILL BE RETURNED.							
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 are a pageing grade on the Grade 1.							
	<ul> <li>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.</li> </ul>							
	• 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	e examinat	tion:					
	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?  $\Box$  Yes  $\Box$  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 eachier's cheek, company shock or manay order to					

Mail this form with cashier's check, company check or money order to: PSI, 18000 W. 105th St., Olathe, KS 66061