**Massachusetts Title 5 Soil Evaluator Certification**

**Attendee Registration Packet**

**March 13, -16, 2023 | Classroom Sessions**

**April 5, 12, 19, 26, 2023 OR**

**May 3, 10, 17, 24, 2023 | Field Sessions**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Organization |  | |
| Address |  | |
| City, State, Zip |  | |
| Phone |  | |
| E-mail |  | |
| Type | Regular Registration ($1050) Municipal Registration ($800) | |
|  | | |
| * Register early as space is limited. Registrations are taken on a first-come/first-served basis based on completeness of application and full payment. A confirmation email with specific logistics, downloadable materials and directions will be sent to you after your registration has been approved. This course is NOT approved for Title 5 Training Contact Hours. No cancellations or refunds after April 5, 2023. * The registration fee is $1050 per person (or $800 for municipal employees). The fee covers the cost of registration, handouts, manual and the exams. There is a **$26 parking fee** for the Amherst classroom sessions. There is a $30 fee for checks returned due to insufficient funds. **Municipalities are permitted to submit a copy of their Payment Request as proof of payment.** * Applications are not complete unless the registration form, payment/municipal proof of payment, eligibility application, and proof of eligibility are received. Incomplete applications are NOT considered registered. Mail registration packets to: **NEIWPCC, 650 Suffolk Street #410, Lowell, MA 01854**. | | |
| **Qualifications for Eligibility**  **Mass. Registered Sanitarian**  Submit copy of license.  **Mass. Registered Engineer**  Submit copy of license (civil, sanitary or environmental).  **Engineer in Training (EIT)**  Submit copy of certifying documentation and proof of concentration (civil, environmental, or sanitary).  **Mass. Registered Land Surveyor**  Submit copy of license.  **Mass. Certified Health Officer**  Submit copy of license.  **Board of Health Member or Agent**  Submit letter from town.  **MassDEP Employee involved in Title 5**  Submit letter from MassDEP.  **Advanced Degree in Soil or Geological Sciences**  Submit copy of diploma.  **Completed required soil science courses**  Submit transcript from college. List of classes on eligibility form. | | Amount enclosed: $1076 $826  Check No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Payable to *NEIWPCC*)  Visa/Mastercard/Discover ONLY  Credit Card #:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name on card:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CVC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Billing Address for Credit Card (if different):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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Description automatically generated**Ver. Mar-2022

**Massachusetts Title 5 Soil Evaluator Eligibility Form**

Title 5 has strict eligibility requirements to become approved as a Soil Evaluator. These requirements are listed in 310 CMR 15.017, Approval of Soil Evaluators. Any person who meets the criteria of 310 CMR 15.017(2) and who passes a standardized examination prepared and administered by the MassDEP or an agent of the MassDEP shall be approved as a Soil Evaluator by the MassDEP.

Please read all questions carefully and answer fully. Application must be filled out completely, where applicable, *and proof of eligibility (see next page) must be attached*. ***Also note that this form should be completed and submitted at the same time as the certification course registration form***.

Type or print clearly in ink only.

Attach recent photo with face not less than one inch wide, or a copy of driver’s license may be used. **Please note this is a mandatory requirement.**

Proof of eligibility must be attached to this application. If proper proof is not submitted, your application **WILL NOT BE PROCESSED**.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name | Date of Birth | | Driver’s License or ID # |
|  |  | |  |
| Email | | Company Name | |
|  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Residence |  | Business |
| Street Address |  |  |  |
| City, State, Zip |  |  |  |
| Phone Number |  |  |  |

(See next page for info on required qualification proof.)

**FOR OFFICIAL USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Received | Approval Date | Yes or No  Approval By | Status and Comments | Certification Number |
|  |  |  |  |  |

Check all that apply

|  |  |  |
| --- | --- | --- |
| Select | Qualification | Required Proof |
|  | Massachusetts Registered Sanitarian in good standing with the Division of Professional Licensure | Copy of license |
|  | Massachusetts Registered Professional Engineer in good standing with the Division of Licensure (civil, sanitary, or environmental engineering) | Copy of license |
|  | Engineer-in-Training (EIT certificate) with a concentration in civil, sanitary, or environmental engineering | Copy of certificate or notification letter showing concentration. |
|  | Massachusetts Registered Land Surveyor in good standing with the Division of Professional Licensure | Copy of license |
|  | Massachusetts Certified Health Officer in good standing with the Division of Professional Licensure | Copy of license |
|  | Board of Health Members or Agents | Letter on town letterhead signed by Health Director or town clerk certifying you are member/agent with start date. |
|  | MassDEP Employees involved in administration of 310 CMR 15.000 | Letter signed by Division Director or Deputy Regional Director certifying you are involved in administration of Title 5. |
|  | Bachelor of Arts or Sciences degree or more advanced degree in Soil or Geological Sciences from an accredited college or university | Letter from employer and copy of diploma. |
|  | Completed 15 semester credits in soil science courses from an accredited institution. At least three credits must be in Soil Genesis, Classification, Morphology and Mapping. The remaining credits must be in at least three of the following six categories: Introductory Soil Science; Soil Chemistry/Fertility; Soil Physics; Soil Microbiology/Biochemistry; Soil Survey Interpretations/Soils and Land-use/Soils and the Environment; and Independent Study/Seminar/Geology. | Copy of course transcripts |

I certify that I am eligible to take the Soil Evaluator Examination(s) pursuant to 310 CMR 15.017.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Print Name], do solemnly swear (affirm) that all the information presented in this application is true in substance and effect.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver & Release of Liability**

**Massachusetts Title 5 Soil Evaluator Certification**

**2023**

In consideration of my participation in the Title 5 Soil Evaluator (SE) Certification Class, SE field refresher class, and/or SE makeup/re-take field exam, I agree as follows:

* I fully understand and acknowledge that my participation in this class may pose some risks, dangers, and hazards to myself, including, but not limited to the following: open pits, large equipment such as backhoes, active excavation, manmade or natural obstacles, and uncontrollable weather conditions.
* I fully understand and acknowledge that I am responsible for my own safety and agree to abide by basic safety rules and instructions given by the instructors.
* I agree to wear appropriate clothing and foot attire.

Accordingly, in consideration of my participation in the Massachusetts Title 5 SE Certification Class, SE refresher class, and/or SE makeup exam, conducted by or on behalf of NEIWPCC, I, on behalf of myself, my personal representatives, and my heirs, hereby voluntarily assume all risks, dangers, and hazards associated with participating in this class, and I hereby voluntarily agree to waive, release, discharge, hold harmless, defend, and indemnify NEIWPCC, MassDEP, UMass-Amherst, Michelle Jenkins, James Plummer, Christina Stringer, Bruce Bouck, Leslie (Mickey) Spokas, Steve Mabee, Joseph Cerutti, Paul Blain, any public or private landowners of properties where test pits will be dug, and any and all of their employees, agents, insurers, and successors from any and all causes of actions, claims, demands, losses, injuries, and damages of any kind which may be sustained by me in connection with the Massachusetts Title 5 SE Certification Class, SE refresher class, and/or SE makeup exam. In signing below, I acknowledge understanding of the content herein; that my responses are true; and agree to the terms herein.

This Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. This Waiver is valid for one year from date of signature.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (Printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Failure to complete this form will result in the inability to register/attend the class.

New England Interstate Water Pollution Control Commission (NEIWPCC)

650 Suffolk Street, Suite 410, Lowell, MA 01854

P:(978) 323-7929; F:(978) 323-7919; [title5@neiwpcc.org](mailto:title5@neiwpcc.org)