

MARYLAND DEPARTMENT OF THE ENVIRONMENT

P.O. BOX 2057

● Baltimore Maryland 21230

http://www.mde.state.md.us

(800) 633-6101x3167

(410) 537-3167

(410) 537-3168 (fax)

**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS
APPLICATION FOR OPERATOR CERTIFICATION**

CLEARLY PRINT OR TYPE ALL INFORMATION

I. GENERAL INFORMATION :

A. _____
Last Name First Name MI

B. _____
Street Address City State Zip Code

C. _____
Social Security Number Business Phone Number

D. **Email Address:** _____

II. APPLICATION: (CHECK "√" CATEGORY AND CLASS)

	CATEGORY	CLASS	
Water Treatment Plant Operator	[]	1 []	6 []
Wastewater Treatment Plant Operator	[]	2 []	7 []
Water Distribution Systems Operator	[]	3 []	8 []
Wastewater Collection System Operator	[]	4 []	S []
Industrial Wastewater Works Operator	[]	5 []	A []

III. EDUCATION :

A. High School Graduate? Yes [] No [] GED [] Year of Graduation: _____
College/University Attended: _____ Degree Awarded: _____

IV. CURRENT EMPLOYMENT INFORMATION :

A. Employer's Name/Phone #: _____

B. Immediate Supervisor's Name/Phone #: _____

C. Name of the Works: _____ Class: _____

D. Date Employed **at this** facility: _____

E. Total operating experience in the Works (in hours) **at this** facility: _____

V. PREVIOUS OPERATING EXPERIENCE: (Complete this part only if you have changed employment since your original application)

Dates From - To	Name, Address & Phone # of the Employer/Name of Immediate Supervisor	Summarize Your Duties/ Responsibilities as an Operator

If your experience from another State, please provide a letter from your past employer, which documents duration of your employment, type/size of plant and your responsibilities.

VI. APPLICANT'S STATEMENT :

I hereby affirm that this application contains no willful misrepresentations or falsification and that this information give by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be revoked.

Date

Applicant's Signature

VII. OWNER'S OR APPOINTING PERSON'S STATEMENT:

I certify that the statements made by the applicant as part of this application for certification are true and correct to the best of my knowledge, and that he is of good moral character and I would recommend him favorably to the Board.

Date

Name of Authorized Person

Signature

Title

**FEE: \$75.00 PER CATEGORY/PERCLASS
MAKE CHECKS OR MONEY ORDERS PAYABLE TO:
BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS,
P.O. BOX 2057, BALTIMORE MD 21203**

INCOMPLETE APPLICATIONS WILL BE RETURNED TO SENDER