



**APPLICATION FOR
OPERATOR IN TRAINING (TEMPORARY) CERTIFICATE**

This notice is provided pursuant to State Government Article, § 10-624, Maryland Code Annotated. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment (“MDE”) is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE’s website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

(Please Print or Type All Information except Signatures)

I: GENERAL INFORMATION:

Name: _____ Social Security Number: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Email Address: _____

Please provide the following information if you hold any other certificates issued by the Board of Water And Wastewater Systems Operators:

Certificate No _____ Expiration date _____

Category and Class of Certificate Applied For (Circle Below)

Wastewater Treatment (W) 1 2 3 4 5 6 S A

Water Treatment (T) 1 2 3 4 5 G
(For Water 5 write RO, DE, Arsenic or GWUDI)

Industrial Wastewater (I) 1 2 3 4 5 6 7

Wastewater Collection (C) 1 2

Water Distribution (D) 1

II: EMPLOYMENT INFORMATION (to be completed by employer)

Name of the Facility: _____ Telephone: _____

Street Address: _____

City _____ State _____ Zip Code _____

Category and Class of the Facility: _____

NPDES Permit Number (If applicable): _____ - DP - _____

The applicant's job or position title: _____

The job duties of this position: _____

The applicant began employment in **this position** on: _____

The applicant's immediate supervisor: _____

III: OPERATOR IN CHARGE Note: Comar 26.06.01.06 requires that a temporary certificate holder work under the direction of a holder of a superintendent or operator certificate. Please list the operator in charge below:

Operator in Charge Name: _____

Telephone number: (_____) _____ Certification No. _____

IV: APPLICANT'S CERTIFICATION AND SIGNATURE:

I hereby affirm that this application contains no willful misrepresentations or falsification and that this information given 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)

V: EMPLOYER'S CERTIFICATION AND SIGNATURE:

I hereby certify that the applicant is employed at the facility described above as an "operator" as defined by Code of Maryland Regulations (COMAR) 26.06.01.01B(10)(a). I further certify that the information given on this application is correct to the best of my knowledge.

(Name of Authorized Person) (Title)

(Date) (Signature)

For questions, please call: (410) 537-3167

PLEASE NOTE:

- **The application fee is \$50. Make checks or money orders payable to the Board of Waterworks and Waste Systems Operators.**
- **Return the application form, together with the fee, to the Board of Waterworks and Waste Systems Operators, Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-2057.**

AOBJ: 5958 / 46031