

# APPLICATION FOR OPERATOR CERTIFICATION

## MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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.

### I. GENERAL INFORMATION:

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### II. APPLICATION: (CHECK "✓" CATEGORY AND CLASS)

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

### III. EDUCATION:

A. High School Graduate? Yes [ ] No [ ] GED [ ]

Name of High School: \_\_\_\_\_

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: \_\_\_\_\_  
Month / Day / Year

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 is from another State, please provide a letter from your past employer that documents the duration of your employment, the type/size of the plant and your job duties and responsibilities.

**VI. APPLICANT'S STATEMENT:**

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

**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

**NOTE:** The application fee is **\$50.00** for each certification category, **and must be sent with the application.** An incomplete application will be returned to the applicant.

**You must meet the experience requirements in order to be eligible for Operator Certification. The time starts with the issuance of your Temporary Certification. Please refer to COMAR 26.06.01.16 Tables for more information.**

**AOBJ: 5958**