



# APPLICATION FOR RECIPROCITY 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.

(Please print or type all information)

### I. GENERAL INFORMATION:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### II. CATEGORY AND CLASS OF RECIPROCITY APPLIED FOR

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

### III. EDUCATION:

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

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

### IV. CURRENT EMPLOYMENT INFORMATION:

Employer's Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Immediate Supervisor's Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of the Facility: \_\_\_\_\_ Class: \_\_\_\_\_

Date Employed: \_\_\_\_\_

Total operating experience in this facility (in hours): \_\_\_\_\_

**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 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/she is of good moral character and I would recommend him/her favorably to the Board.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Person

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

**NOTE:** Certificate fee is \$150.00 for each category. **Make checks payable: Board of Waterworks and Waste Systems Operators. Mail to: the Maryland Department of the Environment, P. O. Box 2057, Baltimore, Maryland 21203-2057**

**AOBJ: 5958 / 46031**