



**APPLICATION FOR SUPERINTENDENT 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 ABOUT THE APPLICANT:

Name: _____ Social Security Number: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Email Address: _____

II. APPLICANT'S CERTIFICATION INFORMATION:

Certificate number is: _____ List Certificates currently held: _____

Operator: _____ Superintendent: _____

Has any state licensing or disciplinary board, or a comparable body in the Armed Services, denied your application to renew or reinstate a license, or taken any action against your license including, but not limited to: reprimand, suspension or revocation?

Yes ___ No ___ (If Yes, please attach an explanation.)

III. INFORMATION ABOUT THE APPLICANT'S EMPLOYER:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

IV. SUPERINTENDENT CERTIFICATION APPLIED FOR:

Please check each of the categories that are included in your appointment as superintendent :

Wastewater: _____ Municipal _____ Industrial _____ Collection

Water: _____ Treatment _____ Distribution

List the facility that you perform as superintendent. This information can also be provided (or supplemented) by attaching a letter to the Board from the appointing person.

Name of Facility or System	Facility Category and Class (e.g. Water 4, Collection 2)
_____	_____
_____	_____
_____	_____

V. APPLICANT'S STATEMENT:

I affirm that the information given by me on this application is true and complete to the best of my knowledge and belief. I am aware that the Board may disapprove this application and initiate action against my certification if investigation shows that this application contains any misrepresentation or falsification.

Date

Applicant's signature

VI. APPOINTING PERSON'S STATEMENT:

I certify that the applicant has been designated as superintendent (as defined by COMAR 26.06.01.01) of the facility listed on this application. The information provided by the applicant is true and correct to the best of my knowledge.

Date

Appointing Person's Name

Title

Appointing Person's Signature

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

NOTE:

- **The certification fee is \$50 for each category.**

Make checks payable to:

**BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS
MAIL TO: MARYLAND DEPARTMENT OF THE ENVIRONMENT
P.O. BOX 2057
BALTIMORE MD 21203-2057**

AOBJ: 5958 / 46031