



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

Maryland Board of Waterworks and Waste Systems Operators

Reciprocity Requirements for Submittal

Requirements for Reciprocity:

- Must be employed within the State of Maryland or have employment pending certification with the State.
- Submittal of Application for Reciprocity & \$150 payment

Maryland operator certification is process-driven, meaning the plant & type of treatment covered by the plant that you are employed at will determine the certificate that you will hold.

Once required documents and payment are received, they will be reviewed by Board Staff who makes and submits a recommendation to the Board at the monthly Board meeting. The Board may accept, deny, or modify Board Staff's recommendation based on the evidence/documents that were submitted. License then may be granted, or the Board may request further information before making a final decision.

Documents to provide:

- Copy of current State-Issued Operator license/certification from the State that the applicant was previously employed
 - Up-to-Date Resume
 - Letter from current MD employer explaining treatment processes that individual will be working with
 - Letter from previous employment explaining treatment processes individual worked with
 - Plant descriptions and diagrams for Maryland and previous state plant(s) employed at – *especially if from a state that classifies their plant by using a "point" or "rating" system* – i.e. Delaware, New Jersey, North Carolina.
 - Any helpful licensing information from your state of previous employment
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- Not required but helpful: training classes taken