

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 you 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 is subject to the Maryland Public Information Act. This form may be 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 verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Ope			perator Certification Number: 0098		
DONALD PAGE BOWEN Please enter you're current address on the lines below and, if necessary,			essary,	Certification(s below will e	
correct the City, state and ZIP Code. Please print legibly.			The fee to ren certi	ew these fications: <b>\$100</b>	
				<ul> <li>requirements b result in an</li> </ul>	nplete or submit renewal by the expiration date will additional late fees as
I CERTIFICA	TES TO RENEW	•		- descri	bed in Section V.
Certification Typ		- Category		Class	Training Units Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		А	16
OPERATOR		WASTEWATER TREATMENT		S	16
SUPERINTENDENT	Г	WASTEWATER TREATMENT		5	7
OPERATOR		WATER TREATMENT		1	16
II. CURRENT E	MPLOYMENT INF	ORMATION			
Employer's Name:				Phone #:	
Number of Facilitie	s (or Plants) that you cu	rrently operate:		I am employed	l by the Facility owner
I am currently not o	perating any Facility		I pr	ovide contractual s	services to the Facility
Please provide the f	following information al	pout each Facility/Plant that you operat	e. Use addtic	onal pages as neede	ed.
Facility / Plant Nam	ne		Class P	PDWIS (Water) N	VPDES (Wastewater)



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

## VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- 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 suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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This is page one of a two page	age form. Both pages must be completed and returned.	Operator Certifcation Num	nber: 0214
	er you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	, Certification(s) sho below will expire The fee to renew th	e on: 1/1/2024
		requirements by the result in an add	ons: <b>9100</b> e or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFICATES T		Class	Training Units
Certification Type	Category	Class	Required
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	3	30
II. CURRENT EMPLOY	MENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plan	nts) that you currently operate:	I am employed by t	he Facility owner
I am currently not operating a	any Facility	I provide contractual service	ces to the Facility
Please provide the following	information about each Facility/Plant that you operate. Use	e addtional pages as needed.	
Facility / Plant Name	Cla	ass PDWIS (Water) NPDE	ES (Wastewater)



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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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This is page one of a two page	erator Certifcation N	Number: 0229		
SYLVESTER ANGELO DALE Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) below will exp	
			The fee to renew these certifications: <b>\$100</b>	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO				Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EMPLOYM	ENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed b	by the Facility owner
I am currently not operating any	Facility	I pro	ovide contractual ser	rvices to the Facility
Please provide the following info	ormation about each Facility/Plant that you operate. U	Use addtion	nal pages as needed	l
Facility / Plant Name	(	Class Pl	DWIS (Water) NP	PDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

	i ieuse verijy your i	njormanon snown on mis application and mak	2 any corrections as needed.	
This is page one	e of a two page form. Bot	h pages must be completed and returned.	Operator Certifcation Number	: <b>0239</b>
RICHARD LEE DAY Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on		
		The fee to renew these certifications	\$100	
			Failure to complete or requirements by the ex result in an addition described in S	piration date will nal late fees as
I. CERTIFIC	ATES TO RENEW	<u>.</u>	-	Training Units
Certification T	уре	Category		Required
OPERATOR		WASTEWATER TREATMENT	4	30
SUPERINTENDE	NT	WASTEWATER TREATMENT	5	7
OPERATOR		WASTEWATER TREATMENT	5	30

OFLIGHTON		Ţ	10	
OPERATOR	WATER DISTRIBUTION	1	16	
OPERATOR	WASTEWATER TREATMENT	А	16	
II. CURRENT EMPLOYMENT INF	ORMATION			
Employer's Name:		Phone #:		
Number of Facilities (or Plants) that you cur	rently operate:	I am employed by the	ne Facility owner	
I am currently not operating any Facility		I provide contractual service	es to the Facility	
Please provide the following information al	pout each Facility/Plant that you operate. Us	se addtional pages as needed.		

WATED TREATMENT

Class PDWIS (Water) NPDES (Wastewater)

16



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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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This is page one	e of a two page form. Bot	h pages must be completed and returned.	Operator Certifcation Number	: 0251
ROBERT FRANCIS DEPAOLA, JR. Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on		
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	\$100		
			Failure to complete or requirements by the ex result in an addition described in S	piration date will nal late fees as
I. CERTIFIC	ATES TO RENEW		-	Fraining Units
Certification T	уре	Category		Required
OPERATOR		WATER DISTRIBUTION	1 :	16
OPERATOR		WATER TREATMENT	4	30

OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
SUPERINTENDENT	WATER TREATMENT	4	7

#### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:		Phone	#:
Number of Facilities (or Plants) that you currently operate:		I am employ	red by the Facility owner
I am currently not operating any Facility I provide contractual services to the Faci			al services to the Facility
Please provide the following information about each Facility/Plant that you operated	e. Use add	dtional pages as neo	eded.
Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	0292
STEPHEN GERARD ELDER Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	1/1/2024
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	
	Failure to complete or s	submit renewal

Failure to complete or submit renewal
 requirements by the expiration date will result in an additional late fees as
 described in Section V.

		ucscribeu in Section V.		
I. CERTIFICATES TO R Certification Type	<u>ENEW:</u> Category	Class	Training Units Required	
OPERATOR	WASTEWATER TREATMENT	S	16	
OPERATOR	WASTEWATER TREATMENT	А	16	
SUPERINTENDENT	WATER TREATMENT	1	7	
OPERATOR	WATER TREATMENT	4	30	
OPERATOR	WASTEWATER TREATMENT	4	30	
OPERATOR	WASTEWATER TREATMENT	5	30	
SUPERINTENDENT	WASTEWATER TREATMENT	5	7	

#### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:	Phone #:			
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner			
I am currently not operating any Facility	I provide contractual services to the Facility			
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Facility / Plant Name	Class PDWIS (Water) NPDES (Wastewater)			



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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

	i icuse verigy your i	gormanon shown on this application and make	any corrections as needed.	
This is page one	of a two page form. Bot	h pages must be completed and returned.	Operator Certifcation Number	: 0315
WILLIAM HOWARD FARRELL Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on		
		The fee to renew these certifications	¢ 1 AA	
			Failure to complete on requirements by the ex result in an addition described in S	piration date will nal late fees as
I. CERTIFIC	ATES TO RENEW		-	Training Units
Certification T	уре	Category		Required
OPERATOR		WATER TREATMENT	4	30
OPERATOR		WASTEWATER TREATMENT	4	30
OPERATOR		WASTEWATER TREATMENT	5	30

Employer's Name:		Phone #:		
II. CURRENT EMPL	LOYMENT INFORMATION			
SUPERINTENDENT	WASTEWATER TREATMENT	5	7	
OPERATOR	WASTEWATER TREATMENT	S	16	
OPERATOR	WASTEWATER TREATMENT	A	16	

Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner			
I am currently not operating any Facility	]	l provide contractua	al services to the Facility		
Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.					
Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)		



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 0498			
MICHAEL LESLIE ADDISON, SR Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			necessary,	Certification(s) shown below will expire on: 1/1/2			
				The fee to renew certifica	\$100		
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
I. CERTIFICA	ATES TO RENEW:				<b>Training Units</b>		
Certification Ty	pe	Category		Class	Required		
OPERATOR		WASTEWATER COLLECTION		2	16		
OPERATOR		WASTEWATER TREATMENT		3	30		
OPERATOR		WASTEWATER TREATMENT		4	30		
II. CURRENT F	EMPLOYMENT INFO	ORMATION					
Employer's Name:				Phone #:			
Number of Facilitie	es (or Plants) that you curr	ently operate:		I am employed by the Facility owner			
I am currently not o	operating any Facility	]	I p	rovide contractual serv	vices to the Facility		
Please provide the	following information abo	out each Facility/Plant that you op	verate. Use addti	onal pages as needed.			
Facility / Plant Nar	ne		Class	PDWIS (Water) NPE	DES (Wastewater)		
_							



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

This is page or	ne of a two page form. Bo	th pages must be completed and	returned. O	perator Certifcation	on Number:	0510
MATTHEW (	Please enter you're curre	ase enter you're current address on the lines below and, if necessa		Certificatio below wil	n(s) shown l expire on:	1/1/2024
	correct the City, state and ZIP Code. Please print legibly.			The fee to r ce	enew these rtifications:	\$50
				requirement result in a	submit renewal viration date will al late fees as ction V.	
	CATES TO RENEV					raining Units
Certification	Туре	Category		Class	R	equired
SUPERINTEND	ENT	WASTEWATER TREATMENT		5	7	
II. CURRENT	<b>FEMPLOYMENT IN</b>	FORMATION				
Employer's Nan	ne:			Phone	#:	
Number of Facil	lities (or Plants) that you c	urrently operate:		I am employ	ved by the Fa	acility owner
I am currently n	ot operating any Facility		ΙI	I provide contractual services to the Facility		
Please provide i	the following information d	ubout each Facility/Plant that you o	operate. Use addt	ional pages as nee	eded.	
Facility / Plant M	Name		Class	PDWIS (Water)	NPDES (W	Vastewater)



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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 0672			
PATRICK DAVID MIGLIO Please enter you're current address on the lines below and, if nece correct the City, state and ZIP Code. Please print legibly.			if necessary,	Certification below will			
				The fee to reproduce to reproduce the terms of terms	new these <b>\$100</b>		
				requirements result in an	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.		
	CATES TO RENEW				<b>Training Units</b>		
Certification 7	Гуре	Category		Class	Required		
OPERATOR		WASTEWATER TREATMENT		3	30		
OPERATOR		INDUSTRIAL WASTEWATER		2	0		
OPERATOR		WATER TREATMENT		3	30		
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Nam	e:			Phone #			
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed by the Facility owner			
I am currently no	ot operating any Facility	7 —	Ι	I provide contractual services to the Facility			
Please provide th	he following information al	pout each Facility/Plant that you	operate. Use addi	tional pages as need	ded.		
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 0677			
	ou're current address on the lines below and, if	necessary,	Certificatior below will	h(s) shown expire on: $1/1/2024$		
correct the Cit		The fee to rec	enew these <b>\$50</b>			
			Failure to complete or submit renews requirements by the expiration date w result in an additional late fees as described in Section V.			
I. CERTIFICATES TO				Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WATER TREATMENT		4	45		
II. CURRENT EMPLOYM	IENT INFORMATION					
Employer's Name:			Phone #	<i>t</i> :		
Number of Facilities (or Plants)	that you currently operate:		I am employe	ed by the Facility owner		
I am currently not operating any	Facility	I	I provide contractual services to the Facility			
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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 0686			
RANDY D. LEWIS Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.			essary,	Certification(s) below will exp			
				The fee to renew certific	v these <b>\$100</b> cations:		
				requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFI	CATES TO RENEW	<u>:</u>			<b>Training Units</b>		
Certification	Туре	Category		Class	Required		
OPERATOR		INDUSTRIAL WASTEWATER		2	0		
OPERATOR		WATER TREATMENT		1	16		
OPERATOR		WATER TREATMENT		3	30		
OPERATOR		WASTEWATER TREATMENT		3	30		
II. CURRENT	Г EMPLOYMENT INF	ORMATION					
Employer's Nam	ne:			Phone #:			
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by the Facility owner			
I am currently n	ot operating any Facility		I pro	I provide contractual services to the Facility			
Please provide i	the following information a	bout each Facility/Plant that you opera	te. Use addtion	nal pages as needed			
Facility / Plant Name Cla		Class Pl	DWIS (Water) NP	PDES (Wastewater)			



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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## VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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- 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 suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of	a two page form. Both pages must be completed and returned.	Operator Certifcat	Operator Certification Number: 0704			
JEFFREY C MCCA Plo	ARTER ease enter you're current address on the lines below and, if necessary,		on(s) shown <b>1/1/2024</b> ill expire on:			
CO.	rrect the City, state and ZIP Code. Please print legibly.		renew these ertifications: <b>\$50</b>			
		requiremen result in	complete or submit renewal its by the expiration date will an additional late fees as scribed in Section V.			
	TES TO RENEW:		Training Units			
Certification Typ	e Category	Class	Required			
OPERATOR	WATER TREATMENT	2	16			
II. CURRENT EN	MPLOYMENT INFORMATION					
Employer's Name:		Phone	e #:			
Number of Facilities	(or Plants) that you currently operate:	I am emplo	oyed by the Facility owner			
I am currently not op	perating any Facility	I provide contractu	I provide contractual services to the Facility			
Please provide the fo	ollowing information about each Facility/Plant that you operate. Use	e addtional pages as n	eeded.			
Facility / Plant Name	e Cla	ass PDWIS (Water)	NPDES (Wastewater)			



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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page	Operator Certification Number: 0729					
MICHAEL MEYER Please enter you're current address on the lines below and, if necess			ry, Certification(s) sl		/1/2024	
correct the Ci	ty, state and ZIP Code. Please print legibly.		The fee to re cer	enew these tifications: \$	50	
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
I. CERTIFICATES TO					ning Units	
Certification Type	Category		Class	Req	uired	
TEMPORARY	WASTEWATER TREATMENT		5	45		
II. CURRENT EMPLOYM	IENT INFORMATION					
Employer's Name:			Phone #	<b>:</b>		
Number of Facilities (or Plants)	that you currently operate:		I am employed by the Facility owner			
I am currently not operating any	/ Facility	Ιp	I provide contractual services to the Facility			
Please provide the following inj	formation about each Facility/Plant that you operat	e. Use addti	onal pages as nee	ded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Was	tewater)	



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a	two page form. Both pages must be completed and returned.	Operator Certifcati	on Number: <b>0751</b>		
	se enter you're current address on the lines below and, if necessary		on(s) shown Il expire on: <b>1/1/2024</b>		
corre	ect the City, state and ZIP Code. Please print legibly.	The fee to r	renew these <b>\$50</b>		
		requirement result in	complete or submit renewal as by the expiration date will an additional late fees as cribed in Section V.		
I. CERTIFICATE			Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WATER TREATMENT	3	30		
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:		Phone	#:		
Number of Facilities (o	or Plants) that you currently operate:	I am employ	yed by the Facility owner		
I am currently not oper	ating any Facility	I provide contractua	I provide contractual services to the Facility		
Please provide the follo	owing information about each Facility/Plant that you operate. Us	se addtional pages as ne	eded.		
Facility / Plant Name	Cl	lass PDWIS (Water)	NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 0768			
HAROLD DANIEL PENDER Please enter	necessary,	Certification(s) sho below will expire		1/1/2024		
correct the C	ity, state and ZIP Code. Please print legibly.		The fee to receive	enew these rtifications:	\$50	
			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.			
I. CERTIFICATES TO					raining Units	
Certification Type	Category		Class	R	equired	
OPERATOR	WATER TREATMENT		4	3	0	
II. CURRENT EMPLOYN	<b>MENT INFORMATION</b>					
Employer's Name:			Phone	#:		
Number of Facilities (or Plants)	) that you currently operate:		I am employ	red by the Fa	acility owner	
I am currently not operating any	y Facility	Ι	provide contractual services to the Facility			
Please provide the following in	formation about each Facility/Plant that you of	perate. Use addi	tional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (V	Vastewater)	



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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 0794			
JASON MATTHEW FOREMAN Please enter you're current address on the lines below and, if necessary,			ecessary,	Certification(s) shown below will expire on: 1/2		1/1/2024	
	correct the City, state and 2	ZIP Code. Please print legibly.		The fee to re cer	enew these tifications:	\$100	
				Failure to complete or submit requirements by the expiration result in an additional late described in Section V		iration date will I late fees as	
I. CERTIFIC	ATES TO RENEW:				Т	aining Units	
Certification T	уре	Category		Class	Re	equired	
OPERATOR		WASTEWATER TREATMENT		5	30	)	
OPERATOR		WATER TREATMENT		5	16	5	
OPERATOR		WATER TREATMENT		3	30	)	
OPERATOR		WASTEWATER TREATMENT		А	16	5	
II. CURRENT	EMPLOYMENT INFO	ORMATION					
Employer's Name	:			Phone #	<b>#:</b>		
Number of Facilit	ies (or Plants) that you curr	ently operate:		I am employe	ed by the Fa	cility owner	
I am currently not	operating any Facility	]	Ιp	provide contractual	l services to	the Facility	
Please provide the	e following information abo	out each Facility/Plant that you ope	erate. Use addti	ional pages as nee	ded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	astewater)		



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I hereby affirm that I understand all information provided on this application. I also certify the following:

- 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 suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 0824		
JEFFREY DAVID REGEL Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.		ry,	Certification(s) shown below will expire on: 1/1/2024		
			The fee to renew these certifications: <b>\$100</b>		
		1	<ul> <li>Failure to complete or submit renewal</li> <li>requirements by the expiration date will result in an additional late fees as described in Section V.</li> </ul>		
I. CERTIFICATES TO RENEW:				<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
OPERATOR	WATER TREATMENT		2	16	
II. CURRENT EMPLOY	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		I provi	I provide contractual services to the Facility		
Please provide the following	g information about each Facility/Plant that you operate. U	Use addtional	pages as needed	<i>l.</i>	
Facility / Plant Name		Class PDW	VIS (Water) NI	PDES (Wastewater)	



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

CHARLES MELVIN SCHNEIDER Please enter you're current address on the lines below and, if necessary,				Operator Certifcation Number: 0867		
				Certification(s below will ex		
correct the City, state and ZIP Code. Please print legibly.				The fee to rene certif	w these <b>\$100</b>	
				requirements by result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFIC	CATES TO RENEW				<b>Training Units</b>	
Certification 1	Гуре	Category		Class	Required	
OPERATOR		WATER TREATMENT		2	16	
OPERATOR		WASTEWATER TREATMENT		3	30	
SUPERINTENDE	INT	WASTEWATER TREATMENT		3	7	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employed by the Facility owner		
I am currently no	ot operating any Facility		I p	rovide contractual services to the Facility		
Please provide th	he following information al	pout each Facility/Plant that you o	perate. Use addti	onal pages as neede	<i>d</i> .	
Facility / Plant N	ame		Class	PDWIS (Water) N	PDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

WILLIAM A SHREVE Please enter you're current address on the lines below and, if necessary,			Operator Certifcation Number: <b>0890</b>			
			ccessary, Certification(s) shown below will expire on: 1/1			
correct the City, state and ZIP Code. Please print legibly.		print legibly.	The fee to rer	new these <b>\$100</b>		
			requirements result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.		
	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
OPERATOR	WATER TREATM	/IENT	2	16		
OPERATOR	WASTEWATER	TREATMENT	4	30		
OPERATOR	WASTEWATER	TREATMENT	5	30		
OPERATOR	WASTEWATER	TREATMENT	А	16		
OPERATOR	WASTEWATER	TREATMENT	S	16		
II. CURRENT	FEMPLOYMENT INFORMATION					
Employer's Nam	ne:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed by the Facility owner			
I am currently no	ot operating any Facility		I provide contractual services to the Facility			
Please provide t	he following information about each Facility/	Plant that you operate. Use ad	ldtional pages as need	led.		
Facility / Plant N	Name	Class	PDWIS (Water)	NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
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Please verify your information shown on this application and make any corrections as needed.

DAVID GORDON SWAIN Please enter you're current address on the lines below and, if necessary,				Operator Certification Number: <b>0953</b> Certification(s) shown below will expire on: <b>1/1/2024</b>		
				<ul> <li>requirements by the result in an additional content of the result in the result in</li></ul>	te or submit renewal ne expiration date will litional late fees as in Section V.	
I. CERTIFICA	ATES TO RENEW:	1			Training Units	
Certification Ty	/pe	Category		Class	Required	
OPERATOR		WATER TREATMENT		4	30	
OPERATOR		WASTEWATER TREATMENT		4	30	
OPERATOR		WASTEWATER TREATMENT		5	30	
II. CURRENT I	EMPLOYMENT INF	ORMATION				
Employer's Name:				Phone #:		
Number of Faciliti	es (or Plants) that you cur	rently operate:		I am employed by the Facility owner		
I am currently not	operating any Facility		I p	provide contractual services to the Facility		
Please provide the	following information ab	out each Facility/Plant that you o	perate. Use addti	onal pages as needed.		
Facility / Plant Nat	me		Class	PDWIS (Water) NPD	ES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Operation				perator Certifcation	erator Certifcation Number: 0956		
GREGORY JOHN SWARTZ Please enter you're current address on the lines below and, if neces			sary,	s) shown <b>1/1/2024</b> xpire on:			
	correct the City, state and Z	ZIP Code. Please print legibly.		The fee to rend certif	ew these <b>\$100</b> fications:		
				<ul> <li>requirements b result in an</li> </ul>	plete or submit renewal y the expiration date will additional late fees as bed in Section V.		
	ATES TO RENEW:	-			Training Units		
Certification T	уре	Category		Class	Required		
OPERATOR		INDUSTRIAL WASTEWATER		6	16		
OPERATOR		WASTEWATER TREATMENT		4	30		
OPERATOR		WASTEWATER TREATMENT		5	30		
OPERATOR		WASTEWATER TREATMENT		А	16		
OPERATOR		WASTEWATER TREATMENT		S	16		
II. CURRENT	EMPLOYMENT INFO	DRMATION					
Employer's Name	:			Phone #:			
Number of Facilit	ties (or Plants) that you curr	rently operate:	I am employed by the Facility owner				
I am currently not	t operating any Facility	]	I p	rovide contractual s	ervices to the Facility		
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This is page one of a ty	wo page form. Both pages must be completed and returne	ed. Op	erator Certifcatio	n Number:	10034	
	e enter you're current address on the lines below and, if necess	sary,	y, Certification(s) shown below will expire on:		1/1/2024	
correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	new these tifications:	\$50	
			Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.			
I. CERTIFICATE					raining Units	
Certification Type	Category		Class	R	equired	
TEMPORARY	WATER DISTRIBUTION		1	24	1	
II. CURRENT EMP	LOYMENT INFORMATION					
Employer's Name:			Phone #	<b>:</b>		
Number of Facilities (or	Plants) that you currently operate:		I am employe	ed by the Fa	cility owner	
I am currently not operate	ting any Facility	I pr	ovide contractual	l services to	the Facility	
Please provide the follow	wing information about each Facility/Plant that you operate.	Use addtio	onal pages as need	ded.		
Facility / Plant Name		Class P	DWIS (Water)	NPDES (W	/astewater)	



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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Op				Operator Certifcation Number: 1009		
	lease enter you're current address on the lines below and, if necessary,	',	Certification(s) shown below will expire on:		1/1/2024	
cc	prrect the City, state and ZIP Code. Please print legibly.			renew these ertifications:	\$50	
			Failure to complete or submit renews requirements by the expiration date w result in an additional late fees as described in Section V.			
	TES TO RENEW:				raining Units	
Certification Typ	De Category		Class	R	Required	
OPERATOR	WATER TREATMENT		3	3	0	
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employ	yed by the F	acility owner	
I am currently not o	perating any Facility	I provi	de contractua	al services to	o the Facility	
Please provide the f	following information about each Facility/Plant that you operate. Use	e addtional	pages as ne	eded.		
Facility / Plant Nam	le Cla	ass PDW	VIS (Water)	NPDES (V	Wastewater)	



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 Applicant's Signature
 Date

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 Email Address

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This is page one of a two page	form. Both pages must be completed and returned.	Operator Certification N	Jumber: 10261		
5	pu're current address on the lines below and, if necessary	certification(s) below will exp			
correct the Cit	y, state and ZIP Code. Please print legibly.	The fee to renew certific	w these <b>\$100</b> cations:		
		requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO	<u>RENEW:</u>		<b>Training Units</b>		
Certification Type	Category	Class	Required		
TEMPORARY	WASTEWATER COLLECTION	2	24		
TEMPORARY	WATER TREATMENT	3	45		
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants)	that you currently operate:	I am employed b	by the Facility owner		
I am currently not operating any	Facility	I provide contractual ser	rovide contractual services to the Facility		
Please provide the following info	ormation about each Facility/Plant that you operate. Us	e addtional pages as needed	!.		
Facility / Plant Name	Cl	lass PDWIS (Water) NP	DES (Wastewater)		



### III. CONTINUING EDUCATION:

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 Email Address

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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcation Number: 10327		
JAMEY LYNN PAYTON Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			ecessary,	-		1/1/2024
				The fee to re cer	tifications:	\$50
				requirements result in a	by the exp	submit renewal iration date will al late fees as ction V.
	<u>FES TO RENEW:</u>					raining Units
Certification Type	e (	Category		Class	Re	equired
OPERATOR	١	VASTEWATER TREATMENT		А	16	5
OPERATOR	١	VASTEWATER TREATMENT		5	30	)
II. CURRENT EN	APLOYMENT INFO	RMATION				
Employer's Name:				Phone #	ŧ:	
Number of Facilities	(or Plants) that you curre	ently operate:		I am employe	ed by the Fa	cility owner
I am currently not op	erating any Facility	]	I pi	I provide contractual services to the Facility		
Please provide the fo	ollowing information abo	ut each Facility/Plant that you ope	erate. Use addtio	onal pages as need	ded.	
Facility / Plant Name			Class I	PDWIS (Water)	NPDES (W	astewater)



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	nter you're current address on the lines below and, if necessary he City, state and ZIP Code. Please print legibly.	certification(s) sh below will expire The fee to renew th certificat	e on: 1/1/2024		
		Failure to complet requirements by th result in an add	te or submit renewal le expiration date will litional late fees as in Section V.		
I. CERTIFICATES		Class	Training Units		
Certification Type	Category	Class	Required		
TEMPORARY	WASTEWATER TREATMENT	A	24		
TEMPORARY	WASTEWATER TREATMENT	5	45		
II. CURRENT EMPLO	OYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Pl	lants) that you currently operate:	I am employed by	the Facility owner		
I am currently not operatin	g any Facility	I provide contractual servi	I provide contractual services to the Facility		
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DWIGHT HARRINGTON Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) shown below will expire on: 1/1/20 The fee to renew these		
				cations: <b>\$50</b>	
				lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO			-	Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT EMPLOYN	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	) that you currently operate:		I am employed b	by the Facility owner	
I am currently not operating an	y Facility	I pro	provide contractual services to the Facility		
Please provide the following in	formation about each Facility/Plant that you operate.	. Use addtion	al pages as needed		
Facility / Plant Name		Class PE	OWIS (Water) NP	PDES (Wastewater)	



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This is page one of a two page	Dperator Certifcation Number: 10331				
	ou're current address on the lines below and, if necessa	ry,	Certification(s) below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these <b>\$50</b> cations:	
		requireme result		olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT EMPLOYM	IENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed b	by the Facility owner	
I am currently not operating any	Facility	I pro	I provide contractual services to the Facility		
Please provide the following inf	ormation about each Facility/Plant that you operate. U	Use addtion	al pages as needed		
Facility / Plant Name	(	Class PE	WIS (Water) NP	PDES (Wastewater)	



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- . Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

## VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- 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 suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Op				Operator Certification Number: 10333		
LEIGH WEATHERS Please enter you're current address on the lines below and, if n			cessary,	Certification(s) shown below will expire on: 1/1/2024		
correct the City, state and 2		ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$100</b>	
				requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW:				<b>Training Units</b>	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
TEMPORARY		WATER TREATMENT		2	24	
II. CURRENT	<b>FEMPLOYMENT INFO</b>	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you curr	rently operate:		I am employed by the Facility owner		
I am currently no	ot operating any Facility	]	I pro	provide contractual services to the Facility		
Please provide t	the following information abo	out each Facility/Plant that you oper	ate. Use addtio	nal pages as needed		
Facility / Plant N	Name		Class Pl	DWIS (Water) NP	DES (Wastewater)	



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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- . Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Oper				erator Certifcation Number: 10337			
MICHAEL W	Please enter you're curren	ase enter you're current address on the lines below and, if necessary		Certification(s) shown below will expire on: 1/		1/1/2024	
correct the City, state an		I ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$100</b>			
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as		piration date will al late fees as	
I. CERTIFI	CATES TO RENEW			- descr	ribed in Se		
Certification		- Category		Class		raining Units equired	
OPERATOR		WASTEWATER TREATMENT		5	3	0	
OPERATOR		WASTEWATER TREATMENT		А	1	6	
OPERATOR		WATER TREATMENT		5RO	1	6	
OPERATOR		WATER TREATMENT		3	3	0	
OPERATOR		INDUSTRIAL WASTEWATER		5	3	0	
II. CURREN	T EMPLOYMENT INF	ORMATION					
Employer's Nar	ne:			Phone #	:		
Number of Facilities (or Plants) that you currently operate:				I am employed by the Facility owner			
I am currently not operating any Facility			I pr	I provide contractual services to the Facility			
Please provide	the following information al	pout each Facility/Plant that you operate	e. Use addtio	onal pages as need	led.		
Facility / Plant	Name		Class P	PDWIS (Water)	NPDES (V	Wastewater)	



### III. CONTINUING EDUCATION:

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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Ope				on Number:	10340	
JERRY RAMSEY Please enter you're current address on the lines below and, if neces correct the City, state and ZIP Code. Please print legibly.			Certification below will	n(s) shown l expire on:	1/1/2024	
			The fee to re	enew these rtifications:	\$50	
			- requirements result in a	s by the exp an addition	nplete or submit renewal by the expiration date will additional late fees as abed in Section V.	
I. CERTIFICATES			-		raining Units	
Certification Type	Category		Class	R	equired	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT EMPLO	OYMENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities (or Pl	lants) that you currently operate:		I am employ	ed by the Fa	cility owner	
I am currently not operating any Facility I provide contractual services to the Fac			the Facility			
Please provide the followir	ng information about each Facility/Plant that you operat	e. Use addtio	onal pages as nee	eded.		
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (W	Vastewater)	



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two	erator Certifcation Number: 10341				
	ter you're current address on the lines below and, if necessar	ary,	Certification(s) below will exp		
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$50</b>	
			<ul> <li>Failure to complete or submit renewal</li> <li>requirements by the expiration date will result in an additional late fees as</li> <li>described in Section V.</li> </ul>		
I. CERTIFICATES T				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLO	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pla	ints) that you currently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility			provide contractual services to the Facility		
Please provide the following	g information about each Facility/Plant that you operate. U	Use addtion	al pages as needed	•	
Facility / Plant Name	(	Class PD	OWIS (Water) NP	DES (Wastewater)	



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two pag	ator Certifcation N	Number: 10343				
BRIAN WILLIAMS Please enter y	ary,	Certification(s) below will ex				
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifie	w these <b>\$100</b> cations:		
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
I. CERTIFICATES TO				Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WATER TREATMENT		3	45		
TEMPORARY	WASTEWATER TREATMENT		4	24		
II. CURRENT EMPLOYM	<b>IENT INFORMATION</b>					
Employer's Name:			Phone #:			
Number of Facilities (or Plants)	) that you currently operate:		I am employed b	by the Facility owner		
I am currently not operating any Facility			provide contractual services to the Facility			
Please provide the following in	formation about each Facility/Plant that you operate. U	Use addtion	al pages as needea	l		
Facility / Plant Name		Class PD	WIS (Water) NI	PDES (Wastewater)		



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I hereby affirm that I understand all information provided on this application. I also certify the following:

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Operation				perator Certification	n Number:	10345
JUSTIN THOMAS Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.			cessary,	Certification(s) shown below will expire on: 1/1/2 The fee to renew these certifications: \$50		1/1/2024
						\$50
				requirements result in a	Failure to complete or submit ren equirements by the expiration dat result in an additional late fees described in Section V.	
	ATES TO RENEW:					raining Units
Certification Ty	/pe	Category		Class	R	equired
OPERATOR		WASTEWATER TREATMENT		5	30	)
OPERATOR		WASTEWATER TREATMENT		А	16	5
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Name:				Phone #	:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility			I pr	provide contractual services to the Facility		
Please provide the	e following information ab	out each Facility/Plant that you oper	ate. Use addtio	onal pages as need	ded.	
Facility / Plant Na	me		Class P	PDWIS (Water)	NPDES (W	vastewater)



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a	two page form. Both pages must be completed a	perator Certifcation N	Jumber: 10347		
	e enter you're current address on the lines below ar		Certification(s) below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	w these <b>\$50</b> cations:	
			<ul> <li>requirements by result in an ac</li> </ul>	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATI				<b>Training Units</b>	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMEN	ΤI	5	45	
TEMPORARY	WASTEWATER TREATMEN	ΤI	А	24	
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (o	r Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility			provide contractual services to the Facility		
Please provide the follo	owing information about each Facility/Plant that y	ou operate. Use addti	onal pages as needed	<u>.</u>	
Facility / Plant Name		Class	PDWIS (Water) NP	'DES (Wastewater)	



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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two pa	age form. Both pages must be completed and re	Operator Certification Number: 1037			
	r you're current address on the lines below and, if i	necessary,	Certification below will		
correct the City, state and ZIP Code. Please print legibly.			The fee to recent	new these <b>\$50</b>	
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.	
I. CERTIFICATES TO				<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #	:	
Number of Facilities (or Plant	ts) that you currently operate:		I am employe	d by the Facility owner	
I am currently not operating a	ny Facility	I p	provide contractual	services to the Facility	
Please provide the following	information about each Facility/Plant that you op	erate. Use addti	onal pages as need	led.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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This is page one o	f a two page form. Both pages must be completed and returned.	Opera	Operator Certifcation Number: 10402		
	lease enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on: 1,		1/1/2024	
correct the City, state and ZIP Code. Please print legibly.			The fee to r ce	enew these ertifications:	\$50
			Failure to complete or submit requirements by the expiration result in an additional late described in Section		
	TES TO RENEW:				raining Units
Certification Typ	be Category		Class	R	lequired
TEMPORARY	WATER TREATMENT		4	4	-5
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employ	yed by the F	acility owner
I am currently not o	perating any Facility	I provi	ide contractua	al services to	o the Facility
Please provide the j	following information about each Facility/Plant that you operate. Use	e addtiona	l pages as neo	eded.	
Facility / Plant Nam	ne Cla	ass PDV	WIS (Water)	NPDES (V	Wastewater)



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one o	l. Ope	Operator Certification Number: 10404			
	lease enter you're current address on the lines below and, if necessa	ury,	Certification(s) shown below will expire on:		1/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to rece	enew these rtifications:	\$50
			submit renewal piration date will al late fees as ection V.		
	ATES TO RENEW:				raining Units
Certification Ty	pe Category		Class	R	equired
OPERATOR	WASTEWATER COLLECTION		2	1	6
II. CURRENT E	CMPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employ	red by the Fa	acility owner
I am currently not o	operating any Facility	I pro	ovide contractua	l services to	the Facility
Please provide the	following information about each Facility/Plant that you operate. U	Use addtion	nal pages as nee	eded.	
Facility / Plant Nan	ne	Class Pl	DWIS (Water)	NPDES (V	Wastewater)



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This is page o	one of a two page form. Both pages must be completed and returned	d. Oper	Operator Certification Number: 10490			
MATTHEW	Please enter you're current address on the lines below and, if necessa		Certification below will	n(s) shown l expire on:	1/1/2024	
correct the City, state and ZIP Code. Please print legibly.			The fee to receive	enew these rtifications:	\$50	
			requirements result in a	submit renewal biration date will al late fees as ection V.		
	ICATES TO RENEW:				raining Units	
Certification	i Type Category		Class	R	equired	
OPERATOR	WASTEWATER COLLECTION		2	1	6	
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Na	me:		Phone	#:		
Number of Fac	cilities (or Plants) that you currently operate:		I am employ	ved by the Fa	acility owner	
I am currently i	not operating any Facility	I pro	vide contractua	al services to	the Facility	
Please provide	the following information about each Facility/Plant that you operate.	Use addtion	al pages as nee	eded.		
Facility / Plant	Name	Class PD	OWIS (Water)	NPDES (V	Vastewater)	



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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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## VII. APPLICANT'S STATEMENT

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page of	. Ope	Operator Certification Number: 10736			
SEAN GUY	Please enter you're current address on the lines below and, if necessa		Certification below will	n(s) shown l expire on:	1/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to receive	enew these rtifications:	\$50
		Failure to complete requirements by the result in an additi described in			biration date will al late fees as
	CATES TO RENEW:				raining Units
Certification	Type Category		Class	R	equired
OPERATOR	WASTEWATER COLLECTION		2	1	6
II. CURREN'	T EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #	#:	
Number of Faci	lities (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner
I am currently n	ot operating any Facility	I pro	ovide contractua	l services to	the Facility
Please provide	the following information about each Facility/Plant that you operate. U	Ise addtio	nal pages as nee	eded.	
Facility / Plant ]	Name C	Class Pl	DWIS (Water)	NPDES (W	Vastewater)



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of	of a two page form. Both pages must be completed and returned.	Operator Ce	Operator Certifcation Number: <b>1077</b>		
	Please enter you're current address on the lines below and, if necessary orrect the City, state and ZIP Code. Please print legibly.			on(s) shown ll expire on:	1/1/2024
С	The		renew these ertifications:	\$50	
		requir	ts by the exp an addition	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
	ATES TO RENEW:				raining Units
Certification Ty	pe Category	C	Class	R	equired
OPERATOR	WASTEWATER COLLECTION	2	2	1	6
II. CURRENT H	EMPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilitie	es (or Plants) that you currently operate:	I am	employ	yed by the Fa	acility owner
I am currently not	operating any Facility	I provide cor	itractu	al services to	the Facility
Please provide the	following information about each Facility/Plant that you operate. Us	se addtional pages	s as ne	eded.	
Facility / Plant Nar	ne Cl	lass PDWIS (W	/ater)	NPDES (V	Vastewater)



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Name and Certification Number of Operator in Responsible Charge:

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 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page	perator Certifcation Number: 10951					
ZACHARY CLARK Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) s below will exp			
			The fee to renew certific	\$50		
			Failure to complete or su requirements by the expir result in an additional described in Sect			
I. CERTIFICATES TO I				Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		5	45		
TEMPORARY	WASTEWATER TREATMENT		А	24		
II. CURRENT EMPLOYMI	ENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) the	hat you currently operate:		I am employed by the Facility owner			
I am currently not operating any I	Facility	I pro	provide contractual services to the Facility			
Please provide the following info	rmation about each Facility/Plant that you operate.	Use addtion	nal pages as needed.			
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)		



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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed

This is page one of a two page	Operator Certifcation Num	mber: 1113				
LANCE JOSEPH FIERRO Please enter you're current address on the lines below and, if necessary,		Certification(s) she below will expire				
correct the City	y, state and ZIP Code. Please print legibly.	The fee to renew th certificat	\$100			
		requirements by th result in an add	te or submit renewal le expiration date will litional late fees as in Section V.			
I. CERTIFICATES TO	RENEW:		Training Units			
Certification Type	Category	Class	Required			
OPERATOR	WATER TREATMENT	2	16			
OPERATOR	WASTEWATER TREATMENT	5	30			
OPERATOR	WASTEWATER TREATMENT	А	16			
OPERATOR	WASTEWATER TREATMENT	S	16			
II. CURRENT EMPLOYM	ENT INFORMATION					
Employer's Name:		Phone #:				
Number of Facilities (or Plants)	that you currently operate:	I am employed by t	I am employed by the Facility owner			
I am currently not operating any	Facility	I provide contractual servi	I provide contractual services to the Facility			
Please provide the following info	ormation about each Facility/Plant that you operate. Use	addtional pages as needed.				
Facility / Plant Name	Clas	ss PDWIS (Water) NPDI	ES (Wastewater)			



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 Email Address

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This is page one	Operator Certifcation Number: 11279					
JEFRE WILHELM Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.			Certificatio below wil	n(s) shown l expire on:	1/1/2024	
			The fee to r ce	enew these rtifications:	\$50	
		Failure to complete of requirements by the e result in an addition described in			piration date will al late fees as	
I. CERTIFICATES TO RENEW:					raining Units	
Certification Ty	vpe Category		Class	R	equired	
OPERATOR	WATER TREATMENT		5RO	1	6	
II. CURRENT I	EMPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employ	ved by the Fa	acility owner	
I am currently not	operating any Facility	1	provide contractua	al services to	o the Facility	
Please provide the	following information about each Facility/Plant that you operate. Us	Use add	ltional pages as nee	eded.		
Facility / Plant Nat	me C.	Class	PDWIS (Water)	NPDES (V	Wastewater)	



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This is page one	of a two page form. Both pages must be completed and returned.	Op	Operator Certification Number: 11291					
	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) shown below will expire on: 1		1/1/2024			
correct the City, state and ZIP Code. Please print legibly.			The fee to re	enew these rtifications:	\$50			
				Failure to complete or s requirements by the expi result in an additiona described in Sec				
	ATES TO RENEW:				raining Units			
Certification Ty	ype Category		Class	R	Required			
TEMPORARY	WATER TREATMENT		3	4	15			
II. CURRENT	EMPLOYMENT INFORMATION							
Employer's Name:	:		Phone #	#:				
Number of Facilit	ies (or Plants) that you currently operate:		I am employ	ed by the F	acility owner			
I am currently not	operating any Facility	I pr	ovide contractua	l services to	o the Facility			
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtic	onal pages as nee	eded.				
Facility / Plant Na	ume C	lass F	DWIS (Water)	NPDES (V	Wastewater)			



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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two	page form. Both pages must be completed and return	erator Certification	Number: 11487	
SEAN R FRANKLIN Please en	nter you're current address on the lines below and, if neces	ssary,	Certification(s below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	w these <b>\$50</b> ications:
				plete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFICATES				<b>Training Units</b>
Certification Type	Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMPLO	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pl	lants) that you currently operate:		I am employed	by the Facility owner
I am currently not operatin	g any Facility	I pr	ovide contractual se	ervices to the Facility
Please provide the following	ng information about each Facility/Plant that you operate	e. Use addtio	onal pages as neede	<i>d</i> .
Facility / Plant Name		Class P	DWIS (Water) N	PDES (Wastewater)



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certifcation	perator Certifcation Number: 1153			
CODY CARR	Please enter you're current address on the lines below and, if necessary,	Certification(s) show below will expire of		/1/2024		
	correct the City, state and ZIP Code. Please print legibly.	The fee to r ce	renew these <b>\$</b>	50		
		Failure to complete or submit 1 requirements by the expiration result in an additional late fe described in Section V.				
	CATES TO RENEW:			ining Units		
Certification 7	Type Category	Class	Rec	Juired		
TEMPORARY	WATER DISTRIBUTION	1	24			
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>					
Employer's Nam	e:	Phone	#:			
Number of Facili	ities (or Plants) that you currently operate:	I am employ	ved by the Faci	lity owner		
I am currently no	ot operating any Facility	provide contractua	al services to th	e Facility		
Please provide ti	he following information about each Facility/Plant that you operate. Use add	ltional pages as neo	eded.			
Facility / Plant N	Tame Class	PDWIS (Water)	NPDES (Was	stewater)		



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certifcation	n Number: 11535			
SETH GILLS	Please enter you're current address on the lines below and, if necessary,	Certification below will				
	correct the City, state and ZIP Code. Please print legibly.	The fee to ren cert	new these <b>\$50</b>			
		requirements result in ar	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
	CATES TO RENEW:		Training Units			
Certification <sup>-</sup>	Гуре Category	Class	Required			
TEMPORARY	WASTEWATER COLLECTION	2	24			
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>					
Employer's Nam	e:	Phone #:	:			
Number of Facil	ities (or Plants) that you currently operate:	I am employe	d by the Facility owner			
I am currently not operating any Facility I provide contractual services to the						
Please provide t	he following information about each Facility/Plant that you operate. Use a	addtional pages as need	led.			
Facility / Plant N	Jame Clas	s PDWIS (Water)	NPDES (Wastewater)			



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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
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This is page one of a two pa	ge form. Both pages must be completed and ret	Operator Certifcation Number: 11536				
	you're current address on the lines below and, if no	ecessary,	Certification below will			
correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	enew these tifications: <b>\$50</b>		
			Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.			
I. CERTIFICATES TO			Class	Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WATER TREATMENT		4	45		
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #	t:		
Number of Facilities (or Plant	s) that you currently operate:		I am employe	ed by the Facility owner		
I am currently not operating any Facility I provide contractual services to			l services to the Facility			
Please provide the following i	nformation about each Facility/Plant that you ope	rate. Use addt	ional pages as need	ded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)		



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 Email Address

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GARY HAYES Please enter you're current address on the lines below and				Certification below will	. ,	1/1/2024	
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				Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.			
	ATES TO RENEW:					raining Units	
Certification T	ype Categor	/		Class	R	equired	
TEMPORARY	WASTEW	ATER TREATMENT		4	24	1	
TEMPORARY	WASTEW	ATER TREATMENT		А	24	1	
II. CURRENT	EMPLOYMENT INFORMATI	ON					
Employer's Name	:			Phone #	<i>t</i> :		
Number of Facili	ies (or Plants) that you currently oper	ate:	Ι	am employe	ed by the Fa	cility owner	
I am currently not operating any Facility			I provide	I provide contractual services to the Facility			
Please provide th	e following information about each F	acility/Plant that you operate. Us	se addtional p	ages as need	ded.		
Facility / Plant Na	ame	Cl	lass PDWI	S (Water)	NPDES (W	/astewater)	



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This is page one	e of a two page form. Both pages must be completed and retur	rator Certifcation N	Number: 11539			
EVAN NEAL	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>			
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFIC	CATES TO RENEW:			<b>Training Units</b>		
Certification T	Гуре Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		5	45		
TEMPORARY	WASTEWATER TREATMENT		А	24		
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>					
Employer's Name	e:		Phone #:			
Number of Facili	ities (or Plants) that you currently operate:		I am employed t	by the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide th	he following information about each Facility/Plant that you opera	te. Use addtion	al pages as needed	l		
Facility / Plant N	lame	Class PD	OWIS (Water) NP	PDES (Wastewater)		



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- . Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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## VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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- 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 suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one	e of a two page form. Botl	perator Certifcation Number: <b>11540</b>				
LUTHER ARD	Please enter you're current	t address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 1/1/2024		
correct the City, state and ZIP Code. Please print legibly.				The fee to renew these certifications: <b>\$100</b>		
				<ul> <li>Failure to complete or submit rene</li> <li>requirements by the expiration date</li> <li>result in an additional late fees a</li> <li>described in Section V.</li> </ul>		
I. CERTIFIC	CATES TO RENEW				Training Units	
Certification T	Туре	Category		Class	Required	
TEMPORARY		WATER TREATMENT		2	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	2:			Phone #:		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility				rovide contractual services to the Facility		
Please provide th	ne following information al	pout each Facility/Plant that you op	erate. Use addti	onal pages as needed.		
Facility / Plant N	ame		Class	PDWIS (Water) NPD	DES (Wastewater)	



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one	e of a two page form. Bot	Operator Certifcation Nur	erator Certifcation Number: 11541				
ZACHARY C PIPER Please enter you're current address on the lines below and, if neces					Certification(s) shown below will expire on: 1/1/2024		
correct the City, state and ZIP Code. Please print legibly.					The fee to renew these certifications: <b>\$100</b>		
				<ul> <li>Failure to complete or submit renew</li> <li>requirements by the expiration date result in an additional late fees as described in Section V.</li> </ul>			
I. CERTIFIC	ATES TO RENEW				<b>Training Units</b>		
Certification T	уре	Category		Class	Required		
TEMPORARY		WATER TREATMENT		4	45		
TEMPORARY		WASTEWATER TREATMENT		5	45		
TEMPORARY		WASTEWATER TREATMENT		А	24		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	2:			Phone #:			
Number of Facili	ties (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner		
I am currently not operating any Facility			provide contractual servi	rovide contractual services to the Facility			
Please provide th	e following information al	pout each Facility/Plant that you	operate. Use ada	ltional pages as needed.			
Facility / Plant Na	ame		Class	PDWIS (Water) NPD	ES (Wastewater)		



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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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## VII. APPLICANT'S STATEMENT

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two pa	ge form. Both pages must be completed and retu	perator Certifcation	n Number: 11543	
	you're current address on the lines below and, if ne	cessary,	Certification( below will	
correct the City, state and ZIP Code. Please print legibly.			The fee to rer cert	new these <b>\$50</b>
			requirements result in ar	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
I. CERTIFICATES TO				Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plant	s) that you currently operate:		I am employe	d by the Facility owner
I am currently not operating a	ny Facility	Ij	provide contractual	services to the Facility
Please provide the following i	information about each Facility/Plant that you oper	ate. Use addt	ional pages as need	led.
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)



### III. CONTINUING EDUCATION:

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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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This is page one	of a two page form. Both pages must be completed and returned.	0	perator Certifcation	on Number:	11544
	Please enter you're current address on the lines below and, if necessary	/,	Certification(s) she below will expire		1/1/2024
	correct the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$50
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section		piration date will al late fees as
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
TEMPORARY	WASTEWATER COLLECTION		2	2	4
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone	#:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employ	red by the F	acility owner
I am currently not	operating any Facility	I p	rovide contractua	l services to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. Us	se addti	onal pages as nee	eded.	
Facility / Plant Na	me Cl.	lass	PDWIS (Water)	NPDES (V	Wastewater)



### III. CONTINUING EDUCATION:

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This is page one of a two	o page form. Both pages must be completed and return	ned. Op	erator Certifcatio	n Number:	11545
	nter you're current address on the lines below and, if nece	ssary,	Certification(s) shown below will expire on: 1		1/1/2024
correct t	he City, state and ZIP Code. Please print legibly.		The fee to re cer	new these tifications:	\$50
		require			submit renewal iration date will al late fees as ction V.
I. CERTIFICATES					raining Units
Certification Type	Category		Class	R	equired
TEMPORARY	WATER TREATMENT		4	4	5
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #	:	
Number of Facilities (or P	lants) that you currently operate:		I am employe	ed by the Fa	cility owner
I am currently not operatir	ng any Facility	I pr	ovide contractual	services to	the Facility
Please provide the followi	ing information about each Facility/Plant that you operat	e. Use addtio	onal pages as need	ded.	
Facility / Plant Name		Class P	DWIS (Water)	NPDES (W	Vastewater)
_					



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- 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 suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page of	one of a two page form. Both pages must be completed an	<b>d returned.</b> C	perator Certifcatio	on Number: 11546
MCKAYLA	GRASHAM Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification below will The fee to re	expire on: 1/1/2024
				tifications: <b>\$100</b>
			requirements result in a	omplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
	ICATES TO RENEW:		-	Training Units
Certificatior	n Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION	N	2	24
TEMPORARY	INDUSTRIAL WASTEWATER	ł	2	0
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #	+:
Number of Fac	cilities (or Plants) that you currently operate:		I am employe	ed by the Facility owner
I am currently	not operating any Facility	I	provide contractual	l services to the Facility
Please provide	e the following information about each Facility/Plant that yo	u operate. Use addt	ional pages as need	ded.
Facility / Plant	t Name	Class	PDWIS (Water)	NPDES (Wastewater)



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two	page form. Both pages must be completed and return	Operator Certification Number: 11547		
	nter you're current address on the lines below and, if nece	essary,	Certification(s) below will ex	
correct th	ne City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these <b>\$50</b>
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFICATES				<b>Training Units</b>
Certification Type	Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		5	45
II. CURRENT EMPLO	DYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pl	ants) that you currently operate:		I am employed	by the Facility owner
I am currently not operating	g any Facility	I pi	rovide contractual se	ervices to the Facility
Please provide the followin	ng information about each Facility/Plant that you operat	e. Use addtio	onal pages as needed	<i>d</i> .
Facility / Plant Name		Class I	PDWIS (Water) N	PDES (Wastewater)



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Ope				Operator Certifcation Number: 1154		
	se enter you're current address on the lines below and, if necessa	ary,	Certification(s) shown below will expire on: 1,		1/1/2024	
COTT	ect the City, state and ZIP Code. Please print legibly.		The fee to re cer	new these tifications:	\$50	
			Failure to complete or subm requirements by the expirati result in an additional lat described in Section		iration date will al late fees as	
I. CERTIFICAT					raining Units	
Certification Type	Category		Class	Re	equired	
TEMPORARY	WATER TREATMENT		3	45	;	
II. CURRENT EM	PLOYMENT INFORMATION					
Employer's Name:			Phone #	:		
Number of Facilities (	or Plants) that you currently operate:		I am employe	ed by the Fa	cility owner	
I am currently not open	rating any Facility	I pro	ovide contractual	services to	the Facility	
Please provide the foll	lowing information about each Facility/Plant that you operate.	Use addtio	nal pages as need	ded.		
Facility / Plant Name		Class Pl	DWIS (Water)	NPDES (W	'astewater)	



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page	Operator Certifcation Number: 11549			
JUMAR COSTON Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.			Certification below will	
correct the Ch	ty, state and Zir Code. Flease print legioly.		The fee to re- cert	new these <b>\$50</b>
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
I. CERTIFICATES TO				Training Units
Certification Type	Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		5	45
II. CURRENT EMPLOYM	IENT INFORMATION			
Employer's Name:			Phone #	:
Number of Facilities (or Plants)	that you currently operate:		I am employe	ed by the Facility owner
I am currently not operating any	7 Facility	Ιp	provide contractual	services to the Facility
Please provide the following inf	formation about each Facility/Plant that you operation	te. Use addti	onal pages as need	ded.
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)



### III. CONTINUING EDUCATION:

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Ope			Operator Certifcation Number: 11565		
JORDAN RIDGEWAY Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.			Certification below will	n(s) shown l expire on: 1/1/2024	'1/2024
correct the City, state and Zir Code. Please print legiory.			The fee to re	enew these <b>\$50</b>	
			Failure to complete or sub requirements by the expira result in an additional la described in Sectio		will
	<u>'ES TO RENEW:</u>			Training Uni	ts
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #	<b>#:</b>	
Number of Facilities (	(or Plants) that you currently operate:		I am employe	ed by the Facility owner	$\Box$
I am currently not ope	erating any Facility	I p	rovide contractual	l services to the Facility	
Please provide the fol	llowing information about each Facility/Plant that you opera	te. Use addtio	onal pages as need	eded.	
Facility / Plant Name		Class 1	PDWIS (Water)	NPDES (Wastewater)	



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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This is page one of a two page form. Both pages must be completed and returned. Op				Operator Certification Number: <b>11566</b>		
RUSLAN BUCKLI Ple	У,	Certification(s) shown below will expire on:		1/1/2024		
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to r ce	enew these ertifications:	\$50	
			Failure to complete or sub- requirements by the expirat result in an additional la described in Sectio		piration date will al late fees as	
	TES TO RENEW:				raining Units	
Certification Type	e Category		Class	R	lequired	
TEMPORARY	WASTEWATER COLLECTION		2	2	4	
II. CURRENT EN	<b>IPLOYMENT INFORMATION</b>					
Employer's Name:			Phone	#:		
Number of Facilities	(or Plants) that you currently operate:		I am employ	yed by the F	acility owner	
I am currently not op	erating any Facility	I provi	de contractua	al services to	o the Facility	
Please provide the fo	llowing information about each Facility/Plant that you operate. Us	se addtional	pages as ne	eded.		
Facility / Plant Name	Cl	lass PDW	VIS (Water)	NPDES (V	Wastewater)	



### III. CONTINUING EDUCATION:

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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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## VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- 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 suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page of	one of a two page form. Both	pages must be completed and re	turned. C	perator Certifcation	on Number:	11567	
NATHAN	NELSON Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		necessary,	Certificatio below wil The fee to r	l expire on:	1/1/2024	
					rtifications:	\$50	
				Failure to complete or sub requirements by the expira result in an additional la described in Section		iration date will al late fees as	
	ICATES TO RENEW:			Class		raining Units	
Certification	Туре	Category		Class	к	equired	
TEMPORARY	١	NATER DISTRIBUTION		1	2	4	
II. CURREN	T EMPLOYMENT INFO	RMATION					
Employer's Na	me:			Phone	#:		
Number of Fac	ilities (or Plants) that you curre	ently operate:		I am employ	red by the F	acility owner	
I am currently	not operating any Facility	]	Ij	provide contractua	al services to	o the Facility	
Please provide	the following information abo	ut each Facility/Plant that you op	erate. Use addt	ional pages as nee	eded.		
Facility / Plant	Name		Class	PDWIS (Water)	NPDES (V	Wastewater)	



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 11568			
CHRISTOPHE	Please enter you're curren	at address on the lines below and	, if necessary,	Certification(s) sho below will expire			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew th certificati	\$100			
				— requirements by the result in an add	e or submit renewal e expiration date will itional late fees as in Section V.		
I. CERTIFIC	CATES TO RENEW	· · ·			<b>Training Units</b>		
Certification <sup>-</sup>	Туре	Category		Class	Required		
TEMPORARY		WASTEWATER TREATMENT	-	5	45		
TEMPORARY		WASTEWATER TREATMENT	-	А	24		
TEMPORARY		WATER TREATMENT		2	24		
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Nam	ie:			Phone #:			
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed by t	he Facility owner		
I am currently no	ot operating any Facility		I	provide contractual service	rovide contractual services to the Facility		
Please provide t	he following information a	bout each Facility/Plant that you	u operate. Use ada	ltional pages as needed.			
Facility / Plant N	Vame		Class	PDWIS (Water) NPDE	ES (Wastewater)		



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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## VII. APPLICANT'S STATEMENT

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 11569		
GEORGE PAN	GEORGE PANKOWICZ Please enter you're current address on the lines below and, if necessary,			Certification(s) sh below will expire		
correct the City, state and ZIP Code. Please print legibly.		Code. Please print legibly.		The fee to renew the certification of the fee to renew the certification of the fee to renew the fee to rene	\$100	
				requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.	
	CATES TO RENEW:				Training Units	
Certification 7	Type Cat	egory		Class	Required	
TEMPORARY	WA	STEWATER TREATMENT		5	45	
TEMPORARY	WA	STEWATER TREATMENT		А	24	
TEMPORARY	WA	TER TREATMENT		2	24	
II. CURRENT	EMPLOYMENT INFORM	IATION				
Employer's Name	2:			Phone #:		
Number of Facili	ties (or Plants) that you currently	operate:		I am employed by	the Facility owner	
I am currently no	t operating any Facility		I pro	provide contractual services to the Facility		
Please provide th	ne following information about e	ach Facility/Plant that you operate.	Use addtion	nal pages as needed.		
Facility / Plant N	ame		Class Pl	OWIS (Water) NPD	ES (Wastewater)	



### III. CONTINUING EDUCATION:

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- . Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two p	age form. Both pages must be completed and returned.	. Opera	perator Certifcation Number: <b>11570</b>		
STEVEN BRIAN RADCLIFF Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) below will ex		
			The fee to renew certifi	w these <b>\$50</b> cations:	
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFICATES T				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
TEMPORARY	WATER TREATMENT		5AS	24	
II. CURRENT EMPLOY	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	nts) that you currently operate:		I am employed I	by the Facility owner	
I am currently not operating a	any Facility	I prov	ide contractual se	rvices to the Facility	
Please provide the following	information about each Facility/Plant that you operate. U	Use addtiona	l pages as needec	<i>l</i> .	
Facility / Plant Name	C	Class PDV	WIS (Water) NI	PDES (Wastewater)	



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 11571		
CHRISTOPHER J KEENER Please enter you're current address on the lines below and, if necessary,			Certification(s) shown below will expire on: 1/1/		1/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	enew these tifications:	\$50
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFICATES TO I					aining Units
Certification Type	Category		Class	Re	equired
TEMPORARY	WASTEWATER COLLECTION		2	24	Ļ
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:			Phone #	<b>#:</b>	
Number of Facilities (or Plants) t	hat you currently operate:		I am employe	ed by the Fa	cility owner
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility		
Please provide the following info	rmation about each Facility/Plant that you operate	e. Use addti	onal pages as nee	ded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	astewater)



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one	e of a two page form. Both pages must be completed and returned.	Operator Certifcat	tion Number: 11572
RENEE BRAN	Please enter you're current address on the lines below and, if necessary		ion(s) shown 1/1/2024 will expire on:
	correct the City, state and ZIP Code. Please print legibly.		certifications: <b>\$50</b>
		requiremen result in	complete or submit renewal nts by the expiration date will n an additional late fees as escribed in Section V.
	CATES TO RENEW:		Training Units
Certification T	Гуре Category	Class	s Required
TEMPORARY	WATER TREATMENT	2	24
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>		
Employer's Name	e:	Phone	e #:
Number of Facili	ities (or Plants) that you currently operate:	I am emplo	oyed by the Facility owner
I am currently not operating any Facility I provide contractual services			ual services to the Facility
Please provide th	he following information about each Facility/Plant that you operate. Us	e addtional pages as n	veeded.
Facility / Plant N	lame Cl	ass PDWIS (Water)	) NPDES (Wastewater)



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Date

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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II. CURRENT EMPLOYMENT INFORMATION         Employer's Name:       Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         I am currently not operating any Facility       I provide contractual services to the Facility         Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	This is page one of a	two page form. Both pages must be completed and returned	d. Ope	rator Certifcati	on Number:	11573
In the fee to renew these certifications:       \$50         Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.         I. CERTIFICATES TO RENEW:       Training Units         Certification Type       Category       Class       Required         TEMPORARY       WASTEWATER COLLECTION       2       24         II. CURRENT EMPLOYMENT INFORMATION       Employer's Name:       Phone #:       I am employed by the Facility owner []         I am currently not operating any Facility       I am currently not operating any Facility/Plant that you operate. Use additional pages as needed.       I provide contractual services to the Facility []	Please enter you're current address on the lines below and, if necess					1/1/2024
requirements by the expiration date will result in an additional late fees as described in Section V.         I. CERTIFICATES TO RENEW:       Training Units         Certification Type       Category       Class       Required         TEMPORARY       WASTEWATER COLLECTION       2       24         II. CURRENT EMPLOYMENT INFORMATION       Employer's Name:       Phone #:	correct the City, state and ZIP Code. Please print legibly.					\$50
Certification Type       Category       Class       Required         TEMPORARY       WASTEWATER COLLECTION       2       24         IL CURRENT EMPLOYMENT INFORMATION       Phone #:       Imployer's Name:       Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner       I         I am currently not operating any Facility       I provide contractual services to the Facility       I         Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.       I				requirement result in a	piration date will al late fees as	
TEMPORARY WASTEWATER COLLECTION 2 24   IL CURRENT EMPLOYMENT INFORMATION   Employer's Name: Phone #:   Number of Facilities (or Plants) that you currently operate:   I am currently not operating any Facility I am employed by the Facility owner   I am currently not operating any Facility   Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.						-
II. CURRENT EMPLOYMENT INFORMATION         Employer's Name:       Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         I am currently not operating any Facility       I provide contractual services to the Facility         Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	Certification Type	Category		Class	R	equired
Employer's Name:       Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         I am currently not operating any Facility       I provide contractual services to the Facility         Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	TEMPORARY	WASTEWATER COLLECTION		2	2	4
Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         I am currently not operating any Facility       I provide contractual services to the Facility         I lease provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	II. CURRENT EM	PLOYMENT INFORMATION				
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Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)	Please provide the fol	lowing information about each Facility/Plant that you operate.	Use addtion	al pages as ne	eded.	
	Facility / Plant Name		Class PE	OWIS (Water)	NPDES (V	Wastewater)



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. KEITH ALLEN DONAWAY II Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Operator Certification Number: 11574 Certification(s) shown below will expire on: 1/1/2024		
I. CERTIFICATES TO				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
II. CURRENT EMPLOYN	MENT INFORMATION				
Employer's Name:			Phone #	:	
Number of Facilities (or Plants	) that you currently operate:		I am employe	ed by the Facility owner	
I am currently not operating any Facility I provid			provide contractual	services to the Facility	
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	L enter you're current address on the lines below and, if necess the City, state and ZIP Code. Please print legibly.		ation(s) shown will expire on:	1/1/2024
correct	The fee	to renew these certifications:	\$100	
		requirem result	Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.	
I. CERTIFICATES	S TO RENEW:			aining Units
Certification Type	Category	Clas	ss Re	quired
TEMPORARY	WASTEWATER COLLECTION	2	24	
TEMPORARY	WATER DISTRIBUTION	1	24	
II. CURRENT EMPL	LOYMENT INFORMATION			
Employer's Name:		Pho	one #:	
Number of Facilities (or I	Plants) that you currently operate:	I am emp	ployed by the Fac	cility owner
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	KYLE TALLENT Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		Certification below wil	n(s) shown l expire on: 1/1/2024	
	freet the City, state and Zir Coue. I	lease print regiony.	The fee to receive	enew these <b>\$50</b>	
			requirements result in a	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.	
	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WASTEWA	ATER TREATMENT	5	45	
TEMPORARY	WASTEWA	ATER TREATMENT	А	24	
II. CURRENT E	MPLOYMENT INFORMATIO	DN			
Employer's Name:			Phone	#:	
Number of Facilitie	(or Plants) that you currently opera	te:	I am employ	ed by the Facility owner	
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MADELYN L CROSS Please enter you're current address on the lines below and, if necessary,	Certification below will	
correct the City, state and ZIP Code. Please print legibly.	The fee to re	new these <b>\$50</b>
	requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
I. CERTIFICATES TO RENEW:		Training Units
Certification Type Category	Class	Required
TEMPORARY WATER TREATMENT	2	24
II. CURRENT EMPLOYMENT INFORMATION		
Employer's Name:	Phone #	:
Number of Facilities (or Plants) that you currently operate:	I am employe	ed by the Facility owner
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- No course can be used more than one time for any three-year renewal period.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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## VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page of	This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 11579		
TYLER WHI	Please enter you're curren	nt address on the lines below and, if n	necessary,	Certification(s) shown below will expire on: 1/1/2024			
	correct the City, state and	City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100		
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
I. CERTIFI	CATES TO RENEW	/• 			Training Units		
Certification	Туре	Category		Class	Required		
TEMPORARY		WATER TREATMENT		1	24		
TEMPORARY		WASTEWATER TREATMENT		5	45		
TEMPORARY		WASTEWATER TREATMENT		А	24		
II. CURREN'	T EMPLOYMENT INF	ORMATION					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner		
I am currently n	ot operating any Facility	$\neg$ $-$	Ιŗ	provide contractual serv	vices to the Facility		
Please provide	the following information a	bout each Facility/Plant that you op	erate. Use addt	ional pages as needed.			
Facility / Plant	Name		Class	PDWIS (Water) NPE	DES (Wastewater)		



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed

This is page one of a two page for	rm. Both pages must be completed and returned.	Operator Certifcation N	umber: 1197	
KAREN ANN WRIGHT Please enter you'r	e current address on the lines below and, if necessary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		
		requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:			Training Units	
Certification Type	Category	Class	Required	
OPERATOR	WASTEWATER COLLECTION	2	16	
OPERATOR	WATER DISTRIBUTION	1	16	
SUPERINTENDENT	WASTEWATER COLLECTION	2	7	
SUPERINTENDENT	WATER DISTRIBUTION	1	7	
II. CURRENT EMPLOYMEN	NT INFORMATION			
Employer's Name:		Phone #:		
Number of Facilities (or Plants) that	t you currently operate:	I am employed by the Facility owner		
I am currently not operating any Fa	cility	I provide contractual ser	vices to the Facility	
Please provide the following inform	nation about each Facility/Plant that you operate. Use a	addtional pages as needed.		
Facility / Plant Name	Clas	s PDWIS (Water) NP	DES (Wastewater)	



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please v	erify your information shown on this application and mak	e any corrections as needed	·	
This is page one of a two page	form. Both pages must be completed and returned.	Operator Certifcation Nu	ımber: <b>1211</b>	
MATTHEW MIRENZI Please enter you're current address on the lines below and, if nece correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will expi		
		The fee to renew certifica	\$100	
		Failure to complete or sub requirements by the expirat result in an additional la described in Section		
I. CERTIFICATES TO RENEW:			<b>Training Units</b>	
Certification Type	Category	Class	Required	
OPERATOR	WASTEWATER TREATMENT	S	16	
SUPERINTENDENT	WATER TREATMENT	4	7	
OPERATOR	WASTEWATER TREATMENT	А	16	
OPERATOR	WASTEWATER TREATMENT	5	30	
OPERATOR	WATER TREATMENT	4	30	
II. CURRENT EMPLOYM	ENT INFORMATION			
Employer's Name:		Phone #:		
Number of Facilities (or Plants)	that you currently operate:	I am employed by the Facility owner		
I am currently not operating any	Facility	I provide contractual services to the Facility		
Please provide the following infe	prmation about each Facility/Plant that you operate. Use	addtional pages as needed.		
Facility / Plant Name	Clas	ss PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page	erator Certifcation N	umber: 1224			
	ou're current address on the lines below and, if necess	ary,	Certification(s) below will exp		
correct the Cit	ty, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$100</b>		
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO				Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WATER TREATMENT		4	7	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EMPLOYM	IENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any	Facility	I pr	ovide contractual ser	vices to the Facility	
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Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)	



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a	two page form. Both pages must be completed and returned	l. Op	erator Certifcation N	Number: 12273
	se enter you're current address on the lines below and, if necessa	ary,	Certification(s) below will ex	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renev certifi	w these <b>\$50</b> cations:
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFICATI				Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (o	or Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently not oper	rating any Facility	I pr	ovide contractual se	rvices to the Facility
Please provide the follo	owing information about each Facility/Plant that you operate.	Use addtio	nal pages as needed	<i>l.</i>
Facility / Plant Name		Class P	DWIS (Water) NI	PDES (Wastewater)



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This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certifcation	on Number: <b>1303</b>	
THOMAS GE	ORGE Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	, Certification below will The fee to re	expire on: 1/1/2024	
		certifications: <b>\$50</b>		
		requirements result in a	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.	
	CATES TO RENEW:	Class	Training Units	
Certification <sup>-</sup>	Type Category	Class	Required	
TEMPORARY	WASTEWATER TREATMENT	5	45	
TEMPORARY	WASTEWATER TREATMENT	А	24	
II. CURRENI	<b>EMPLOYMENT INFORMATION</b>			
Employer's Nam	e:	Phone	#:	
Number of Facil	ities (or Plants) that you currently operate:	I am employ	ed by the Facility owner	
I am currently no	ot operating any Facility	I provide contractua	l services to the Facility	
Please provide th	he following information about each Facility/Plant that you operate. Use	e addtional pages as nee	eded.	
Facility / Plant N	lame Cla	ass PDWIS (Water)	NPDES (Wastewater)	



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Bot	ned. Of	perator Certification N	umber: 1310	
	t address on the lines below and, if nece	ssary,	Certification(s) shown below will expire on: 1/1/20	
correct the City, state and	and ZIP Code. Please print legibly.		The fee to renew certific	\$100
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO RENEW	<u>.</u>			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
II. CURRENT EMPLOYMENT INF	ORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you cur	rrently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		I p	rovide contractual ser	vices to the Facility
Please provide the following information al	pout each Facility/Plant that you operat	e. Use addtio	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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II. CURRENT EMPLOYMENT INFORMATION	his is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1312		
In fere to renew these certifications:       \$50         Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.         I. CERTIFICATES TO RENEW:       Training Units         Certification Type       Category       Class       Required         OPERATOR       WASTEWATER COLLECTION       2       16         II. CURRENT EMPLOYMENT INFORMATION       Employer's Name:       Phone #:	Please enter yo	Please enter you're current address on the lines below and, if necessary				1/1/2024
requirements by the expiration date will result in an additional late fees as described in Section V.         I. CERTIFICATES TO RENEW:       Training Units         Certification Type       Category       Class       Required         OPERATOR       WASTEWATER COLLECTION       2       16         II. CURRENT EMPLOYMENT INFORMATION       Employer's Name:       Phone #:	correct the City	y, state and ZIP Code. Please print legibly.				\$50
Certification Type       Category       Class       Required         OPERATOR       WASTEWATER COLLECTION       2       16         IL CURRENT EMPLOYMENT INFORMATION       Phone #:       Phone #:         Employer's Name:       Phone #:       Image: Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner       Image: Plant				requirements by the expiration da result in an additional late fees		
OPERATOR       WASTEWATER COLLECTION       2       16         II. CURRENT EMPLOYMENT INFORMATION       Phone #:						
II. CURRENT EMPLOYMENT INFORMATION         Employer's Name:       Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         I am currently not operating any Facility       I provide contractual services to the Facility	Certification Type	Category		Class	R	equired
Employer's Name:       Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         I am currently not operating any Facility       I provide contractual services to the Facility	OPERATOR	WASTEWATER COLLECTION		2	10	5
Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         I am currently not operating any Facility       I provide contractual services to the Facility	II. CURRENT EMPLOYM	ENT INFORMATION				
I am currently not operating any Facility	Employer's Name:			Phone #	:	
	Number of Facilities (or Plants)	that you currently operate:		I am employe	ed by the Fa	cility owner
Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed	I am currently not operating any	Facility	Ιp	rovide contractual	services to	the Facility
i ieuse provide me jouowing information about each r'actitiy/1 iant mat you operate. Ose adational pages as heeded.	Please provide the following info	ormation about each Facility/Plant that you operate	e. Use addti	onal pages as need	ded.	
Facility / Plant NameClassPDWIS (Water)NPDES (Wastewater)	Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	/astewater)



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 Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1315			
	enter you're current address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 1/		1/1/2024	
correct	the City, state and ZIP Code. Please print legibly.		The fee to re cer	new these tifications:	\$50	
			Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.			
I. CERTIFICATES					raining Units	
Certification Type	Category		Class	R	equired	
OPERATOR	WASTEWATER COLLECTION		2	1	6	
II. CURRENT EMPL	OYMENT INFORMATION					
Employer's Name:			Phone #	:		
Number of Facilities (or I	Plants) that you currently operate:		I am employe	ed by the Fa	cility owner	
I am currently not operati	ing any Facility	I pr	ovide contractual	services to	the Facility	
Please provide the follow	ving information about each Facility/Plant that you operate.	Use addtic	onal pages as need	ded.		
Facility / Plant Name		Class F	DWIS (Water)	NPDES (V	Vastewater)	



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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This is page one	of a two page form. Both pages must be comp	leted and returned.	Operator Certifcation	on Number: 1332
		se enter you're current address on the lines below and, if necessary,		n(s) shown l expire on: 1/1/2024
C	correct the City, state and ZIP Code. Please print legibly.	legibly.	The fee to receive	enew these <b>\$50</b>
			requirements result in a	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
I. CERTIFICA	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	vpe Category		Class	Required
OPERATOR	WASTEWATER TREA	ATMENT	А	16
OPERATOR	WASTEWATER TREA	ATMENT	5	30
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #	#:
Number of Faciliti	es (or Plants) that you currently operate:		I am employ	ved by the Facility owner
I am currently not	operating any Facility	]	I provide contractua	al services to the Facility
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DONALD SMITH Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) below will ex		
			The fee to renew certific	w these <b>\$50</b> cations:	
			Failure to complete or submit r requirements by the expiration or result in an additional late fe described in Section V.		
I. CERTIFICATES TO	<u>RENEW:</u>			<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLOYM	<b>IENT INFORMATION</b>				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	) that you currently operate:		I am employed t	by the Facility owner	
I am currently not operating any Facility		I prov	I provide contractual services to the Facility		
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

## VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- 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 suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

DAVID M. DEGRANGE, JR. Please enter you're current address on the lines below and, if necessary,			Operator Certification Number: 1340			
			Certification(s) shown below will expire on: 1/1/202			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50		
			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.			
I. CERTIFICATES TO				Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
II. CURRENT EMPLOYM	ENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) t	hat you currently operate:		I am employed by	the Facility owner		
I am currently not operating any Facility		I pi	I provide contractual services to the Facility			
Please provide the following info	prmation about each Facility/Plant that you operate.	Use addtio	onal pages as needed.			
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)		



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

MARVIN O. SMITH, SR. Please enter you're current address on the lines below and, if necessary,			Operator Certification Number: 1395			
			Certification( below will e			
correct the City, state and ZIP Code. Please print legibly.			The fee to ren certi	new these <b>\$50</b>		
			requirements result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.		
I. CERTIFICATES TO				Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER TREATMENT		2	16		
II. CURRENT EMPLOYN	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants	) that you currently operate:		I am employed	d by the Facility owner		
I am currently not operating any Facility		ΙĮ	I provide contractual services to the Facility			
Please provide the following in	formation about each Facility/Plant that you op	perate. Use addt	ional pages as need	led.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

JOHN W. LEAK, JR. Please enter you're current address on the lines below and, if necessary,			Operator Certification Number: 1505			
			Certification below will	1/1/2024		
correct the City, state and ZIP Code. Please print legibly.			The fee to receive	enew these rtifications:	\$50	
			Failure to complete o requirements by the ex result in an additio described in S		biration date will al late fees as	
I. CERTIFICATES TO			-		raining Units	
Certification Type	Category		Class	R	equired	
OPERATOR	WATER DISTRIBUTION		1	1	6	
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities (or Plan	ts) that you currently operate:		I am employ	ed by the Fa	acility owner	
I am currently not operating any Facility		I p	I provide contractual services to the Facility			
Please provide the following	information about each Facility/Plant that you operation	ate. Use addtie	onal pages as nee	eded.		
Facility / Plant Name		Class 1	PDWIS (Water)	NPDES (W	Vastewater)	



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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

<b>This is page one of a two page form. Both pages must be completed and returned.</b> Op			perator Certifcation Number: 1553		
ELIZABETH R JACOBS Please enter you're current address on the lines below and, if n		if necessary,	Certification(s) shown below will expire on:1/1/2024The fee to renew these certifications:\$100		
	correct the City, state and ZIP Code. Please print legibly.				
			Failure to complete or submit rem requirements by the expiration da result in an additional late fees described in Section V.		
	CATES TO RENEW:			Training Units	
Certification <sup>-</sup>	Type Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
OPERATOR	WASTEWATER TREATMENT		S	16	
SUPERINTEND	ENT WASTEWATER TREATMENT		5	7	
SUPERINTEND	ENT WASTEWATER TREATMENT		А	7	
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		ΙI	provide contractual serv	vices to the Facility	
Please provide t	he following information about each Facility/Plant that you	operate. Use addt	ional pages as needed.		
Facility / Plant N	Vame	Class	PDWIS (Water) NPI	DES (Wastewater)	



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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

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 Email Address

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This is page one of a two page form. Both pages must be completed and returned. THADDEUS PAUL MITCHELL Please enter you're current address on the lines below and, if necessary,			Operator Certification Number: 1589			
			Certification(s) shown below will expire on: 1/1/2			
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certifi	w these \$50 scations:		
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
I. CERTIFICATES TO				<b>Training Units</b>		
Certification Type	Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT EMPLOYM	IENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants)	that you currently operate:		I am employed	by the Facility owner		
I am currently not operating any Facility		I p	I provide contractual services to the Facility			
Please provide the following inj	formation about each Facility/Plant that you operat	e. Use addti	onal pages as needed	<i>d.</i>		
Facility / Plant Name		Class 1	PDWIS (Water) N	PDES (Wastewater)		



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 Applicant's Signature
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 Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1607		
	r you're current address on the lines below and, if nec	cessary,	Certification(s) shown below will expire on:		1/1/2024
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>		
	EICATES TO DENEW.		Failure to complete or submit requirements by the expiration result in an additional late for described in Section V.		
I. CERTIFICATES TO					aining Units
Certification Type	Category		Class	Re	equired
OPERATOR	WATER DISTRIBUTION		1	16	i
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities (or Plan	ts) that you currently operate:		I am employ	ed by the Fac	cility owner
I am currently not operating a	iny Facility	Ιp	provide contractua	l services to	the Facility
Please provide the following	information about each Facility/Plant that you oper	ate. Use addti	onal pages as nee	eded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	astewater)



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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1614		
	sary,	Certification(s) below will exp			
City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>			
	requireme result i		lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO RENEW: Certification Type Category			<b>Training Units</b>		
Category		Class	Required		
WASTEWATER TREATMENT		S	16		
WASTEWATER TREATMENT		5	30		
WASTEWATER TREATMENT		А	16		
MENT INFORMATION					
		Phone #:			
s) that you currently operate:		I am employed b	by the Facility owner		
ny Facility	I p	rovide contractual ser	rvices to the Facility		
nformation about each Facility/Plant that you operate.	Use addti	onal pages as needed	•		
	Class 1	PDWIS (Water) NP	DES (Wastewater)		
	you're current address on the lines below and, if necess ity, state and ZIP Code. Please print legibly.	you're current address on the lines below and, if necessary, ity, state and ZIP Code. Please print legibly.	You're current address on the lines below and, if necessary,       Certification(s)         you're current address on the lines below and, if necessary,       The fee to renew         you're current address on the lines below and, if necessary,       The fee to renew         you're current address on the lines below and, if necessary,       The fee to renew         you're current address on the lines below and, if necessary,       The fee to renew         you're current address on the lines below and, if necessary,       The fee to renew         you're currents below and, if necessary,       Failure to comp         requirements by       result in an a         describe       Failure to comp         requirements by       result in an a         describe       Gategory       Class         WASTEWATER TREATMENT       S         WASTEWATER TREATMENT       A         WENT INFORMATION       Phone #:         you currently operate:       I am employed be         you formation about each Facility/Plant that you operate. Use additional pages as needed		



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of Operator in Responsible Charge:

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 Date

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Please verify your information shown on this application and make any corrections as needed

This is page one of a two page for	orm. Both pages must be completed and returned.	Operator Certifcation No	umber: 1629		
KEITH WELDON BROWN Please enter you'	re current address on the lines below and, if necessary,	Certification(s) s below will exp			
correct the City,	state and ZIP Code. Please print legibly.	The fee to renew certific			
		requirements by t result in an ad	lete or submit renewal the expiration date will Iditional late fees as d in Section V.		
I. CERTIFICATES TO RENEW:			Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER COLLECTION	2	16		
OPERATOR	WATER DISTRIBUTION	1	16		
SUPERINTENDENT	WASTEWATER COLLECTION	2	7		
SUPERINTENDENT	WATER DISTRIBUTION	1	7		
II. CURRENT EMPLOYME	NT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants) that	at you currently operate:	I am employed by	y the Facility owner		
I am currently not operating any Fa	acility	I provide contractual service	provide contractual services to the Facility		
Please provide the following inform	nation about each Facility/Plant that you operate. Use a	addtional pages as needed.			
Facility / Plant Name Class		s PDWIS (Water) NPI	DES (Wastewater)		



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one of a two page form. Both pages must be completed and returned.			eturned. Of	Operator Certification Number: 1659		
MARVIN M YC	Please enter you're current	address on the lines below and, if	necessary,	Certification(s) s below will exp		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew these certifications:       \$5         Failure to complete or subrative requirements by the expirative result in an additional la described in Section		
I. CERTIFICATES TO RENEW:					<b>Training Units</b>	
Certification T	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
OPERATOR		WASTEWATER TREATMENT		S	16	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	2:			Phone #:		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed by the Facility owner		
I am currently no	t operating any Facility		I pi	I provide contractual services to the Facility		
Please provide th	ne following information ab	out each Facility/Plant that you o	perate. Use addtio	onal pages as needed.		
Facility / Plant N	ame		Class I	PDWIS (Water) NPI	DES (Wastewater)	



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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> ..... DI • 0 • • . 1 1. .. . . .

This is page one of a two page for	orm. Both pages must be completed and returned.	Operator Certifcation Nu	umber: 1728		
WILLIAM GARY SERMAN Please enter you	're current address on the lines below and, if necessary,	Certification(s) s below will expi			
	state and ZIP Code. Please print legibly.	The fee to renew these certifications: <b>\$100</b>			
		requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.		
I. CERTIFICATES TO RENEW:			Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WATER TREATMENT	4	30		
OPERATOR	WASTEWATER COLLECTION	2	16		
OPERATOR	WATER TREATMENT	3	30		
OPERATOR	WASTEWATER TREATMENT	1	16		
II. CURRENT EMPLOYME	NT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants) th	at you currently operate:	I am employed by	I am employed by the Facility owner		
I am currently not operating any Fa	acility	I provide contractual services to the Facility			
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	Y PARKER e enter you're current address on the lines below and, if necess at the City, state and ZIP Code. Please print legibly.	ary,	The fee to renew these		1/1/2024 \$50	
. CERTIFICATES TO RENEW:		ı	Certifications: <b>50</b> Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.			
					raining Units	
Certification Type	Category		Class	R	equired	
OPERATOR	WASTEWATER TREATMENT		3	3	0	
II. CURRENT EMP	LOYMENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities (or	Plants) that you currently operate:		I am employ	ed by the Fa	acility owner	
I am currently not opera	ting any Facility	I provi	de contractua	l services to	the Facility	
Please provide the follo	wing information about each Facility/Plant that you operate.	Use addtional	l pages as nee	eded.		
Facility / Plant Name		Class PDW	VIS (Water)	NPDES (W	Vastewater)	



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 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page	age form. Both pages must be completed and returned.	Operator Certifcation Nu	Deerator Certifcation Number: 1734		
	AND or you're current address on the lines below and, if necessary City, state and ZIP Code. Please print legibly.		re on: 1/1/2024		
		The fee to renew certifica	\$50		
		requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
I. CERTIFICATES TO RENEW:			<b>Training Units</b>		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WASTEWATER TREATMENT	S	16		
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plan	tts) that you currently operate:	I am employed by	the Facility owner		
I am currently not operating a	any Facility	I provide contractual serv	I provide contractual services to the Facility		
Please provide the following	information about each Facility/Plant that you operate. U	se addtional pages as needed.			
Facility / Plant Name	С	Class PDWIS (Water) NPD	ES (Wastewater)		



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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## VII. APPLICANT'S STATEMENT

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- 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 suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1736		
JOHN P MEYER, JR. Please	e enter you're current address on the lines below and, if necessa	ry,	Certification( below will e		/1/2024
correc	et the City, state and ZIP Code. Please print legibly.		The fee to ren certi	50	
	EICATES TO DENEW.		Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		ation date will late fees as
I. CERTIFICATES TO RENEW:					ining Units
Certification Type	Category		Class	Req	luired
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EMP	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	Plants) that you currently operate:		I am employed	d by the Facil	lity owner
I am currently not opera	ting any Facility	I pro	ovide contractual	services to th	e Facility
Please provide the follo	wing information about each Facility/Plant that you operate. U	Use addtior	nal pages as need	led.	
Facility / Plant Name	(	Class PI	OWIS (Water) 1	NPDES (Was	stewater)



### III. CONTINUING EDUCATION:

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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a tv	wo page form. Both pages must be completed and returned.	Operator Certification Number	Operator Certifcation Number: 1754		
	GTON enter you're current address on the lines below and, if necessary, t the City, state and ZIP Code. Please print legibly.	-	on: 1/1/2024		
concer		The fee to renew these certifications: <b>\$50</b>			
		Failure to complete requirements by the result in an addit described in	expiration date will ional late fees as		
I. CERTIFICATES TO RENEW:			Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WASTEWATER TREATMENT	А	16		
II. CURRENT EMPI	LOYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or	Plants) that you currently operate:	I am employed by th	e Facility owner		
I am currently not operat	ting any Facility	I provide contractual service	I provide contractual services to the Facility		
Please provide the follow	wing information about each Facility/Plant that you operate. Use	e addtional pages as needed.			
Facility / Plant Name	Cla	ass PDWIS (Water) NPDES	S (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

			rned. Op	Operator Certification Number: 1761		
WILLIAM LEE	Please enter you're currer	t address on the lines below and, if ne	cessary,	Certification(s) s below will expi		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certifica	\$100	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WATER TREATMENT		3	30	
OPERATOR		WASTEWATER TREATMENT		4	30	
SUPERINTEND	ENT	WATER TREATMENT		3	7	
SUPERINTEND	ENT	WASTEWATER TREATMENT		4	7	
II. CURRENT	<b>FEMPLOYMENT INF</b>	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility		I pi	I provide contractual services to the Facility		
Please provide t	the following information a	bout each Facility/Plant that you oper	ate. Use addtic	onal pages as needed.		
Facility / Plant N	Name		Class F	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of	a two page form. Both pages must be completed and returned.	Operator Certifcation	on Number: 1766
ERNEST D SMIT	H ease enter you're current address on the lines below and, if necessary	y, Certification	n(s) shown l expire on: <b>1/1/2024</b>
со	rrect the City, state and ZIP Code. Please print legibly.	The fee to re	enew these <b>\$50</b>
	IEICATES TO DENEW.		omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
I. CERTIFICATES TO RENEW:			Training Units
Certification Typ	e Category	Class	Required
OPERATOR	WATER TREATMENT	4	30
II. CURRENT EN	MPLOYMENT INFORMATION		
Employer's Name:		Phone	#:
Number of Facilities	s (or Plants) that you currently operate:	I am employ	ved by the Facility owner
I am currently not op	perating any Facility	I provide contractua	al services to the Facility
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Facility / Plant Name	e C	lass PDWIS (Water)	NPDES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1784		
5	you're current address on the lines below and, if necessar	ry,	Certification(s) below will exp		
correct the Ci	ty, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by result in an a	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLOYN	IENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any	y Facility	I pro	I provide contractual services to the Facility		
Please provide the following in	formation about each Facility/Plant that you operate. U	Use addtion	al pages as needed.		
Facility / Plant Name	(	Class PE	OWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

## VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- 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 suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. GEORGE JOSEPH JOHNSON Please enter you're current address on the lines below and, if necessary,			ned. O	Operator Certification Number: 1788		
			essary,	sary, Certification(s) sho		1/1/2024
correct the City, state and ZIP Code. Please print legibly.				The fee to renew these certifications: <b>\$100</b>		
				Failure to complete or submit representation da requirements by the expiration da result in an additional late fees described in Section V.		ration date will l late fees as
	<u>CATES TO RENEW</u> -					aining Units
Certification	Туре	Category		Class	Re	quired
OPERATOR		WASTEWATER TREATMENT		4	30	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
OPERATOR		WASTEWATER TREATMENT		S	16	
OPERATOR		WATER TREATMENT		4	30	
II. CURRENT	Г EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #:	:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employe	d by the Fac	cility owner
I am currently n	ot operating any Facility		Ιp	provide contractual	services to	the Facility
Please provide i	the following information a	bout each Facility/Plant that you operat	te. Use addti	ional pages as need	led.	
Facility / Plant M	Name		Class	PDWIS (Water)	NPDES (W	astewater)



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one of	f a two page form. Both pages must be completed and returned.	Operator Certifcati	on Number: <b>1802</b>
	ease enter you're current address on the lines below and, if necessary	y, Certification below wi	n(s) shown ll expire on: 1/1/2024
correct the City, state and ZIP Code. Please print legibly.		The fee to r	renew these <b>\$50</b>
		requirement result in	complete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
	TES TO RENEW:		Training Units
Certification Typ	De Category	Class	Required
OPERATOR	WATER DISTRIBUTION	1	16
II. CURRENT E	MPLOYMENT INFORMATION		
Employer's Name:		Phone	#:
Number of Facilities	s (or Plants) that you currently operate:	I am employ	ved by the Facility owner
I am currently not operating any Facility I provide contractual services to the Fac			al services to the Facility
Please provide the f	ollowing information about each Facility/Plant that you operate. Us	se addtional pages as ne	eded.
Facility / Plant Nam	e C	PDWIS (Water)	NPDES (Wastewater)



### III. CONTINUING EDUCATION:

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 1803		
JAMES HOWARD TIMMONS, JR. Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			f necessary,	Certification(s) shown below will expire on: 1/1/202		
				The fee to renew these certifications: \$50 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFICA	ATES TO RENEW:				Training Units	
Certification Ty	pe	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
OPERATOR		WASTEWATER TREATMENT		S	16	
II. CURRENT I	EMPLOYMENT INF	ORMATION				
Employer's Name:				Phone #:		
Number of Faciliti	es (or Plants) that you cur	rently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	]	Ιţ	provide contractual serve	ices to the Facility	
Please provide the	following information ab	out each Facility/Plant that you o	pperate. Use addt	ional pages as needed.		
Facility / Plant Nar	me		Class	PDWIS (Water) NPD	ES (Wastewater)	



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	1863
EARL CYRUS LUDY Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	1/1/2024
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100
	Failure to complete or s	submit renewal

#### Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

		described in Section V.		
I. CERTIFICATES TO I	RENEW:		Training Units	
Certification Type	Category	Class	Required	
OPERATOR	WASTEWATER TREATMENT	А	16	
SUPERINTENDENT	WASTEWATER TREATMENT	5	7	
OPERATOR	WASTEWATER TREATMENT	5	30	
OPERATOR	WASTEWATER TREATMENT	4	30	
OPERATOR	WATER TREATMENT	2	16	
OPERATOR	WATER TREATMENT	1	16	
SUPERINTENDENT	WATER TREATMENT	1	7	

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:	Phone #:			
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner			
I am currently not operating any Facility				
Please provide the following information about each Facility/Plant that y	ou operate. Use addtional pages as needed.			
Facility / Plant Name	Class PDWIS (Water) NPDES (Wastewater)			



### III. CONTINUING EDUCATION:

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.	Operator Certification Number:	1895
TIFFANY A BRADSHAW Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	1/1/2024
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100
	Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.	

I. CERTIFICATES TO RENEW	:	ueseribe	
Certification Type	 Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16

#### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:		Phone	#:	
Number of Facilities (or Plants) that you currently operate:		I am employ	ved by the Facility owner	
I am currently not operating any Facility	I pro	vide contractua	al services to the Facility	
Please provide the following information about each Facility/Plant that you of	perate. Use addtion	al pages as nee	eded.	
Facility / Plant Name	Class PI	OWIS (Water)	NPDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Open				Dperator Certifcatio	on Number:	1973
BURTON D SKLAR Please enter you're current address on the lines below and, if n correct the City, state and ZIP Code. Please print legibly.			sary,	Certification(s) shown below will expire on: 1/1/20		
		ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$100</b>	
	requirements by result in an a		by the exp	submit renewal iration date will al late fees as ction V.		
	CATES TO RENEW:				Ті	raining Units
Certification T	Гуре	Category		Class	Re	equired
OPERATOR		WASTEWATER TREATMENT		А	16	5
OPERATOR		WASTEWATER TREATMENT		S	16	5
OPERATOR		WASTEWATER TREATMENT		5	30	)
OPERATOR		INDUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	2:			Phone #	<i>t</i> :	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employe	ed by the Fa	cility owner
I am currently no	t operating any Facility		Ι	provide contractual	l services to	the Facility
Please provide th	he following information ab	out each Facility/Plant that you operate	. Use addi	tional pages as need	ded.	
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (W	vastewater)



### III. CONTINUING EDUCATION:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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GREGORY WILLIAM BROWN Please enter you're current address on the lines below and, if necessary, $ \begin{array}{c} \text{Certification(s) shown} \\ \text{below will expire on:} \end{array} $	24
correct the City, state and ZIP Code. Please print legibly. The fee to renew these certifications: <b>\$50</b>	
Failure to complete or submit representation da result in an additional late fees described in Section V.	te will
I. CERTIFICATES TO RENEW: Training U	nits
Certification Type Category Class Required	
OPERATOR WASTEWATER TREATMENT 5 30	
II. CURRENT EMPLOYMENT INFORMATION	
Employer's Name: Phone #:	
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility own	er
I am currently not operating any Facility I provide contractual services to the Facili	у
Please provide the following information about each Facility/Plant that you operate. Use addtional pages as needed.	
Facility / Plant Name       Class       PDWIS (Water)       NPDES (Wastewater)	ł



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This is page one of a	two page form. Both pages must be completed and returned.	Operator Certi	fcation Nun	nber: 2116
	se enter you're current address on the lines below and, if necessary		cation(s) sho w will expire	
correct the City, state and ZIP Code. Please print legibly.  I. CERTIFICATES TO RENEW:		The fee	e to renew th certificati	\$50
		requirer	nents by the It in an addi	e or submit renewal e expiration date will itional late fees as in Section V.
				Training Units
Certification Type	Category	Cla	ass	Required
OPERATOR	INDUSTRIAL WASTEWATER	2		0
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:		Pł	none #:	
Number of Facilities (o	or Plants) that you currently operate:	I am en	nployed by t	he Facility owner
I am currently not operative	ating any Facility	I provide contr	actual servic	ces to the Facility
Please provide the follo	owing information about each Facility/Plant that you operate. Us	se addtional pages a	ıs needed.	
Facility / Plant Name	C	lass PDWIS (Wa	ter) NPDF	ES (Wastewater)



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This is page one of a	two page form. Both pages must be completed and returned	d. Op	erator Certifcatio	on Number:	2120
	se enter you're current address on the lines below and, if necessa	ary,	Certification(s) shown below will expire on		1/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to receive	enew these tifications:	\$50
			requirements result in a	by the exp	submit renewal biration date will al late fees as ection V.
I. CERTIFICAT					raining Units
Certification Type	Category		Class	R	equired
OPERATOR	WATER TREATMENT		2	1	6
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #	<i>t</i> :	
Number of Facilities (	or Plants) that you currently operate:		I am employe	ed by the Fa	acility owner
I am currently not open	rating any Facility	I pi	rovide contractual	l services to	the Facility
Please provide the foll	lowing information about each Facility/Plant that you operate.	Use addtic	onal pages as nee	ded.	
Facility / Plant Name		Class H	PDWIS (Water)	NPDES (V	Vastewater)



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	current address on the lines below and, if necess	sary,	Certification(s) below will exp		
correct the City, sta	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100	
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.	
I. CERTIFICATES TO REI	NEW:			<b>Training Units</b>	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WATER TREATMENT		1	7	
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
SUPERINTENDENT	WASTEWATER TREATMENT		А	7	
II. CURRENT EMPLOYMENT	<b>FINFORMATION</b>				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that	you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Faci	lity	I pro	provide contractual services to the Facility		
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Facility / Plant Name		Class Pl	DWIS (Water) NP	DES (Wastewater)	



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	Please enter you're current address on the lines below and, if necessary			on(s) shown ill expire on:	1/1/2024
с	correct the City, state and ZIP Code. Please print legibly.	T		renew these ertifications:	\$50
		req	uirement result in	ts by the exp	submit renewal piration date will al late fees as ection V.
	ATES TO RENEW:				raining Units
Certification Ty	pe Category		Class	R	Required
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT H	EMPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilitie	es (or Plants) that you currently operate:	I a	um emplog	yed by the F	acility owner
I am currently not	operating any Facility	I provide	contractu	al services to	o the Facility
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Please verify your information shown on this application and make any corrections as needed.

This is page one of	a two page form. Both pages must be completed and returned.	Operator Certifcation Nu	mber: 2372
	Please enter you're current address on the lines below and, if necessary,	Certification(s) sl below will expire	
COI	rect the City, state and ZIP Code. Please print legibly.	The fee to renew certifica	\$50
		requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	TES TO RENEW:		<b>Training Units</b>
Certification Type	e Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
II. CURRENT EN	APLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities	(or Plants) that you currently operate:	I am employed by	the Facility owner
I am currently not op	erating any Facility	I provide contractual serv	ices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operate. Use	e addtional pages as needed.	
Facility / Plant Name	Cla	ass PDWIS (Water) NPD	DES (Wastewater)



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

## VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- 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 suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one o	f a two page form. Both pages must be completed and returned.	Operator Certification N	lumber: 2374
	lease enter you're current address on the lines below and, if necessary	y, Certification(s) below will exp	
c	orrect the City, state and ZIP Code. Please print legibly.	The fee to renew certific	v these <b>\$50</b> cations:
		requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:		Training Units
Certification Typ	pe Category	Class	Required
TEMPORARY	WASTEWATER COLLECTION	2	24
II. CURRENT E	MPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:	I am employed b	by the Facility owner
I am currently not o	operating any Facility	I provide contractual ser	rvices to the Facility
Please provide the j	following information about each Facility/Plant that you operate. Us	se addtional pages as needed	
Facility / Plant Nam	ne C	lass PDWIS (Water) NF	PDES (Wastewater)



### III. CONTINUING EDUCATION:

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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## VII. APPLICANT'S STATEMENT

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

This is page one	of a two page form. Both pages must be completed and returned.	Opera	ator Certifcati	on Number:	2382
MARCIA OWE	INS Please enter you're current address on the lines below and, if necessary	ζ,	Certification below with	on(s) shown ll expire on:	1/1/2024
correct the City, state and ZIP Code. Please print legibly.  I. CERTIFICATES TO RENEW:			The fee to r	enew these ertifications:	\$50
			requirement result in	s by the exp	submit renewal piration date will al late fees as ection V.
					raining Units
Certification Ty	ype Category		Class	R	Required
TEMPORARY	WATER TREATMENT		4	4	5
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone	#:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employ	yed by the F	acility owner
I am currently not	operating any Facility	I prov	ide contractua	al services to	o the Facility
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtiona	ıl pages as ne	eded.	
Facility / Plant Na	lime Cl	lass PD	WIS (Water)	NPDES (V	Wastewater)



### III. CONTINUING EDUCATION:

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one of a	two page form. Both pages must be completed and returned.	. Oper	ator Certifcati	on Number:	2385
	se enter you're current address on the lines below and, if necessar	ry,	Certification(s) shown below will expire on:		1/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to r ce	enew these ortifications:	\$50
			requirement result in a	s by the exp	submit renewal piration date will al late fees as ection V.
I. CERTIFICAT			_		raining Units
Certification Type	Category		Class	R	equired
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities (	or Plants) that you currently operate:		I am employ	ed by the F	acility owner
I am currently not open	rating any Facility	I prov	vide contractua	al services to	o the Facility
Please provide the foll	lowing information about each Facility/Plant that you operate. U	Use addtion	al pages as ne	eded.	
Facility / Plant Name	(	Class PD	WIS (Water)	NPDES (V	Wastewater)



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 2424		
TRAVIS HAYWOOD Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		necessary,	Certification below will The fee to re cer	expire on: 1/1/2024	
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.	
I. CERTIFIC Certification 7	CATES TO RENEW:		Class	Training Units	
			Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #	:	
Number of Facili	ities (or Plants) that you currently operate:		I am employe	ed by the Facility owner	
I am currently no	ot operating any Facility	I	provide contractual	services to the Facility	
Please provide th	he following information about each Facility/Plant that you op	perate. Use addt	ional pages as need	ded.	
Facility / Plant N	lame	Class	PDWIS (Water)	NPDES (Wastewater)	



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Please verify your information shown on this application and make any corrections as needed.

KATHERINE WINSTEAD       Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.       Certification(s) shown below will expire on: 1/1/2024         The fee to renew these certifications:       \$50         Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.       Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.         I. CERTIFICATES TO RENEW:       Category       Training Units Required         OPERATOR       WATER TREATMENT       1       16         II. CURRENT EMPLOYMENT INFORMATION       Phone #:       I am employed by the Facility owner       I         II an currently not operating any Facility       I provide contractual services to the Facility owner       I         II am currently not operating any Facility/Plant that you operate.       Vase andeddinal pages as needed.       Facility / Plant Name         Facility / Plant Name       Class       PDWIS (Water)       NPDES (Wastewater)	This is page or	e of a two page form. Both pages must be completed and returned.	Operator Certifcat	ion Number: 2528
In the fee to remew these certifications:       \$50         Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.         I. CERTIFICATES TO RENEW:       Training Units         Certification Type       Category       Class       Required         OPERATOR       WATER TREATMENT       1       16         II. CURRENT EMPLOYMENT INFORMATION       Employer's Name:       Phone #:	KATHERINE	Please enter you're current address on the lines below and, if necessary		
requirements by the expiration date will result in an additional late fees as described in Section V.         I. CERTIFICATES TO RENEW:       Training Units         Certification Type       Category       Class       Required         OPERATOR       WATER TREATMENT       1       16         II. CURRENT EMPLOYMENT INFORMATION       Employer's Name:       Phone #:		correct the City, state and ZIP Code. Please print legibly.		\$50
Certification Type       Category       Class       Required         OPERATOR       WATER TREATMENT       1       16         IL CURRENT EMPLOYMENT INFORMATION       Phone #:			requirement result in	ts by the expiration date will an additional late fees as
OPERATOR WATER TREATMENT 1 16   IL CURRENT EMPLOYMENT INFORMATION Employer's Name: Phone #: Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner I am currently not operating any Facility I am currently not operating any Facility I am currently not operating information about each Facility/Plant that you operate. Use additional pages as needed.				-
II. CURRENT EMPLOYMENT INFORMATION         Employer's Name:       Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         I am currently not operating any Facility       I provide contractual services to the Facility         Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	Certification	Type Category	Class	Required
Employer's Name:       Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         I am currently not operating any Facility       I provide contractual services to the Facility         Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	OPERATOR	WATER TREATMENT	1	16
Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         I am currently not operating any Facility       I provide contractual services to the Facility         I lease provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	II. CURREN	FEMPLOYMENT INFORMATION		
I am currently not operating any Facility I provide contractual services to the Facility Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	Employer's Nam	ie:	Phone	#:
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	I am currently ne	ot operating any Facility	I provide contractu	al services to the Facility
Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)	Please provide t	he following information about each Facility/Plant that you operate. Us	se addtional pages as ne	eded.
	Facility / Plant N	Name C	PDWIS (Water)	NPDES (Wastewater)



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 Applicant's Signature
 Date

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 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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This is page one of a two	page form. Both pages must be completed and retu	rned. O	perator Certifcation 1	Number: <b>3019</b>
	CAMPBELL nter you're current address on the lines below and, if new he City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) below will ex	
			The fee to rene certifi	w these <b>\$50</b> ications:
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFICATES				Training Units
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		1	0
II. CURRENT EMPLO	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pl	lants) that you currently operate:		I am employed	by the Facility owner
I am currently not operatin	g any Facility	Ιp	provide contractual se	ervices to the Facility
Please provide the followin	ng information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed	<i>d</i> .
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This is page one of a two pa	age form. Both pages must be completed and returned.	. Ope	erator Certifcation Nu	umber: <b>3069</b>		
HUNTER MUSE Please enter you're current address on the lines below and, if necessary,			Certification(s) s below will expi			
correct the C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100		
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
I. CERTIFICATES TO	<u> J RENEW:</u>			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plant	ts) that you currently operate:		I am employed by	the Facility owner		
I am currently not operating an	ny Facility	I pro	ovide contractual serv	vices to the Facility		
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Facility / Plant Name	C	Class PI	OWIS (Water) NPI	DES (Wastewater)		



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This is page one of a	two page form. Both pages must be completed and returned	l. Ope	rator Certifcation I	Number: <b>3080</b>
KELSEY HALE Please enter you're current address on the lines below and, if necessary			Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certifi	w these <b>\$100</b>
			<ul> <li>Failure to complete or submit rene</li> <li>requirements by the expiration date</li> <li>result in an additional late fees a</li> <li>described in Section V.</li> </ul>	
I. CERTIFICATI				Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
TEMPORARY	WATER TREATMENT		5	24
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (c	or Plants) that you currently operate:		I am employed	by the Facility owner
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This is page one	of a two page form. Both pages must be completed and returned.	Operator (	Certifcati	ion Number:	3193	
HARRY GRAFTON Please enter you're current address on the lines below and, if necess		Certification(s) shown below will expire on: 1/1/202				:
C	correct the City, state and ZIP Code. Please print legibly.			renew these ertifications:	\$50	
		requ	uirement result in	ts by the exp	submit renew piration date v al late fees as ection V.	will
	ATES TO RENEW:				raining Unit	ts
Certification Ty	ype Category		Class	R	equired	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	)	
II. CURRENT I	EMPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Faciliti	ies (or Plants) that you currently operate:	I ai	m emplog	yed by the F	acility owner	
I am currently not	operating any Facility	I provide c	contractu	al services to	o the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Use	addtional pag	ges as ne	eeded.	-	
Facility / Plant Nat	me Cla	ss PDWIS	(Water)	NPDES (V	Wastewater)	



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MARTIN WATTS Please enter you're current address on the lines below and, if neces		y, Certification(s) shown below will expire on: 1/1/20			
	correct the City, state and ZIP Code. Please print legibly.			renew these ertifications:	\$50
			equirement result in	ts by the exp	submit renewal piration date will al late fees as ection V.
	ATES TO RENEW:		-		raining Units
Certification Ty	ype Category		Class	R	Required
OPERATOR	WATER DISTRIBUTION		1	1	.6
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone	#:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am emplog	yed by the F	acility owner
I am currently not	operating any Facility	I provid	le contractu	al services to	o the Facility
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Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.       1/1/2024         The fee to renew these certifications:       \$50         Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.         C. CERTIFICATES TO RENEW:       Training Units         Category       Category         DPERATOR       WATER DISTRIBUTION         I. CURRENT EMPLOYMENT INFORMATION       1         Employer's Name:       Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         am currently not operating any Facility       I provide contractual services to the Facility         Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	This is page one of a two page	e form. Both pages must be completed and retu	rned. C	perator Certifcation	on Number:	3315	
In the fee to renew these store certifications:       \$50         Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.         C. CERTIFICATES TO RENEW:       Training Units         Certification Type       Category       Class       Required         DPERATOR       WATER DISTRIBUTION       1       16         I. CURRENT EMPLOYMENT INFORMATION       Employer's Name:       Phone #:       I am employed by the Facility owner []         am currently not operating any Facility       I provide contractual services to the Facility []       Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	•				1/1/2024		
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Certification Type       Category       Class       Required         OPERATOR       WATER DISTRIBUTION       1       16         I. CURRENT EMPLOYMENT INFORMATION       Phone #:				requirements by result in an a		the expiration date will additional late fees as	
OPERATOR WATER DISTRIBUTION 1 16     I. CURRENT EMPLOYMENT INFORMATION   Employer's Name:   Employer's Name: Phone #:     Number of Facilities (or Plants) that you currently operate:     I am employed by the Facility owner     am currently not operating any Facility     I provide contractual services to the Facility   Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.						-	
AL CURRENT EMPLOYMENT INFORMATION         Employer's Name:       Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         am currently not operating any Facility       I provide contractual services to the Facility         Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	Certification Type	Category		Class	R	equired	
Employer's Name:       Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         am currently not operating any Facility       I provide contractual services to the Facility         Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	OPERATOR	WATER DISTRIBUTION		1	1	6	
Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         am currently not operating any Facility       I provide contractual services to the Facility         Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	II. CURRENT EMPLOYM	IENT INFORMATION					
am currently not operating any Facility I provide contractual services to the Facility Plant that you operate. Use additional pages as needed.	Employer's Name:			Phone	#:		
Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	Number of Facilities (or Plants)	that you currently operate:		I am employ	red by the F	acility owner	
	I am currently not operating any	Facility	Ij	provide contractua	l services to	o the Facility	
Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)	Please provide the following inf	formation about each Facility/Plant that you oper	ate. Use addt	ional pages as nee	eded.		
	Facility / Plant Name		Class	PDWIS (Water)	NPDES (V	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two	o page form. Both pages must be completed and return	ned. Op	erator Certifcation	n Number: 3406
WILLIAM T MCGRATH Please enter you're current address on the lines below and, if nec		ssary,	Certification below will	
correct t	correct the City, state and ZIP Code. Please print legibly.		The fee to report	new these <b>\$50</b>
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
I. CERTIFICATES		described in Sect Tra Class Rec		Training Units
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		6	16
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #	:
Number of Facilities (or P	lants) that you currently operate:		I am employe	d by the Facility owner
I am currently not operatin	ng any Facility	I pr	ovide contractual	services to the Facility
Please provide the followi	ng information about each Facility/Plant that you operat	e. Use addtio	nal pages as need	led.
Facility / Plant Name		Class P	DWIS (Water)	NPDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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 Date

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 Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 3517			
	Please enter you're current	address on the lines below and,	f necessary,	Certification(s) shown below will expire on: 1/1/2		
с	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$100</b>		
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		
I. CERTIFICA	ATES TO RENEW				<b>Training Units</b>	
Certification Ty	pe	Category		Class	Required	
SUPERINTENDEN	IT	WASTEWATER TREATMENT		5	7	
SUPERINTENDEN	IT	WASTEWATER TREATMENT		А	7	
SUPERINTENDEN	IT	WATER TREATMENT		2	7	
II. CURRENT F	EMPLOYMENT INF	ORMATION				
Employer's Name:				Phone #:		
Number of Facilitie	es (or Plants) that you cur	rently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	]	Ι	provide contractual servi	ces to the Facility	
Please provide the	following information al	out each Facility/Plant that you	operate. Use add	tional pages as needed.		
Facility / Plant Nar	me		Class	PDWIS (Water) NPD	ES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
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This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	3882
ERIC L BARNHART Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	1/1/2024
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100
	<b>T</b> ellense 4 e. e. e. e. le 4 e. e. e.	

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		uescribe	described in Section v.		
I. CERTIFICATES TO F	<u>RENEW:</u>		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	1	16		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WASTEWATER TREATMENT	А	16		
SUPERINTENDENT	WATER TREATMENT	2	7		
SUPERINTENDENT	WASTEWATER TREATMENT	1	7		
SUPERINTENDENT	WASTEWATER TREATMENT	5	7		
SUPERINTENDENT	WASTEWATER TREATMENT	А	7		
OPERATOR	WATER TREATMENT	2	16		

## **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:		Phone #:			
Number of Facilities (or Plants) that you currently operate:		I am employe	d by the Facility owner		
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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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	you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on:		1/1/2024	
correct the C	City, state and ZIP Code. Please print legibly.		The fee to represent to represent the fee to represent the term of	new these difications:	\$50	
			Failure to complete or submit renewa requirements by the expiration date wi result in an additional late fees as described in Section V.			
I. CERTIFICATES TO	D RENEW:				ining Units	
Certification Type	Category		Class	Red	quired	
OPERATOR	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #	:		
Number of Facilities (or Plants	s) that you currently operate:		I am employe	d by the Fac	lity owner	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: <b>3921</b>			
	enter you're current address on the lines below and, if nec	essary,	Certification below will			
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>			
I. CERTIFICATES TO RENEW:			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.			
				Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WATER TREATMENT		G	7		
II. CURRENT EMPL	OYMENT INFORMATION					
Employer's Name:			Phone #	:		
Number of Facilities (or F	Plants) that you currently operate:		I am employe	d by the Facility owner		
I am currently not operation	ing any Facility	I prov	vide contractual	services to the Facility		
Please provide the follow	ing information about each Facility/Plant that you opera	te. Use addtiona	ıl pages as need	led.		
Facility / Plant Name		Class PD'	WIS (Water)	NPDES (Wastewater)		



#### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Certification Type Category Class Required	This is page one	e of a two page form. Both pages must be completed and returned.	Operator Certifcation N	Jumber: <b>3940</b>	
In the fee to renew these certifications:     \$50       Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.       I. CERTIFICATES TO RENEW:     Training Units Required       Certification Type     Category	CANDO JENN	Please enter you're current address on the lines below and, if necessary			
I. CERTIFICATES TO RENEW:       requirements by the expiration date will result in an additional late fees as described in Section V.         Certification Type       Category       Class       Required		correct the City, state and ZIP Code. Please print legibly.		\$50	
Certification Type Category Class Required			requirements by the expiration date v result in an additional late fees as		
				-	
OPERATOR WASTEWATER TREATMENT S 16	Certification T	Type Category	Class	Required	
	OPERATOR	WASTEWATER TREATMENT	S	16	
II. CURRENT EMPLOYMENT INFORMATION	II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name: Phone #:	Employer's Name	e:	Phone #:		
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner	Number of Facili	ities (or Plants) that you currently operate:	I am employed b	by the Facility owner	
I am currently not operating any Facility	I am currently no	ot operating any Facility	I provide contractual se	rvices to the Facility	
Please provide the following information about each Facility/Plant that you operate. Use addtional pages as needed.	Please provide th	he following information about each Facility/Plant that you operate. U	se addtional pages as needed	<i>l.</i>	
Facility / Plant NameClassPDWIS (Water)NPDES (Wastewater)	Facility / Plant N	C C	Class PDWIS (Water) NI	PDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Date

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 Email Address

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This is page one of a two	page form. Both pages must be completed and returned.	Operator Certifcation Nur	perator Certification Number: <b>3949</b>		
	5 ter you're current address on the lines below and, if necessary te City, state and ZIP Code. Please print legibly.	y, Certification(s) sh below will expir The fee to renew t	re on: 1/1/2024		
			Certifications: 5100 Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.		
I. CERTIFICATES			Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WATER TREATMENT	4	30		
SUPERINTENDENT	WATER TREATMENT	4	7		
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Pla	ants) that you currently operate:	I am employed by	the Facility owner		
I am currently not operating	g any Facility	I provide contractual servi	ces to the Facility		
Please provide the following	g information about each Facility/Plant that you operate. Us	se addtional pages as needed.			
Facility / Plant Name	C	lass PDWIS (Water) NPD	ES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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> .... DI • 0 • • . 1 1. .. . . .

	lease verify your information shown on this applica	-			
10	o page form. Both pages must be completed and	returned. O	perator Certifcation Nu	umber: <b>3954</b>	
JAMES C FRIEND Please e	enter you're current address on the lines below and, i	if necessary,	Certification(s) shown below will expire on: 1/1/2		
	the City, state and ZIP Code. Please print legibly.	<i>,</i>	The fee to renew these certifications: <b>\$100</b>		
			Failure to complete or submit re- requirements by the expiration d result in an additional late fee described in Section V.		
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
OPERATOR	WATER TREATMENT		4	30	
OPERATOR	WASTEWATER TREATMENT		3	30	
OPERATOR	WASTEWATER TREATMENT		4	30	
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or F	Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operation	ng any Facility	Ιı	provide contractual serv	vices to the Facility	
Please provide the follow	ing information about each Facility/Plant that you	operate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	
	<u> </u>				



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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

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 Email Address

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This is page on	This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation N	Number: <b>3967</b>	
JEFFERY DEA	2	t address on the lines below and, if neces	sary,	Certification(s) below will exp		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$10</b>		
				Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		
I. CERTIFIC	CATES TO RENEW	<u>.</u>			<b>Training Units</b>	
Certification <sup>-</sup>	Туре	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION		2	16	
OPERATOR		WATER TREATMENT		2	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed by the Facility owner		
I am currently no	ot operating any Facility		I pro	ovide contractual ser	rvices to the Facility	
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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 4016		
ROBERT D BU	Please enter you're current addres	s on the lines below and, if necess	ary,	Certification(s) shown below will expire on: 1/1/2024 The fee to renew these certifications: \$100		
	correct the City, state and ZIP Co	de. Please print legibly.				
				requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Unit		
Certification <sup>-</sup>	Type Cate	Jory		Class	Required	
OPERATOR	WAT	R TREATMENT		2	16	
OPERATOR	WAST	EWATER TREATMENT		5	30	
OPERATOR	WAST	EWATER TREATMENT		А	16	
II. CURRENT	<b>EMPLOYMENT INFORM</b>	ATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you currently	operate:		I am employed by the Facility owner		
I am currently no	ot operating any Facility		I pro	vide contractual s	ervices to the Facility	
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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

## VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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- 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 suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 4090		
EDWARD G H	Please enter you're curren	t address on the lines below and, if ne	ecessary,	Certification(s) shown below will expire on: 1/1/2024		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$100</b>		
				requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Unit		
Certification 7	Гуре	Category		Class	Required	
OPERATOR		WATER DISTRIBUTION		1	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	e:			Phone #:		
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner	
I am currently no	ot operating any Facility		I pro	ovide contractual serv	vices to the Facility	
Please provide th	he following information al	pout each Facility/Plant that you open	rate. Use addtio	nal pages as needed.		
Facility / Plant N	Jame		Class Pl	DWIS (Water) NPI	DES (Wastewater)	



#### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a tw	vo page form. Both pages must be completed and return	perator Certifcation Number: 4177			
	enter you're current address on the lines below and, if nece	essary,	Certification(s) shown below will expire on: 1/1/2		
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certifi	w these \$50 scations:	
			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.		
I. CERTIFICATES				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EMPI	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not operating any Facility I prov			ovide contractual services to the Facility		
Please provide the follov	ving information about each Facility/Plant that you operation	te. Use addtio	nal pages as needed	<i>d</i> .	
Facility / Plant Name		Class P	DWIS (Water) N	PDES (Wastewater)	



#### III. CONTINUING EDUCATION:

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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certifcation Number: <b>4306</b>		
ROBERT G JOHNSON Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) shown below will expire or		1/1/2024	
			The fee to re cer	enew these tifications:	\$50	
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.			
	CATES TO RENEW:				raining Units	
Certification 7	Type Category		Class	R	equired	
OPERATOR	WASTEWATER TREATMENT		5	3	D	
OPERATOR	WASTEWATER TREATMENT		А	1	6	
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #	ŧ:		
Number of Facili	ities (or Plants) that you currently operate:		I am employe	ed by the Fa	acility owner	
I am currently no	ot operating any Facility	I provi	provide contractual services to the Facility			
Please provide th	he following information about each Facility/Plant that you operate.	Use addtional	pages as need	ded.		
Facility / Plant N	Jame	Class PDW	VIS (Water)	NPDES (V	Vastewater)	



#### III. CONTINUING EDUCATION:

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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a	a two page form. Both pages must be completed and returned	. Operator Certif	Operator Certification Number: 4345 Certification(s) shown below will expire on: 1/1/202			
WILLIAM J KILRO Plea	Y ase enter you're current address on the lines below and, if necessary					
corr	rect the City, state and ZIP Code. Please print legibly.	The fee	to renew these certifications:	\$50		
	requirem result	Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.				
	ES TO RENEW:			Training Units		
Certification Type	Category	Cla	ss R	Required		
OPERATOR	WATER TREATMENT	3	3	30		
II. CURRENT EM	PLOYMENT INFORMATION					
Employer's Name:		Pho	one #:			
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility				acility owner		
I am currently not operating any Facility I provide contractual services to the F				o the Facility		
Please provide the fol	lowing information about each Facility/Plant that you operate.	Use addtional pages as	needed.			
Facility / Plant Name Class			er) NPDES (V	Wastewater)		



#### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Oper				n Number: 4437		
	r you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 1/1/2			
correct the City, state and ZIP Code. Please print legibly.			The fee to re	new these <b>\$50</b>		
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
I. CERTIFICATES T				Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER TREATMENT		3	30		
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #	:		
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility				ed by the Facility owner		
I am currently not operating any Facility I provide contractual services to the F				services to the Facility		
Please provide the following	information about each Facility/Plant that you ope	rate. Use addtie	onal pages as need	led.		
Facility / Plant Name Class			PDWIS (Water)	NPDES (Wastewater)		



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This is page one of a two p	Operator Certification Number: 4491 Certification(s) shown below will expire on: 1/1/2024					
JEROME J MOATS Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.						
			The fee to renew these certifications: <b>\$50</b>			
				plete or submit renewal y the expiration date will additional late fees as bed in Section V.		
I. CERTIFICATES T				Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		1	16		
OPERATOR	WASTEWATER TREATMENT		А	16		
II. CURRENT EMPLOY	YMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plan	nts) that you currently operate:		I am employed	by the Facility owner		
I am currently not operating a	any Facility	I provi	provide contractual services to the Facility			
Please provide the following	information about each Facility/Plant that you operate. U	Use addtiona	l pages as needed	<i>d.</i>		
Facility / Plant Name	(	Class PDV	WIS (Water) N	PDES (Wastewater)		



#### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of Operator in Responsible Charge:

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Op	perator Certification Number: 4505			
JEROME DARYL THOMAS Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on: 1/1/2			
correct the City, state and ZIP Code. Please print legibly.	The fee to represent	new these <b>\$50</b>		
	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
I. CERTIFICATES TO RENEW:		Training Units		
Certification Type Category	Class	Required		
OPERATOR WATER DISTRIBUTION	1	16		
II. CURRENT EMPLOYMENT INFORMATION				
Employer's Name:	Phone #	:		
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility ov				
I am currently not operating any Facility I provide contractual services to the I				
Please provide the following information about each Facility/Plant that you operate. Use addtic	onal pages as need	led.		
Facility / Plant Name Class F	PDWIS (Water)	NPDES (Wastewater)		



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This is page one	of a two page form. Both pages must be completed and returned.	Operat	tor Certifcati	4619		
	Please enter you're current address on the lines below and, if necessary	у,	Certification below wi	1/1/2024		
	correct the City, state and ZIP Code. Please print legibly.			renew these ertifications:	\$50	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
	ATES TO RENEW:				Training Units	
Certification Ty	ype Category		Class	F	Required	
OPERATOR	WATER TREATMENT		4	3	0	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:	:		Phone	#:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employ	yed by the F	acility owner	
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Please provide the	e following information about each Facility/Plant that you operate. Us	se addtional	pages as ne	eded.		
Facility / Plant Na	me C	Class PDW	VIS (Water)	NPDES (V	Wastewater)	



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This is page one of a two page form. Both pages must be completed and returned. Open				erator Certifcation Number: 4621		
DONALD A REEVES Please enter you're current address on the lines below and, if nec			Certificat below v	1/1/2024		
correct the City, state and ZIP Code. Please print legibly.		ease print legibly.		The fee to renew these certifications: <b>\$100</b>		
			requiremen result in	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
	CATES TO RENEW:		-		aining Units	
Certification <sup>-</sup>	Type Category		Class	s Re	equired	
OPERATOR	WASTEWA	TER TREATMENT	4	30	)	
OPERATOR	WASTEWA	TER TREATMENT	S	16	5	
OPERATOR	WASTEWA	TER TREATMENT	А	16	5	
OPERATOR	WATER TR	EATMENT	2	16	5	
OPERATOR	WASTEWA	TER TREATMENT	5	30	)	
II. CURRENT	<b>EMPLOYMENT INFORMATIO</b>	N				
Employer's Nam	e:		Phon	ne #:		
Number of Facil	ities (or Plants) that you currently operat	e:	I am empl	loyed by the Fa	cility owner	
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide t	he following information about each Fac	rility/Plant that you operate. Use	addtional pages as r	1eeded.		
Facility / Plant N	lame	Clas	ss PDWIS (Water	) NPDES (W	vastewater)	



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This is page one of a two page	erator Certifcation Number: 4703						
	pu're current address on the lines below and, if necessar	ury,	Certification(s) shown below will expire on: 1/1/2				
correct the Cit	y, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$100</b>				
CEDTIEICATES TO DENEMA			Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.				
I. CERTIFICATES TO RENEW:				Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WATER DISTRIBUTION		1	16			
OPERATOR	WATER TREATMENT		1	16			
II. CURRENT EMPLOYM	ENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Plants)	that you currently operate:		I am employed b	y the Facility owner			
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Please provide the following info	ormation about each Facility/Plant that you operate. U	Use addtion	al pages as needed.				
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	r you're current address on the lines below and, if necessa	ary,	Certification(s) below will exp		
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
	CEDTIFICATES TO DENEW.			lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:			-	Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
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Employer's Name:			Phone #:		
Number of Facilities (or Plant	ts) that you currently operate:		I am employed b	y the Facility owner	
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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	4727
WILLIAM L SMITH Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	1/1/2024
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100

#### Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

		uescribeu în Section v.		
I. CERTIFICATES TO D Certification Type	<u>RENEW:</u> Category	Class	Training Units Required	
certification Type	Category	Clubb	Required	
OPERATOR	WASTEWATER TREATMENT	5	30	
SUPERINTENDENT	WASTEWATER TREATMENT	А	7	
SUPERINTENDENT	WASTEWATER TREATMENT	5	7	
SUPERINTENDENT	WATER TREATMENT	2	7	
SUPERINTENDENT	WATER TREATMENT	1	7	
OPERATOR	WASTEWATER TREATMENT	6	16	
OPERATOR	WASTEWATER TREATMENT	3	30	
OPERATOR	WASTEWATER TREATMENT	1	16	
OPERATOR	WATER TREATMENT	3	30	
OPERATOR	WATER TREATMENT	2	16	
OPERATOR	WATER TREATMENT	1	16	
OPERATOR	WASTEWATER TREATMENT	А	16	
II CURRENT EMPLOYM	<b>ΕΝΤ ΙΝΕΩΡΜΑΤΙΩΝ</b>			

#### II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:	Phone #:				
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner				
I am currently not operating any Facility	I provide contractual services to the Facility	I provide contractual services to the Facility			
Please provide the following information about each Facility/Plant that you ope	erate. Use addtional pages as needed.				
Facility / Plant Name	Class PDWIS (Water) NPDES (Wastewater)				



#### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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## VII. APPLICANT'S STATEMENT

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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This is page one of a two pa	age form. Both pages must be completed and returned	d. Op	erator Certifcation N	umber: <b>4790</b>		
	r you're current address on the lines below and, if necess City, state and ZIP Code. Please print legibly.	ary,	Certification(s) shown below will expire on: 1/2 The fee to renew these			
			certific	ations: <b>\$50</b>		
				lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		5	45		
TEMPORARY	WASTEWATER TREATMENT		А	24		
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plant	s) that you currently operate:		I am employed by	y the Facility owner		
I am currently not operating a	ny Facility	I pr	I provide contractual services to the Facility			
Please provide the following i	information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.			
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one	of a two page form. Both pages must be completed and returned.	Operator Certifcat	perator Certifcation Number: <b>4850</b>			
PERRY A VIOLE	ET Please enter you're current address on the lines below and, if necessary,		ion(s) shown $1/1/2024$ vill expire on:			
C	correct the City, state and ZIP Code. Please print legibly.		certifications: <b>\$50</b>			
		requiremen result in	complete or submit renewal nts by the expiration date will n an additional late fees as escribed in Section V.			
	ATES TO RENEW:		Training Units			
Certification Ty	vpe Category	Class	Required			
OPERATOR	WATER TREATMENT	4	30			
II. CURRENT I	EMPLOYMENT INFORMATION					
Employer's Name:		Phone	e #:			
Number of Faciliti	es (or Plants) that you currently operate:	I am emplo	oyed by the Facility owner			
I am currently not	operating any Facility	I provide contractu	ual services to the Facility			
Please provide the	following information about each Facility/Plant that you operate. Use	e addtional pages as n	eeded.			
Facility / Plant Nat	me Cla	ass PDWIS (Water)	) NPDES (Wastewater)			



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one of a	two page form. Both pages must be completed and returned	d. Opera	Operator Certification Number: 4885 Certification(s) shown below will expire on: 1/1/2024		
	IREZ se enter you're current address on the lines below and, if necessa ect the City, state and ZIP Code. Please print legibly.	ary,			
cont	et the City, state and Zh Code. I lease print legioly.		The fee to rene certifi	w these <b>\$100</b>	
				plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFICATES TO RENEW:				<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (	or Plants) that you currently operate:		I am employed by the Facility owner		
I am currently not open	rating any Facility	I provi	I provide contractual services to the Facility		
Please provide the foll	owing information about each Facility/Plant that you operate. U	Use addtional	l pages as needed	<i>d.</i>	
Facility / Plant Name		Class PDV	VIS (Water) N	PDES (Wastewater)	



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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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JAMES K WILI	Please enter you're curren	t address on the lines below and, if nec	essary,	Certification below will	1/1/2024		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$100</b>			
				requirements result in a	by the ex	submit renewal piration date will nal late fees as ection V.	
	ATES TO RENEW	•				<b>Training Units</b>	
Certification T	ype	Category		Class	F	Required	
OPERATOR		WASTEWATER TREATMENT		4	3	30	
SUPERINTENDE	NT	WATER TREATMENT		4	7	7	
OPERATOR		WATER TREATMENT		4	Э	30	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	:			Phone #	<i>t</i> :		
Number of Facili	ties (or Plants) that you cu	rrently operate:		I am employe	ed by the F	Facility owner	
I am currently no	t operating any Facility		I pr	ovide contractual	l services t	o the Facility	
Please provide th	e following information a	bout each Facility/Plant that you opera	te. Use addtio	nal pages as nee	ded.		
Facility / Plant Na	ame		Class P	DWIS (Water)	NPDES (	Wastewater)	



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This is page one of a two page form. Both pages must be completed and returned. Ope				Operator Certifcation Number: 5040			
	lease enter you're current address on the lines below and, if necessary			on(s) shown ill expire on:	1/1/2024		
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>				
			submit renewal piration date will al late fees as ection V.				
I. CERTIFICATES TO RENEW:			-		raining Units		
Certification Ty	pe Category		Class	R	Required		
OPERATOR	WATER TREATMENT		2	1	.6		
II. CURRENT E	<b>EMPLOYMENT INFORMATION</b>						
Employer's Name:			Phone	#:			
Number of Facilitie	es (or Plants) that you currently operate:	Ι	am employ	yed by the F	acility owner		
I am currently not o	operating any Facility	I provide	e contractu	al services to	o the Facility		
Please provide the	following information about each Facility/Plant that you operate. Us	se addtional p	oages as ne	eeded.			
Facility / Plant Nan	ne Cl	lass PDWI	S (Water)	NPDES (V	Wastewater)		



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- No course can be used more than one time for any three-year renewal period.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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## VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

II. CURRENT EMPLOYMENT INFORMATION	This is page one of	Operator Certification Number: 5072					
In the fee to renew these certifications:       \$50         Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.         I. CERTIFICATES TO RENEW:       Training Units         Certification Type       Category       Class       Required         OPERATOR       WATER TREATMENT       4       30         II. CURRENT EMPLOYMENT INFORMATION       Employer's Name:       Phone #:	Ple	ase enter you're current address on the lines below and, if nece	ssary,			1/1/2024	
requirements by the expiration date will result in an additional late fees as described in Section V.         I. CERTIFICATES TO RENEW:       Training Units         Certification Type       Category       Class       Required         OPERATOR       WATER TREATMENT       4       30         II. CURRENT EMPLOYMENT INFORMATION       Employer's Name:       Phone #:	cor	rect the City, state and ZIP Code. Please print legibly.				\$50	
Certification Type       Category       Class       Required         OPERATOR       WATER TREATMENT       4       30         II. CURRENT EMPLOYMENT INFORMATION       Phone #:       Image: Certification of Facilities (or Plants) that you currently operate:				requirements by the expiration data result in an additional late fee			
OPERATOR       WATER TREATMENT       4       30         II. CURRENT EMPLOYMENT INFORMATION       Employer's Name:       Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner       I         I am currently not operating any Facility       I provide contractual services to the Facility       I         Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.       I					Tr	raining Units	
II. CURRENT EMPLOYMENT INFORMATION         Employer's Name:       Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         I am currently not operating any Facility       I provide contractual services to the Facility         Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	Certification Type	e Category		Class	Re	equired	
Employer's Name:       Phone #:         Number of Facilities (or Plants) that you currently operate:       I am employed by the Facility owner         I am currently not operating any Facility       I provide contractual services to the Facility         Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	OPERATOR	WATER TREATMENT		4	30	)	
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I am currently not operating any Facility I provide contractual services to the Facility Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.	Employer's Name:			Phone #	<b>#:</b>		
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	I am currently not op	erating any Facility	Ιp	rovide contractual	l services to	the Facility	
Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)	Please provide the fo	llowing information about each Facility/Plant that you operat	e. Use addtie	onal pages as nee	ded.		
	Facility / Plant Name		Class I	PDWIS (Water)	NPDES (W	'astewater)	



#### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a tw	Operator Certification Number: 5153						
	enter you're current address on the lines below and, if neces	sary,	Certificatior below will	1/1/2024			
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>				
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.				
I. CERTIFICATES TO RENEW:					<b>Training Units</b>		
Certification Type	Category		Class	Req	juired		
OPERATOR	WATER DISTRIBUTION		1	16			
II. CURRENT EMPL	OYMENT INFORMATION						
Employer's Name:			Phone #	<b>:</b>			
Number of Facilities (or H	Plants) that you currently operate:		I am employe	ed by the Faci	lity owner		
I am currently not operati	ng any Facility	Ιp	rovide contractual	l services to th	e Facility		
Please provide the follow	ing information about each Facility/Plant that you operate	. Use addtie	onal pages as nee	ded.			
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (Was	stewater)		



#### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 5204		
RICHARD K FIKE, JR. Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.			Certification( below will e	expire on: 1/1/2024	
correct the City, state and ZIP Code. Please print legioly.			The fee to ren certi	fications: <b>\$50</b>	
			Failure to complete or submit representation da requirements by the expiration da result in an additional late fees described in Section V.		
	ATES TO RENEW:			Training Units	
Certification Ty	/pe Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed	d by the Facility owner	
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you operate	te. Use addtic	onal pages as need	ed.	
Facility / Plant Na	me	Class F	PDWIS (Water) N	NPDES (Wastewater)	



#### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page	Operator Certifcation Num	Operator Certifcation Number: 5206			
	ou're current address on the lines below and, if necessary	Certification(s) sho below will expire			
correct the City, state and ZIP Code. Please print legibly.		The fee to renew th certification	\$100		
		requirements by the result in an addi	e or submit renewal e expiration date will tional late fees as n Section V.		
I. CERTIFICATES TO	<u>RENEW:</u>		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER COLLECTION	2	16		
OPERATOR	WATER DISTRIBUTION	1	16		
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants) t	that you currently operate:	I am employed by the	ne Facility owner		
I am currently not operating any Facility		I provide contractual servic	I provide contractual services to the Facility		
Please provide the following info	ormation about each Facility/Plant that you operate. Us	re addtional pages as needed.			
Facility / Plant Name	Cl	ass PDWIS (Water) NPDE	CS (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a tw	vo page form. Both pages must be completed and returned.	Operator Certification N	Operator Certification Number: 5308			
	enter you're current address on the lines below and, if necessary	v, Certification(s) below will exp				
correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$50</b>			
		requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.			
I. CERTIFICATES			<b>Training Units</b>			
Certification Type	Category	Class	Required			
SUPERINTENDENT	WASTEWATER TREATMENT	5	7			
SUPERINTENDENT	WASTEWATER TREATMENT	А	7			
II. CURRENT EMPL	LOYMENT INFORMATION					
Employer's Name:		Phone #:				
Number of Facilities (or l	Plants) that you currently operate:	I am employed b	by the Facility owner			
I am currently not operati	ing any Facility	I provide contractual set	I provide contractual services to the Facility			
Please provide the follow	ving information about each Facility/Plant that you operate. Us	se addtional pages as needed				
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			ned. Oj	Operator Certification Number: 5345		
DARL W GRAVES Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		essary,	Certification(s) shown below will expire on: 1/1/2			
			The fee to renew t certificat	\$100		
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		
	CATES TO RENEW	<u>:</u>			Training Units	
Certification <sup>-</sup>	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
OPERATOR		WASTEWATER TREATMENT		4	30	
OPERATOR		WATER TREATMENT		2	16	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			I p	rovide contractual servi	ces to the Facility	
Please provide t	he following information al	bout each Facility/Plant that you operat	te. Use addti	onal pages as needed.		
Facility / Plant N	Jame		Class 1	PDWIS (Water) NPD	ES (Wastewater)	



#### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. DOUGLAS L BLICKENSTAFF Please enter you're current address on the lines below and, if necessary,			Operator Certification Number: 5513			
			Certification( below will e			
correct the City, state and ZIP Code. Please print legibly.			The fee to ren certi	fications: <b>\$50</b>		
			<ul> <li>requirements l result in an</li> </ul>	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.		
I. CERTIFICATES 7	<u>FO RENEW:</u>			<b>Training Units</b>		
Certification Type	Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER		5	30		
II. CURRENT EMPLO	YMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Pla	nts) that you currently operate:		I am employed	l by the Facility owner		
I am currently not operating any Facility I provide contractual services to the Fac			services to the Facility			
Please provide the following	g information about each Facility/Plant that you opera	te. Use addti	onal pages as need	ed		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)		
				_		



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

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 Email Address

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ANTHONY M SMITH Please enter you're current address on the lines below and, if necessary,			Operator Certification Number: <b>5593</b> Certification(s) shown below will expire on: <b>1/1/2024</b>		
			<ul> <li>Failure to complete or submit renev</li> <li>requirements by the expiration date</li> <li>result in an additional late fees as</li> <li>described in Section V.</li> </ul>		
I. CERTIFICATES TO RENEW:				<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		3	30	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		A	16	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (	or Plants) that you currently operate:	Ι	am employed	by the Facility owner	
I am currently not operating any Facility			provide contractual services to the Facility		
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Facility / Plant Name		Class PDWI	S (Water) N	IPDES (Wastewater)	



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This is page one of a two page	Operator Certifcation Nur	nber: 5713	
•	pu're current address on the lines below and, if necessary,	Certification(s) sh below will expire	
correct the City, state and ZIP Code. Please print legibly.		The fee to renew th certificat	\$100
		requirements by th result in an add	te or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFICATES TO	RENEW:		Training Units
Certification Type	Category	Class	Required
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
II. CURRENT EMPLOYM	ENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants)	that you currently operate:	I am employed by	the Facility owner
I am currently not operating any Facility		I provide contractual servi	ces to the Facility
Please provide the following info	ormation about each Facility/Plant that you operate. Use	addtional pages as needed.	
Facility / Plant Name	Clas	ss PDWIS (Water) NPD	ES (Wastewater)



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DASHIELL J. SHANNAHAN, JR. Please enter you're current address on the lines below and, if necessary,			Operator Certification Number: 6194		
			Certification(s) shown below will expire on: 1/1/2		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$100	
			<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration dat</li> <li>result in an additional late fees</li> <li>described in Section V.</li> </ul>		
I. CERTIFICATES TO				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
OPERATOR	WATER TREATMENT		3	30	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plant	ts) that you currently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility		I pro	I provide contractual services to the Facility		
Please provide the following	information about each Facility/Plant that you operate.	. Use addtion	al pages as needed.		
Facility / Plant Name		Class PI	OWIS (Water) NP	DES (Wastewater)	



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	ase enter you're current add	ress on the lines below and, if necess	sary,	Certification(s below will ex			
con	rect the City, state and ZIP	Code. Please print legibly.		The fee to rene certif	ew these <b>\$100</b> fications:		
			Failure to complete or sub requirements by the expirat result in an additional la described in Section		y the expiration date will additional late fees as		
I. CERTIFICAT	<u>'ES TO RENEW:</u>				<b>Training Units</b>		
Certification Type	Cat	egory		Class	Required		
OPERATOR	WA	STEWATER TREATMENT		4	30		
OPERATOR	WA	STEWATER TREATMENT		5	30		
OPERATOR	WA	STEWATER TREATMENT		А	16		
OPERATOR	WA	TER TREATMENT		2	16		
II. CURRENT EM	<b>IPLOYMENT INFORM</b>	ATION					
Employer's Name:				Phone #:			
Number of Facilities (	(or Plants) that you current	y operate:		I am employed by the Facility owner			
I am currently not ope	erating any Facility		I pr	provide contractual services to the Facility			
Please provide the fol	llowing information about	each Facility/Plant that you operate.	. Use addtio	nal pages as neede	ed.		
Facility / Plant Name			Class P	DWIS (Water) N	IPDES (Wastewater)		



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This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	6648
MARK A CHANDLER Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	Certification(s) shown below will expire on: The fee to renew these certifications:	
	Failure to complete or a requirements by the exp	

result in an additional late fees as described in Section V.

Training Units

# **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Required
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
SUPERINTENDENT	WATER TREATMENT	1	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	А	7

# **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:	Phone #:		
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner		
I am currently not operating any Facility	I provide contractual services to the Facility		
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This is page on	This is page one of a two page form. Both pages must be completed and returned. ${ m OI}$				Operator Certifcation Number: 6667			
RONALD G. N	Please enter you're current	address on the lines below and, if nece	essary,	Certification(s) below will exp				
	correct the City, state and Z	ZIP Code. Please print legibly.		The fee to renew certific	\$100			
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.			
I. CERTIFICATES TO RENEW:					<b>Training Units</b>			
Certification <sup>-</sup>	Туре	Category		Class	Required			
OPERATOR		WATER TREATMENT		4	30			
OPERATOR		WASTEWATER TREATMENT		5	30			
OPERATOR		WASTEWATER TREATMENT		А	16			
II. CURRENT	<b>EMPLOYMENT INFO</b>	ORMATION						
Employer's Nam	e:			Phone #:				
Number of Facil	ities (or Plants) that you curr	ently operate:		I am employed by	y the Facility owner			
I am currently no	ot operating any Facility	]	I pro	rovide contractual services to the Facility				
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Facility / Plant N	Jame		Class PI	DWIS (Water) NP	DES (Wastewater)			



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Certification Type	Category	Class	Required		
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II. CURRENT EMPLOYM	MENT INFORMATION				
Employer's Name:		Phone #:			
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Name and Certification Number of Operator in Responsible Charge:

# **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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# VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by emial in lieu of mail

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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Please verify your information shown on this application and make any corrections as needed.

This is page one of	his is page one of a two page form. Both pages must be completed and returned. Open				: <b>7499</b>	
	ease enter you're current address on the lines below and, if necessary	7,	Certificatio below wil			
CO	rrect the City, state and ZIP Code. Please print legibly.		The fee to r ce	\$50		
. CERTIFICATES TO RENEW:			Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.			
			- 1		<b>Fraining Units</b>	
Certification Typ	e Category		Class	F	Required	
OPERATOR	WASTEWATER COLLECTION		2	1	L6	
II. CURRENT EN	MPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Facilities	(or Plants) that you currently operate:		I am employ	ved by the F	Facility owner	
I am currently not op	perating any Facility	I pro	ovide contractua	al services t	o the Facility	
Please provide the fo	ollowing information about each Facility/Plant that you operate. Us	se addtior	nal pages as nee	eded.		
Facility / Plant Name	e Cl	lass PI	OWIS (Water)	NPDES (	Wastewater)	



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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Name and Certification Number of Operator in Responsible Charge:

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page	Operator Certification N	Number: 8446	
•	you're current address on the lines below and, if necessar	y, Certification(s) below will exp	
correct the C	ity, state and ZIP Code. Please print legibly.	The fee to renew certific	w these <b>\$100</b> cations:
		requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO			<b>Training Units</b>
Certification Type	Category	Class	Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16
II. CURRENT EMPLOYN	MENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants	) that you currently operate:	I am employed b	by the Facility owner
I am currently not operating an	y Facility	I provide contractual set	rvices to the Facility
Please provide the following in	nformation about each Facility/Plant that you operate. U	lse addtional pages as needed	
Facility / Plant Name	C	Class PDWIS (Water) NF	PDES (Wastewater)



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page one	This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 8531		
	Please enter you're current add	ress on the lines below and, if nece	ssary,	Certification(s) s below will expi		
	correct the City, state and ZIP	Code. Please print legibly.		The fee to renew certifica	\$100	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES TO RENEW:					<b>Training Units</b>	
Certification Ty	/pe Cat	egory		Class	Required	
OPERATOR	WA	TER TREATMENT		2	16	
OPERATOR	WA	STEWATER TREATMENT		5	30	
OPERATOR	WA	STEWATER TREATMENT		А	16	
II. CURRENT	EMPLOYMENT INFORM	IATION				
Employer's Name:				Phone #:		
Number of Faciliti	es (or Plants) that you currentl	y operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility		I pro	rovide contractual services to the Facility		
Please provide the	e following information about e	ach Facility/Plant that you operat	e. Use addtion	nal pages as needed.		
Facility / Plant Na	me		Class Pl	DWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

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 Email Address

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Please verify your information shown on this application and make any corrections as needed.

This is page on	This is page one of a two page form. Both pages must be completed and returned. Open				perator Certification Number: 8648		
TROY L. WAS	Please enter you're current address on		(	Certification(s) shown below will expire on: 1/1/20			
	correct the City, state and ZIP Code.	Please print legibly.	<u> </u>	The fee to re	enew these rtifications:	\$100	
				Failure to complete or submi requirements by the expiration result in an additional late described in Section		piration date will nal late fees as	
I. CERTIFICATES TO RENEW:				Training		Fraining Units	
Certification 1	Type Category	/		Class	F	Required	
OPERATOR	WATER T	REATMENT		4	Э	30	
OPERATOR	WASTEW	ATER TREATMENT		5	Э	30	
OPERATOR	WASTEW	ATER TREATMENT		А	1	16	
II. CURRENT	EMPLOYMENT INFORMATI	ON					
Employer's Name	2.			Phone #	#:		
Number of Facili	ties (or Plants) that you currently oper-	ate:	Ι	am employ	red by the F	Facility owner	
I am currently no	t operating any Facility		I provide	e contractua	l services t	o the Facility	
Please provide th	ne following information about each F	acility/Plant that you operate. Use	addtional p	ages as nee	eded.		
Facility / Plant N	ame	Cla	ss PDWI	S (Water)	NPDES (	Wastewater)	



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This is page one of	This is page one of a two page form. Both pages must be completed and returned.			on Number:	8701
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on:		1/1/2024
с	correct the City, state and ZIP Code. Please print legibly.		The fee to receive	enew these tifications:	\$50
			requirements result in a	s by the exp	submit renewal piration date will al late fees as ection V.
	ATES TO RENEW:				raining Units
Certification Ty	pe Category		Class	R	Required
TEMPORARY	WASTEWATER TREATMENT		5	4	.5
TEMPORARY	WASTEWATER TREATMENT		А	2	4
II. CURRENT F	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #	<b>#:</b>	
Number of Facilitie	es (or Plants) that you currently operate:		I am employ	ed by the F	acility owner
I am currently not	operating any Facility	I pro	I provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you operate. Use	e addtion	nal pages as nee	ded.	
Facility / Plant Nar	ne Clas	ass Pl	DWIS (Water)	NPDES (V	Wastewater)



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This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation N	umber: 8761	
DANIEL EDWARD CARTER Please enter you're curren	address on the lines below and, if neces	sary,	Certification(s) shown below will expire on: 1/1/2		
correct the City, state and	ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$100</b>		
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW	<u>.</u>			<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility	7 —	I pro	provide contractual services to the Facility		
Please provide the following information al	out each Facility/Plant that you operate	. Use addtion	nal pages as needed.		
Facility / Plant Name		Class Pl	DWIS (Water) NP	DES (Wastewater)	



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This is page of	his is page one of a two page form. Both pages must be completed and returned.				8871	
JAY MABE	Please enter you're current address on the lines below and, if necessa		Certification below wil	n(s) shown l expire on:	1/1/2024	
	correct the City, state and ZIP Code. Please print legibly.		The fee to re	\$50		
			Failure to complete or so requirements by the expi result in an additiona described in Sec		piration date will nal late fees as	
	CATES TO RENEW:				raining Units	
Certification	Type Category		Class	R	equired	
OPERATOR	WASTEWATER COLLECTION		2	1	6	
II. CURREN	FEMPLOYMENT INFORMATION					
Employer's Nar	ne:		Phone	#:		
Number of Faci	lities (or Plants) that you currently operate:		I am employ	red by the Fa	acility owner	
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Facility / Plant	Name	Class F	PDWIS (Water)	NPDES (W	Vastewater)	



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5	you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on		1/1/2024
correct the Cr	ity, state and ZIP Code. Please print legibly.		The fee to re-	new these tifications:	\$50
I. CERTIFICATES TO RENEW:			requirements result in an	by the expi	ubmit renewal iration date will Il late fees as ction V.
					aining Units
Certification Type	Category		Class	Re	equired
OPERATOR	WATER TREATMENT		G	7	
II. CURRENT EMPLOYN	IENT INFORMATION				
Employer's Name:			Phone #	:	
Number of Facilities (or Plants)	) that you currently operate:		I am employe	d by the Fa	cility owner
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	enter you're current address on the lines below and, if neces	sary,	Certification(s) shown below will expire on		1/1/2024	
correct	the City, state and ZIP Code. Please print legibly.		The fee to re cer	enew these tifications:	\$50	
I. CERTIFICATES TO RENEW:			requirements result in a	by the exp	submit renewal viration date will al late fees as ction V.	
					raining Units	
Certification Type	Category		Class	R	equired	
OPERATOR	WATER TREATMENT		G	7		
II. CURRENT EMPL	<b>LOYMENT INFORMATION</b>					
Employer's Name:			Phone #	<b>#:</b>		
Number of Facilities (or I	Plants) that you currently operate:		I am employe	ed by the Fa	cility owner	
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	-	lress on the lines below and, if nece	ssary,	Certification( below will	/1/2024	
				The fee to rer	new these ifications:	50
				Failure to complete or submi requirements by the expiratio result in an additional late described in Section		ation date will late fees as
	TES TO RENEW:					ining Units
Certification Typ	e Ca	tegory		Class	Rec	uired
OPERATOR	W	ASTEWATER TREATMENT		5	30	
OPERATOR	W	ASTEWATER TREATMENT		А	16	
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		The fee to renew certifica	\$50		
		requirements by th result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.		
I. CERTIFICATES TO		-	<b>Training Units</b>		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WASTEWATER TREATMENT	А	16		
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page	erator Certifcation N	umber: 9849			
	pu're current address on the lines below and, if necess	sary,	Certification(s) below will exp		
correct the City	y, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or sub requirements by the expirat result in an additional la described in Section		
I. CERTIFICATES TO				<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		А	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) t	that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any	Facility	I pro	I provide contractual services to the Facility		
Please provide the following info	prmation about each Facility/Plant that you operate.	Use addtion	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)	



### III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

# **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

# **V. LATE FEES AND REINSTATEMENT**

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- 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 suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Operator Certification Number: 99	Operator Certification Number: 9905			
Please enter you're current address on the lines below and, if necessary, below will expire on:	/1/2024			
correct the City, state and ZIP Code. Please print legibly. The fee to renew these certifications: \$5	50			
Failure to complete or sub- requirements by the expirat result in an additional la described in Sectio	tion date will ate fees as			
	ning Units			
Certification Type Category Class Requ	uired			
OPERATOR INDUSTRIAL WASTEWATER 2 0				
II. CURRENT EMPLOYMENT INFORMATION				
Employer's Name: Phone #:				
Number of Facilities (or Plants) that you currently operate:	ity owner			
I am currently not operating any Facility	e Facility			
Please provide the following information about each Facility/Plant that you operate. Use addtional pages as needed.				
Facility / Plant Name       Class       PDWIS (Water)       NPDES (Wast	tewater)			



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 Date

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<b>This is page one of a two page form. Both pages must be completed and returned.</b> STEPHEN F. CALLAHAN			ned. Op	Operator Certification Number: 9916			
SIEPHEN F. (	Please enter you're curren	t address on the lines below and, if nece	essary,	Certification(s) sh below will expire			
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew the certification of the fee to renew the certification of the certification	\$100		
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units		
Certification <sup>-</sup>	Туре	Category		Class	Required		
OPERATOR		WATER TREATMENT		1	16		
OPERATOR		WASTEWATER TREATMENT		5	30		
OPERATOR		WASTEWATER TREATMENT		А	16		
OPERATOR		WASTEWATER COLLECTION		2	16		
II. CURRENT	<b>FEMPLOYMENT INF</b>	ORMATION					
Employer's Nam	ie:			Phone #:			
Number of Facil	ities (or Plants) that you cur	rrently operate:		I am employed by the Facility owner			
I am currently no	ot operating any Facility		I pr	I provide contractual services to the Facility			
Please provide t	he following information al	pout each Facility/Plant that you operat	e. Use addtio	onal pages as needed.			
Facility / Plant N	Vame		Class P	PDWIS (Water) NPD	DES (Wastewater)		



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This is page one of a tw	vo page form. Both pages must be completed and ref	erator Certifcation N	lumber: 9933		
	enter you're current address on the lines below and, if n	ecessary,	Certification(s) below will exp		
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$50</b> cations:	
			- requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES	S TO RENEW:			<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPL	<b>LOYMENT INFORMATION</b>				
Employer's Name:			Phone #:		
Number of Facilities (or l	Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not operati	ing any Facility	I pr	I provide contractual services to the Facility		
Please provide the follow	ving information about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class P	PDWIS (Water) NP	PDES (Wastewater)	



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This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	9991
RICHARD B. PADGETTE Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	Certification(s) shown below will expire on:	1/1/2024
	The fee to renew these certifications:	\$100
	Failure to complete or s	submit renewal

requirements by the expiration date will result in an additional late fees as described in Section V.

# I. CERTIFICATES TO RENEW:

I. CERTIFICATES TO RENEW: Training Units				
Certification Type	Category	Class	Required	
SUPERINTENDENT	WASTEWATER TREATMENT	А	7	
OPERATOR	WATER TREATMENT	4	30	
OPERATOR	WASTEWATER TREATMENT	3	30	
OPERATOR	WASTEWATER TREATMENT	5	30	
OPERATOR	WASTEWATER TREATMENT	А	16	
SUPERINTENDENT	WATER TREATMENT	3	7	
SUPERINTENDENT	WASTEWATER TREATMENT	3	7	

# **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:		Phone	#:	
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner		
I am currently not operating any Facility	]	I provide contractua	al services to the Facility	
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