

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 pa	ge form. Both pages must be completed and return	ed. Opera	ator Certification Nu	umber: <b>0204</b>
TERRY ALLEN WARREN  Please enter you're current address on the lines below and, if		sary,	Certification(s) s below will exp	7/1/2012/
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by tresult in an ad	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO	O RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		Α	16
OPERATOR	WASTEWATER TREATMENT		5	30
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 an	ny Facility	I prov	ide contractual ser	vices to the Facility
Please provide the following i	nformation about each Facility/Plant that you operate	. Use addtiona	l pages as needed.	_
Facility / Plant Name		Class PDV	WIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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- 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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- 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	Baltimore, Maryland 21203-1708	

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	e enter you're current address on the lines below and, if	necessary,	Certification(s) s below will expi	7/1/20/2
corre	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATE	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER COLLECTION		2	7
II. CURRENT EMP	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not opera	ating any Facility	Ij	provide contractual serv	vices to the Facility
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Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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	Please enter you're current addı	ress on the lines below and, if nece	essary,	Certification(s) sl below will expi	7/1/2012/
	correct 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 I in Section V.
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification T	ype Cat	egory		Class	Required
OPERATOR	IND	USTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFORM	MATION			
Employer's Name	:			Phone #:	
Number of Facilit	ies (or Plants) that you currently	y operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	<del></del>	Ιį	provide contractual serv	ices to the Facility
Please provide the	e following information about e	ach Facility/Plant that you opera	te. Use addt	ional pages as needed.	_
Facility / Plant Na	nme		Class	PDWIS (Water) NPD	DES (Wastewater)



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	Please enter you're current address		ry,	Certification(s below will ex	*	2/1/2024
	correct the City, state and ZIP Code	e. Please print legibly.		The fee to rene certifi	w these ications:	\$50
				requirements by	y the exp	submit renewal biration date will al late fees as ection V.
	ATES TO RENEW:					raining Units
Certification T	ype Catego	ry		Class	R	equired
OPERATOR	WASTE	WATER COLLECTION		2	1	6
II. CURRENT	EMPLOYMENT INFORMAT	TION				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you currently ope	erate:		I am employed	by the Fa	acility owner
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Please provide th	e following information about each	Facility/Plant that you operate. U	Use addtio	nal pages as neede	d.	_
Facility / Plant Na	nme	(	Class P	DWIS (Water) N	PDES (V	Vastewater)



#### **III. CONTINUING EDUCATION:**

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Operator in Responsible Charge:	

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	ase enter you're current address on the lines below and, if necessary	ary,	Certification(s) so below will expi	
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICAT	ES TO RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (	(or Plants) that you currently operate:		I am employed by	the Facility owner
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Please provide the fol	lowing information about each Facility/Plant that you operate.	Use addtion	nal pages as needed.	_
Facility / Plant Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)
-				



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I. CERTIFICATES T	O RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
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OPERATOR	WASTEWATER TREATMENT		А	16
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Employer's Name:			Phone #:	
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	y the Facility owner
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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	Baltimore, Maryland 21203-1708	

I consent to receive my certificate(s) by emial in lieu of mail
1 Consent to receive my certificate(s) by emilia in tieu of mail



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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	nge form. Both pages must be completed and returned	<b>l.</b> Operat	or Certification N	umber: <b>0736</b>
	you're current address on the lines below and, if necessary	ary,	Certification(s) below will exp	2/1/2012/1
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certific	<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	O RENEW:			<b>Training Units</b>
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	s) that you currently operate:		I am employed b	y the Facility owner
I am currently not operating an	ny Facility	I provid	de contractual ser	vices to the Facility
Please provide the following i	information about each Facility/Plant that you operate.	Use addtional	pages as needed	
Facility / Plant Name		Class PDW	IS (Water) NP	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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
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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.
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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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Applicant's Signature		Date	_
Last 4 digits of Social Security Number	Email Address		
Make checks payable to	: Maryland Board of Waterworks an	d 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 retur	<b>ned.</b> Op	erator Certifcation Nu	mber: <b>0768</b>
I	EL PENDERGRAFT  Please enter you're current address on the lines below and, if necessary is the contract of th	essary,	Certification(s) sl below will expi	7/1/201//
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by to result in an ad-	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	pe Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pı	ovide contractual serv	ices to the Facility
Please provide the	following information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.	
Facility / Plant Nar	me	Class F	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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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 Certifcati	on Number: 0811
	lease enter you're current address on the lines below and, if necessary	Certification below will	on(s) shown Il expire on: 2/1/2024
CO	orrect the City, state and ZIP Code. Please print legibly.	The fee to r	renew these ertifications: \$50
		requirement	complete or submit renewal so by the expiration date will an additional late fees as cribed in Section V.
	TES TO RENEW:		<b>Training Units</b>
Certification Type	pe Category	Class	Required
OPERATOR	INDUSTRIAL WASTEWATER	1	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 Facility owner
I am currently not o	perating any Facility	I provide contractua	al services to the Facility
Please provide the	following information about each Facility/Plant that you operate. Us	se addtional pages as ne	eded.
Facility / Plant Nan	ne Cl	ass PDWIS (Water)	NPDES (Wastewater)



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Page 2

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This is page one	of a two page form. Both pa	ges must be completed and retur	ned.	Operator Certification Nu	ımber: <b>0877</b>
	Please enter you're current add	lress on the lines below and, if nece	essary,	Certification(s) s below will expi	7/1/2012
	correct the City, state and ZIP	Code. Please print legibly.		The fee to renew certifica	950
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification Ty	ype Ca	tegory		Class	Required
OPERATOR	W	ASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFOR	MATION			
Employer's Name				Phone #:	
Number of Facilit	ies (or Plants) that you current	ly operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	<del></del>	I	provide contractual serv	vices to the Facility
Please provide the	e following information about	each Facility/Plant that you opera	te. Use addı	tional pages as needed.	
Facility / Plant Na	me		Class	PDWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one o	f a two page form. Both pages must be completed and returned	d. Ope	erator Certifcation N	Number: <b>0917</b>
	lease enter you're current address on the lines below and, if necessary	ary,	Certification(s) below will ex	7/1/2012/1
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to rener certifi	w these ications: \$50
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ped in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Typ	pe Category		Class	Required
SUPERINTENDEN	T WATER TREATMENT		3	7
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not o	pperating any Facility	I pr	ovide contractual se	ervices to the Facility
Please provide the j	following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed	<i>d</i> .
Facility / Plant Nam	ne	Class P	DWIS (Water) NI	PDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one	of a two page form. Both pages must be completed and returned	<b>l.</b> Op	erator Certifcation	Number:	0942
	Please enter you're current address on the lines below and, if necessar	nry,	Certification( below will e		2/1/2024
C	correct the City, state and ZIP Code. Please print legibly.		The fee to ren	new these affications:	\$50
			requirements l result in an	by the exp	submit renewal biration date will al late fees as ection V.
	ATES TO RENEW:				raining Units
Certification Ty	pe Category		Class	R	equired
TEMPORARY	WATER TREATMENT		5	2	4
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed	d by the Fa	acility owner
I am currently not	operating any Facility	I pr	ovide contractual	services to	the Facility
Please provide the	following information about each Facility/Plant that you operate. U	Use addtio	nal pages as need	ed.	
Facility / Plant Nar	me (	Class P	DWIS (Water)	NPDES (V	Vastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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### 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 an	d Waste Systems Operators	
Mail to: Maryland Department	of the Environment, P.O. Box 2057.	, Baltimore, Maryland 21203-1708	

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



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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 Certifc	ation Number:	0948
	Please enter you're current address on the lines below and, if necessary,		tion(s) shown will expire on:	2/1/2024
C	correct the City, state and ZIP Code. Please print legibly.	The fee to	o renew these certifications:	\$50
		requireme result i	-	
	ATES TO RENEW:			raining Units
Certification Ty	pe Category	Clas	s R	equired
OPERATOR	WATER TREATMENT	1	1	6
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:		Pho	ne #:	
Number of Facilitie	es (or Plants) that you currently operate:	I am emp	loyed by the Fa	acility owner
I am currently not	operating any Facility	I provide contrac	tual services to	the Facility
Please provide the	following information about each Facility/Plant that you operate. Use	e addtional pages as	needed.	_
Facility / Plant Nar	me Cla	ass PDWIS (Water	r) NPDES (V	Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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- 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:

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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 an	d 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	of a two page form. Both pa	ages must be completed and returne	ed. Ope	erator Certification	Number:	10018
	lease enter you're current ad	dress on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 2/1/		2/1/2024
C	orrect the City, state and ZII	Code. Please print legibly.		The fee to rene certif	ew these fications:	\$100
				requirements b result in an	y the expi	
I. CERTIFICA	TES TO RENEW:			ueseri		aining Units
Certification Ty	pe Ca	ategory		Class		quired
OPERATOR	W	ASTEWATER COLLECTION		2	16	
OPERATOR	W	ATER DISTRIBUTION		1	16	
SUPERINTENDEN <sup>®</sup>	T W	ASTEWATER COLLECTION		2	7	
SUPERINTENDEN <sup>®</sup>	T W	ATER DISTRIBUTION		1	7	
II. CURRENT E	MPLOYMENT INFOR	MATION				
Employer's Name:				Phone #:		
Number of Facilitie	es (or Plants) that you curren	tly operate:		I am employed	l by the Fac	cility owner
I am currently not o	operating any Facility		I pro	ovide contractual s	services to	the Facility
Please provide the	following information about	each Facility/Plant that you operate.	. Use addtioi	nal pages as neede	ed.	
Facility / Plant Nan	ne		Class Pl	DWIS (Water) N	NPDES (W	astewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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- Operators In Training must work under the direction of an Operator in Responsible Charge.
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### 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 an	d 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 returned.	Operator Certif	cation Number:	1004
	Please enter you're current address on the lines below and, if necessary,		ation(s) shown will expire on:	2/1/2024
(	correct the City, state and ZIP Code. Please print legibly.	The fee	to renew these certifications:	\$50
		requirem		
I. CERTIFICA	ATES TO RENEW:			raining Units
Certification Ty	ype Category	Cla	ss R	Required
OPERATOR	WATER DISTRIBUTION	1	1	.6
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:		Pho	one #:	
Number of Faciliti	ies (or Plants) that you currently operate:	I am em	ployed by the F	acility owner
I am currently not	operating any Facility	I provide contra	ctual services to	o the Facility
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Facility / Plant Na	me Cla	ass PDWIS (Wat	er) NPDES (V	Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 an	d Waste Systems Operators	
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This is page one of a	a two page form. Both pages must be completed and returned	d. Ope	erator Certifcation Nu	ımber: 10132
	ase enter you're current address on the lines below and, if necessa	ary,	Certification(s) so below will expi	
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	950
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ES TO RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EM	IPLOYMENT 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 ope	erating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the fol	llowing information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	_
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 com	pleted and returned.	Operator Certification Number	r: <b>10140</b>
	Please enter you're current address on the lines	•	Certification(s) shows below will expire or	7 / 1 / /11 / /1
	correct the City, state and ZIP Code. Please prin	nt legibly.	The fee to renew these certifications	450
			Failure to complete o requirements by the er result in an addition described in S	xpiration date will onal late fees as
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATME	NT	4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			Phone #:	
Number of Facilit	es (or Plants) that you currently operate:		I am employed by the	Facility owner
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Please provide the	following information about each Facility/Pla	nt that you operate. Use ad	dtional pages as needed.	_
Facility / Plant Na	me	Class	PDWIS (Water) NPDES	(Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one	of a two page form. Both pages must be completed and returned.	Operator Certification N	Number: 10342
	Please enter you're current address on the lines below and, if necessary,	Certification(s) below will ex	2/1/2012/1
(	correct the City, state and ZIP Code. Please print legibly.	The fee to renev	w these cations: \$50
		requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:		Training Units
<b>Certification Ty</b>	ype Category	Class	Required
OPERATOR	WATER DISTRIBUTION	1	16
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name:	:	Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:	I am employed l	by the Facility owner
I am currently not	operating any Facility	I provide contractual se	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. Use	addtional pages as needed	<u></u>
Facility / Plant Na	me Clas	ss PDWIS (Water) NI	PDES (Wastewater)
			_



#### **III. CONTINUING EDUCATION:**

Page 2

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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

- 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:

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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 an	d Waste Systems Operators	
Mail to: Maryland Department	of the Environment, P.O. Box 2057.	, Baltimore, Maryland 21203-1708	

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



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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.	<ul> <li>Operator Certification Number</li> </ul>	: 10356
DENARD FRE	Please enter you're current address on the lines below and, if necessar	Certification(s) shown below will expire on:	
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	& 17171
		Failure to complete or requirements by the ex result in an addition described in S	piration date will nal late fees as
	CATES TO RENEW:		Fraining Units
Certification T	Type Category	Class F	Required
OPERATOR	WASTEWATER TREATMENT	Α 1	L6
OPERATOR	WASTEWATER TREATMENT	5 3	30
OPERATOR	WATER TREATMENT	4 3	30
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name	e:	Phone #:	
Number of Facili	ties (or Plants) that you currently operate:	I am employed by the F	acility owner
I am currently no	t operating any Facility	I provide contractual services t	o the Facility
Please provide th	ne following information about each Facility/Plant that you operate. U	Ise addtional pages as needed.	
Facility / Plant N	ame	Class PDWIS (Water) NPDES (	Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f 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 on	e of a two page form. Both pages must be cor	npleted and returned.	Operator Certifcati	on Number: <b>10369</b>
OTIS ELZEY	Please enter you're current address on the lines		Certificatio below wil	on(s) shown Il expire on: 2/1/2024
	correct the City, state and ZIP Code. Please pr	int legibly.	The fee to r	renew these striffications: \$100
			requirement	complete or submit renewal as by the expiration date will an additional late fees as cribed in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification <sup>7</sup>	Type Category		Class	Required
TEMPORARY	WATER TREATME	ENT	1	24
TEMPORARY	WATER TREATME	ENT	5	24
TEMPORARY	WASTEWATER TR	REATMENT	1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone	#:
Number of Facil	ities (or Plants) that you currently operate:	_	I am employ	yed by the Facility owner
I am currently no	ot operating any Facility		I provide contractua	al services to the Facility
Please provide t	he following information about each Facility/Pl	ant that you operate. Use ad	dtional pages as ne	eded.
Facility / Plant N	Jame	Class	PDWIS (Water)	NPDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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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- 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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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f 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	of a two page form. Both pages must be completed and returned.	Operator Certification	on Number: 10374
	Please enter you're current address on the lines below and, if necessary	Certification below will	n(s) shown 2/1/2024 expire on:
C	correct the City, state and ZIP Code. Please print legibly.	The fee to re	enew these tifications: \$50
		requirements	omplete or submit renewal by the expiration date will an additional late fees as ribed in Section V.
	ATES TO RENEW:		<b>Training Units</b>
Certification Ty	pe Category	Class	Required
OPERATOR	WATER TREATMENT	4	30
II. CURRENT E	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #	<b>#:</b>
Number of Facilitie	es (or Plants) that you currently operate:	I am employe	ed by the Facility owner
I am currently not o	operating any Facility	I provide contractual	l services to the Facility
Please provide the	following information about each Facility/Plant that you operate. Us	e addtional pages as nee	ded.
Facility / Plant Nan	ne Cl	ass PDWIS (Water)	NPDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f 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 ref	turned. O <sub>I</sub>	perator Certification Nu	mber: <b>10376</b>
	Please enter you're current address on the lines below and, if n	necessary,	Certification(s) si below will expi	7/1/2012/1
1	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ιp	rovide contractual serv	rices to the Facility
Please provide the	e following information about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed.	
Facility / Plant Na	nme	Class 1	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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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 ar	nd Waste Systems Operators	
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This is page	one of a two page form. Both pages must be completed and ret	<b>urned.</b> Op	erator Certifcation N	umber: <b>10379</b>
WILLIAM V	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) below will exp	2/1/2012/1
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIF	FICATES TO RENEW:		3-3-3-3-3-3	Training Units
Certification	n Type Category		Class	Required
TEMPORARY	Y WASTEWATER TREATMENT		3	45
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	fame:		Phone #:	
Number of Fa	acilities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently	y not operating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provid	le the following information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needed.	. —
Facility / Plan	nt Name	Class P	PDWIS (Water) NP	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Operator in Responsible Charge:	

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This is page on	e of a two page form. Both pages must be completed and returne	ed. Operator Certification Nur	mber: 10478
SETONDJI J N	Please enter you're current address on the lines below and, if necess	Certification(s) sh sary, below will expir	
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew t certificat	\$ 1 MM
		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:		<b>Training Units</b>
Certification <sup>7</sup>	Type Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	А	16
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	5	30
II. CURRENT	EMPLOYMENT INFORMATION		
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 provide contractual servi	ces to the Facility
Please provide t	he following information about each Facility/Plant that you operate.	Use additional pages as needed.	
Facility / Plant N	Name	Class PDWIS (Water) NPD	ES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	Baltimore, Maryland 21203-1708	

I consent to receive my certificate(s) by emial in lieu of mail
1 Consent to receive my certificate(s) by emilia in tieu of mail



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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 pa	ges must be completed and retur	ned. O	perator Certifcation Nu	ımber: <b>1049</b>	
	Please enter you're current add	ress on the lines below and, if nece	essary,	Certification(s) s below will exp	7/1/20/2	
•	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50		
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification Ty	/pe Ca	tegory		Class	Required	
OPERATOR	WA	ASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFOR	MATION				
Employer's Name:				Phone #:		
Number of Facility	ies (or Plants) that you current	ly operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	<del></del>	Ιį	provide contractual serv	vices to the Facility	
Please provide the	e following information about	each Facility/Plant that you opera	te. Use addt	ional pages as needed.		
Facility / Plant Na	me		Class	PDWIS (Water) NPI	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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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 an	d 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 Certifca	ation Number:	10526
	Please enter you're current address on the lines below and, if necessary,		tion(s) shown will expire on:	2/1/2024
(	correct the City, state and ZIP Code. Please print legibly.		o renew these certifications:	\$50
		requireme result i		
	ATES TO RENEW:			raining Units
Certification Ty	/pe Category	Class	s R	equired
OPERATOR	WATER DISTRIBUTION	1	16	6
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:		Phor	ne #:	
Number of Faciliti	es (or Plants) that you currently operate:	I am empl	loyed by the Fa	acility owner
I am currently not	operating any Facility	I provide contract	tual services to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtional pages as r	needed.	
Facility / Plant Na	me Cla	ass PDWIS (Water	) NPDES (W	Vastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Applicant's Signature		Date	_
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This is page one	of a two page form. Both pages must be con	npleted and returned.	Operator Certification Number	er: <b>10775</b>
JEFFREY KUC	HER Please enter you're current address on the lines	s below and, if necessary,	Certification(s) show below will expire o	7 / 1 / 201 / /
	correct the City, state and ZIP Code. Please pr		The fee to renew thes certification	X 5 (1)
			Failure to complete or requirements by the or result in an additional described in	expiration date will onal late fees as
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER CO	DLLECTION	2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by the	Facility owner
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				-



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This is page one	of a two page form. Both	pages must be completed and retur	ned.	Operator Certifcation Nur	mber: <b>10809</b>
	Please enter you're current a	address on the lines below and, if necessity	essary,	Certification(s) sh below will expir	7/1/701/
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew the certificate	\$50
				requirements by th result in an add	te or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification T	ype (	Category		Class	Required
OPERATOR	\	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Name	<b>:</b> :			Phone #:	
Number of Facilit	ties (or Plants) that you curre	ently operate:		I am employed by	the Facility owner
I am currently not	t operating any Facility	]	I	provide contractual servi	ces to the Facility
Please provide th	e following information abo	- ut each Facility/Plant that you opera	te. Use addi	tional pages as needed.	_
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#### **III. CONTINUING EDUCATION:**

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	Please enter you're current address on the lines below a	•	Certification(s) sl below will expi	2/1/2012/1
	correct the City, state and ZIP Code. Please print legibl	y.	The fee to renew certifica	\$ 100
			requirements by to result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
TEMPORARY	WASTEWATER COLLECTION	ON	2	24
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Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
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	(OVE)	R)		



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one	of a two page form. Both pages must be completed and returned.	l. Ope	erator Certification N	Number:	10968
AUSTIN NAEH	HRIG Please enter you're current address on the lines below and, if necessar	ıry,	Certification(s) below will exp		2/1/2024
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	w these cations:	\$50
			Failure to comp requirements by result in an a describe	the exp	iration date will
	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
OPERATOR	WATER DISTRIBUTION		1	10	6
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	oy the Fε	ncility owner
I am currently not	t operating any Facility	I pro	ovide contractual ser	rvices to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Use addtior	nal pages as needed	l.	_
Facility / Plant Na	ame (	Class PI	DWIS (Water) NP	PDES (W	Vastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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

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- · Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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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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- 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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- 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 an	d Waste Systems Operators	
Mail to: Maryland Department	of the Environment, P.O. Box 2057.	, Baltimore, Maryland 21203-1708	

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



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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 comple	eted and returned.	Operator Certification Numb	er: <b>11174</b>
JAMES D HUR	LEY Please enter you're current address on the lines bel	ow and, if necessary,	Certification(s) show below will expire of	7 / 1 / / 11 / / 1
	correct the City, state and ZIP Code. Please print l	egibly.	The fee to renew the certification	<b>X50</b>
			Failure to complete requirements by the result in an additi	expiration date will onal late fees as
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by the	Facility owner
I am currently not	operating any Facility		I provide contractual service	s to the Facility
Please provide the	e following information about each Facility/Plant	that you operate. Use ad	dtional pages as needed.	_
Facility / Plant Na	me	Class	PDWIS (Water) NPDES	(Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 an	d 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 ret	turned. Ope	erator Certifcation Nu	mber: <b>11206</b>
SEAN J GURNI	EY  Please enter you're current address on the lines below and, if n	ecessary,	Certification(s) sl below will expir	7 / 1 / 201 2/1
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	X 5 (1)
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	::		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Na	ame	Class P	DWIS (Water) NPD	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 an	d 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 on	e of a two page form. Both page	s must be completed and return	ed. Op	erator Certification N	Number: 11249
BRIAN PERSI	Please enter you're current addre	ss on the lines below and, if neces	ssary,	Certification(s) below will exp	7/1/2012/1
	correct the City, state and ZIP C	ode. Please print legibly.		The fee to renev	v these cations: \$50
				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 7	Type Cate	gory		Class	Required
OPERATOR	WAS	TEWATER TREATMENT		5	30
OPERATOR	WAS	TEWATER TREATMENT		Α	16
II. CURRENT	EMPLOYMENT INFORM	ATION			
Employer's Nam	2:			Phone #:	
Number of Facil	ties (or Plants) that you currently	operate:		I am employed b	by the Facility owner
I am currently no	t operating any Facility	<del></del>	I pr	ovide contractual ser	rvices to the Facility
Please provide ti	ne following information about ea	ch Facility/Plant that you operate	. Use addtio	nal pages as needed	<u></u>
Facility / Plant N	ame		Class P	PDWIS (Water) NF	PDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 an	d 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 returned	<b>d.</b> Ope	erator Certifcation I	Number:	11264
MARCUS HUC	GHES Please enter you're current address on the lines below and, if necessa	ary,	Certification(s) below will ex		2/1/2024
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these ications:	\$50
			requirements by result in an a	y the exp	submit renewal viration date will al late fees as ction V.
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
OPERATOR	WATER DISTRIBUTION		1	1	6
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Fa	acility owner
I am currently not	operating any Facility	I pro	ovide contractual se	ervices to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Use addtio	nal pages as needed	d.	_
Facility / Plant Na	nme (	Class P	DWIS (Water) N	PDES (V	Vastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a tv	wo page form. Both pages must be completed and returned.	Opera	tor Certifcation N	Number: 11294
	enter you're current address on the lines below and, if necessary	ry,	Certification(s) below will ex	7/1/201/
correct	t the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$50
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as yed in Section V.
I. CERTIFICATES				<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT EMPI	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently not operat	ing any Facility	I provi	ide contractual se	ervices to the Facility
Please provide the follow	wing information about each Facility/Plant that you operate. Us	Jse addtiona	l pages as needec	d.
Facility / Plant Name	C	Class PDV	WIS (Water) NI	PDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page or	ne of a two page form. Both pages must be completed and returned	d. Operato	or Certifcation N	umber: 1151
WILLIAM GF	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 certific	\$50
			equirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		1	0
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:	]	am employed b	y the Facility owner
I am currently n	not operating any Facility	I provid	e contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you operate.	Use addtional p	pages as needed.	
Facility / Plant I	Name	Class PDW	IS (Water) NP	DES (Wastewater)
·				



#### **III. CONTINUING EDUCATION:**

Page 2

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

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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 an	d Waste Systems Operators	
Mail to: Maryland Department	of the Environment, P.O. Box 2057.	, Baltimore, Maryland 21203-1708	

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



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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	er: <b>11563</b>
JACLYN EARI	E Please enter you're current address on the lines below a	and, if necessary,	Certification(s) show below will expire o	7 / 1 / / 11 / / 1
	correct the City, state and ZIP Code. Please print legib	ly.	The fee to renew thes certification	X 5 (1)
			Failure to complete of requirements by the error result in an addition described in	expiration date will onal late fees as
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWAT	ER	5	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (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 th	e following information about each Facility/Plant that	you operate. Use ada	ltional pages as needed.	_
Facility / Plant Na	nme	Class	PDWIS (Water) NPDES	(Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f 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 on	e of a two page form. Both pages m	nust be completed and returned.	Opera	tor Certifcatio	n Number:	11580
CHRISTOPHE	Please enter you're current address	•		Certification below will	n(s) shown expire on:	2/1/2024
	correct the City, state and ZIP Code	e. Please print legibly.		The fee to re	enew these tifications:	\$50
				requirements result in a	by the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFIC	CATES TO RENEW:				Tr	aining Units
Certification 7	Type Catego	ry		Class	Re	equired
TEMPORARY	WASTE	WATER TREATMENT		5	45	5
TEMPORARY	WASTE	WATER TREATMENT		Α	24	1
II. CURRENT	EMPLOYMENT INFORMAT	CION				
Employer's Name	2:			Phone #	<b>#</b> :	
Number of Facili	ties (or Plants) that you currently ope	erate:		I am employe	ed by the Fa	cility owner
I am currently no	t operating any Facility		I provi	de contractual	l services to	the Facility
Please provide th	ne following information about each	Facility/Plant that you operate. Use	addtional	l pages as nee	ded.	
Facility / Plant N	ame	Clas	ass PDV	VIS (Water)	NPDES (W	astewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f 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	<b>d.</b> Operator Certification Number	r: <b>11581</b>
	ase enter you're current address on the lines below and, if necessary	Certification(s) shown ary, below will expire on	
cor	rect the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	Q 1 / 1// 1
		Failure to complete or requirements by the expression in an addition described in S	xpiration date will nal late fees as
	<u>ΓES TO RENEW:</u>		Training Units
Certification Type	e Category	Class	Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	Α	24
II. CURRENT EM	IPLOYMENT 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 services	to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operate.	Use addtional pages as needed.	
Facility / Plant Name		Class PDWIS (Water) NPDES (	(Wastewater)
			_



#### **III. CONTINUING EDUCATION:**

Page 2

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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f 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 of	ne of a two page form. Both pages must be completed and r	returned. Oper	rator Certification N	umber: 11582
JAMES BUL	Please enter you're current address on the lines below and, if necessary	f necessary,	Certification(s) below will exp	
	correct 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 dditional late fees as ed in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently r	not operating any Facility	I prov	vide contractual ser	rvices to the Facility
Please provide	the following information about each Facility/Plant that you of	perate. Use addtion	al pages as needed.	
Facility / Plant	Name	Class PD	OWIS (Water) NP	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number	of
Operator in Responsible Charge:	

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This is page on	e of a two page form. Both	pages must be completed and return	ed. Op	erator Certification	n Number:	11583
GREGORY DA	•	r're current address on the lines below and, if necessar		Certification below will		2/1/2024
	correct the City, state and Z	IP Code. Please print legibly.		The fee to recent	new these tifications:	\$100
				requirements result in a	by the exp	submit renewal viration date will al late fees as ction V.
	CATES TO RENEW:					raining Units
Certification 7	Гуре	Category		Class	R	equired
TEMPORARY	1	WATER TREATMENT		4	4.	5
TEMPORARY	١	WASTEWATER TREATMENT		5	4.	5
TEMPORARY	,	WASTEWATER TREATMENT		Α	24	4
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Nam	e:			Phone #	<u>+</u> :	
Number of Facil	ities (or Plants) that you curre	ently operate:		I am employe	ed by the Fa	ncility owner
I am currently no	ot operating any Facility	]	I pr	ovide contractual	services to	the Facility
Please provide ti	he following information abo	- ut each Facility/Plant that you operate	e. Use addtio	nal pages as need	ded.	
Facility / Plant N	Tame		Class P	DWIS (Water)	NPDES (V	Vastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	Baltimore, Maryland 21203-1708	

I consent to receive my certificate(s) by emial in lieu of mail
1 Consent to receive my certificate(s) by emilia in tieu of mail



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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 retu	urned. Ope	erator Certification	Number: 11584
	lease enter you're current address on the lines below and, if ne	ecessary,	Certification(s below will e	
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to rene	ew these fications: \$100
			requirements b result in an	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.
	TES TO RENEW:			<b>Training Units</b>
Certification Typ	pe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		1	24
TEMPORARY	WATER TREATMENT		2	24
TEMPORARY	WASTEWATER TREATMENT		3	45
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not o	pperating any Facility	I pro	ovide contractual s	services to the Facility
Please provide the j	following information about each Facility/Plant that you oper	rate. Use addtioi	nal pages as neede	ed
Facility / Plant Nam	ne	Class Pl	DWIS (Water) N	NPDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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.
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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f 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	e form. Both pages must be completed and returne	ed. Operator Certification Num	ber: 11585
	ou're current address on the lines below and, if necess	Certification(s) sho sary, below will expire	
correct the Ci	ty, state and ZIP Code. Please print legibly.	The fee to renew the 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	RENEW:		<b>Training Units</b>
Certification Type	Category	Class	Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24
II. CURRENT EMPLOYM	MENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants)	that you currently 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 inj	formation about each Facility/Plant that you operate.	. Use addtional pages as needed.	_
Facility / Plant Name		Class PDWIS (Water) NPDE	S (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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

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#### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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- 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		
Make checks payable to	: Maryland Board of Waterworks an	d 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 or	ne of a two page form. Both pages must be completed and returned.	. Ope	erator Certification Nu	umber: 11586
JASKIRAT SA	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		5	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently n	ot operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide i	the following information about each Facility/Plant that you operate. $\it U$	Jse addtion	ıal pages as needed.	_
Facility / Plant N	Name C	Class PI	OWIS (Water) NPI	DES (Wastewater)
				_



#### **III. CONTINUING EDUCATION:**

Page 2

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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 an	d 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	of a two page form. Both pages must be completed and return	ed. Ope	erator Certifcation	Number:	11587
	lease enter you're current address on the lines below and, if neces	ssary,	Certification( below will e	. ,	2/1/2024
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to ren	new these ifications:	\$50
			requirements b	by the exp	submit renewal piration date will al late fees as ction V.
	ATES TO RENEW:			Т	raining Units
Certification Ty	pe Category		Class	R	equired
TEMPORARY	WASTEWATER COLLECTION		2	2	4
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	d by the Fa	acility owner
I am currently not o	operating any Facility	I pro	ovide contractual	services to	the Facility
Please provide the	following information about each Facility/Plant that you operate	e. Use addtion	nal pages as need	ed.	
Facility / Plant Nan	ne	Class PI	DWIS (Water) 1	NPDES (V	Vastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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	d. Ope	erator Certifcation N	Number:	11588
MICHAEL BARCIE Plea	KOWSKI use enter you're current address on the lines below and, if necessary	ary,	Certification(s) below will ex		2/1/2024
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renecertifi	w these ications:	\$50
			requirements by result in an a	y the exp	submit renewal iration date will al late fees as ction V.
	ES TO RENEW:			Т	raining Units
Certification Type	Category		Class	R	equired
TEMPORARY	INDUSTRIAL WASTEWATER		6	2	4
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (	or Plants) that you currently operate:		I am employed	by the Fa	ncility owner
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Please provide the fol	lowing information about each Facility/Plant that you operate.	Use addtion	ıal pages as needed	d.	_
Facility / Plant Name		Class PI	DWIS (Water) NI	PDES (V	Vastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one	of a two page form. Both pages must b	e completed and returned.	Operator Certificatio	n Number: 11589
	Please enter you're current address on the	•	Certification below will	1/1/////
•	correct the City, state and ZIP Code. Plea	ase print legibly.	The fee to re	enew these tifications: \$50
			requirements result in a	omplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWAT	ER COLLECTION	2	24
II. CURRENT	EMPLOYMENT INFORMATION	N		
Employer's Name:			Phone #	ł:
Number of Faciliti	es (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
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Facility / Plant Na	me	Class	PDWIS (Water)	NPDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 an	d Waste Systems Operators	
Mail to: Maryland Department	of the Environment, P.O. Box 2057.	, Baltimore, Maryland 21203-1708	

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



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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. Bot	h pages must be completed and return	ed. Ope	erator Certifcation N	Number: <b>11590</b>
DAHMON PF	Please enter you're curren	t 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 renev	w these cations: \$100
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW			describe	Training Units
Certification <sup>-</sup>		Category		Class	Required
TEMPORARY		WATER TREATMENT		4	45
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		Α	24
TEMPORARY		INDUSTRIAL WASTEWATER		2	0
II. CURRENT	TEMPLOYMENT INF	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed b	by the Facility owner
I am currently no	ot operating any Facility		I pro	ovide contractual se	rvices to the Facility
Please provide t	he following information al	oout each Facility/Plant that you operate	e. Use addtio	nal pages as needed	<i>l</i> .
Facility / Plant N	Name		Class P	DWIS (Water) NF	PDES (Wastewater)
					_



#### **III. CONTINUING EDUCATION:**

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant 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	_
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This is page one of a	two page form. Both pages must be completed and returned	ed. Op	erator Certifcation Nu	ımber: <b>11591</b>
	se enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	7/1/2012/1
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100
			requirements by to result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATI	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	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
I am currently not oper	rating any Facility	I pı	ovide contractual serv	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you operate.	. Use addtio	onal pages as needed.	
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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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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	<ol> <li>Operator Certification Num</li> </ol>	nber: 11592
•	ou're current address on the lines below and, if necessa	Certification(s) sho ary, below will expire	7/1/7/17/1
correct the City	y, state and ZIP Code. Please print legibly.	The fee to renew the certification	\$100
		requirements by the result in an add	e or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFICATES TO	RENEW:		<b>Training Units</b>
Certification Type	Category	Class	Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24
II. CURRENT EMPLOYM	ENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants)	that you currently operate:	I am employed by t	he Facility owner
I am currently not operating any	Facility	I provide contractual service	ces to the Facility
Please provide the following info	ormation about each Facility/Plant that you operate. U	Use addtional pages as needed.	
Facility / Plant Name		Class PDWIS (Water) NPDF	ES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 an	d Waste Systems Operators	
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Please verify your information shown on this application and make any corrections as needed.

'a two page form. Botl	n pages must be completed and returne	<b>d.</b> Ope	rator Certifcation I	Number: <b>1161</b>	
	address on the lines below and, if necess	arv.			
		,	The fee to rene	w these \$100	
			requirements by result in an a	the expiration date valued the value of the transfer of the control of the contro	will
TES TO RENEW:				Training Unit	:s
e	Category		Class	Required	
	WASTEWATER TREATMENT		5	7	
•	WASTEWATER TREATMENT		Α	7	
•	WASTEWATER TREATMENT		1	7	
	INDUSTRIAL WASTEWATER		5	7	
	WATER TREATMENT		5RO	16	
	WATER TREATMENT		3	30	
	WATER TREATMENT		3	7	
MPLOYMENT INF	ORMATION				
			Phone #:		
(or Plants) that you cur	rently operate:		I am employed	by the Facility owner	
perating any Facility		I pro	vide contractual se	ervices to the Facility	
ollowing information ab	out each Facility/Plant that you operate.	Use addtion	al pages as needed	d.	
e		Class PI	OWIS (Water) NI	PDES (Wastewater)	
					_
	(OVFR)				
	TES TO RENEW:  TES TO RENEW:  OE  OF  MPLOYMENT INFO  S (or Plants) that you cur  perating any Facility	ASSIGNAN  TES TO RENEW:  TES TO RENE	ASMAN  ease enter you're current address on the lines below and, if necessary, where the City, state and ZIP Code. Please print legibly.  TES TO RENEW:  DE Category  WASTEWATER TREATMENT  WASTEWATER TREATMENT  INDUSTRIAL WASTEWATER  WATER TREATMENT  MPLOYMENT INFORMATION  See (or Plants) that you currently operate:  Departing any Facility  I proceed to the process of the process	ASMAN  The fee to rene certification(s) below will exprect the City, state and ZIP Code. Please print legibly.  The fee to rene certification will express the City, state and ZIP Code. Please print legibly.  The fee to rene certification will express the comparison of the comparison of the comparison of the comparison of the certification of t	A A T WASTEWATER TREATMENT A T INDUSTRIAL WASTEWATER TREATMENT WATER TREATMENT WATER TREATMENT WASTE WATER TREATMENT WASTE WATER TREATMENT WASTE WATER TREATMENT SRO 16 WATER TREATMENT



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one o	f a two page form. Both pages must be completed and returned.	Opera	ator Certification N	Jumber: 1367
	lease enter you're current address on the lines below and, if necessary	y,	Certification(s) below will exp	
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	w these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
	TES TO RENEW:			<b>Training Units</b>
Certification Typ	pe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
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	perating any Facility	I prov	ide contractual se	rvices to the Facility
Please provide the j	following information about each Facility/Plant that you operate. Us	se addtiona	l pages as needed	<u></u>
Facility / Plant Nam	ne Ci	Class PDV	WIS (Water) NP	PDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one	e of a two page form. Both pages must be completed and return	<b>ned.</b> Op	erator Certifcation Nu	mber: 1368
DEBRA J. MIR	Please enter you're current address on the lines below and, if neces	essary,	Certification(s) si below will expi	7/1/2012/1
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification T	Type Category		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 employed by	the Facility owner
I am currently no	ot operating any Facility	I pr	ovide contractual serv	rices to the Facility
Please provide th	he following information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed.	
Facility / Plant N	Jame	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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

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#### 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

- 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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- 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 an	d Waste Systems Operators	
Mail to: Maryland Department	of the Environment, P.O. Box 2057.	, Baltimore, Maryland 21203-1708	

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



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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 retu	rned. Op	perator Certification Nu	ımber: <b>1399</b>
ADAM MARS	Please enter you're current address on the lines below and, if ned	cessary,	Certification(s) s below will expi	7/1/2012/1
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	<b>X50</b>
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:		_	<b>Training Units</b>
Certification 7	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	I pr	rovide contractual serv	vices to the Facility
Please provide th	he following information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.	_
Facility / Plant N	Jame	Class I	PDWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

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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 an	d 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 p	ages must be completed and re	eturned. (	Operator Certification	n Number:	1513
	Please enter you're current ac	e enter you're current address on the lines below and, if necessary,		Certification below will		2/1/2024
C	correct the City, state and ZI	P Code. Please print legibly.		The fee to report cert	new these ifications:	\$50
				requirements result in ar	by the exp	submit renewal iration date will al late fees as ction V.
	ATES TO RENEW:					raining Units
Certification Ty	/pe C	ategory		Class	Re	equired
SUPERINTENDEN	JT V	ATER TREATMENT		1	7	
SUPERINTENDEN	NT V	ATER TREATMENT		5DE	7	
II. CURRENT I	EMPLOYMENT INFO	RMATION				
Employer's Name:				Phone #:	:	
Number of Faciliti	es (or Plants) that you curren	ntly operate:		I am employe	d by the Fa	cility owner
I am currently not	operating any Facility		I	provide contractual	services to	the Facility
Please provide the	following information abou	t each Facility/Plant that you op	perate. Use addi	tional pages as need	led.	
Facility / Plant Na	me		Class	PDWIS (Water)	NPDES (W	/astewater)
		(OVER)				



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Page 2

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Name and Certification Number	of
Operator in Responsible Charge:	

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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 ar	nd returned.	Operator Certification 1	Number: <b>1633</b>
	Please enter you're current	address on the lines below an	•	Certification(s) below will ex	
	correct the City, state and Z	IP Code. Please print legibly	•	The fee to rene certif	ew these ications: \$50
				requirements by result in an	plete or submit renewal y the expiration date will additional late fees as oed in Section V.
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification T	ype	Category		Class	Required
SUPERINTENDE	NT	WATER TREATMENT		2	7
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Name	:			Phone #:	
Number of Facilit	ies (or Plants) that you curr	ently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility	1	1	provide contractual se	ervices to the Facility
Please provide th	e following information abo	ut each Facility/Plant that yo	ou operate. Use ada	ltional pages as neede	<i></i>
Facility / Plant Na	nme		Class	PDWIS (Water) N	PDES (Wastewater)



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Page 2

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Name and Certification Number	of
Operator in Responsible Charge:	

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	Baltimore, Maryland 21203-1708	

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This is page one of	f a two page form. Both pages must be completed and returned.	. Ope	rator Certifcation N	umber: 1638
	ease enter you're current address on the lines below and, if necessar	ry,	Certification(s) below will exp	
со	errect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	TES TO RENEW:			<b>Training Units</b>
Certification Typ	e Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not op	perating any Facility	I pro	vide contractual ser	vices to the Facility
Please provide the fe	ollowing information about each Facility/Plant that you operate. U	Jse addtion	nal pages as needed.	
Facility / Plant Name	e C	Class PI	OWIS (Water) NP	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

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	form. Both pages must be completed and returned.	Operator Certification Nu	imber: 1662
<del>_</del>	u're current address on the lines below and, if necessary,	Certification(s) s below will expi	
correct the City	y, state and ZIP Code. Please print legibly.	The fee to renew certification	<b>X100</b>
		requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO I	RENEW:		<b>Training Units</b>
Certification Type	Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	INDUSTRIAL WASTEWATER	5	30
OPERATOR	INDUSTRIAL WASTEWATER	7	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
SUPERINTENDENT	WATER DISTRIBUTION	1	7
SUPERINTENDENT	INDUSTRIAL WASTEWATER	5	7
SUPERINTENDENT	INDUSTRIAL WASTEWATER	7	7
SUPERINTENDENT	WATER TREATMENT	4	7
SUPERINTENDENT	WASTEWATER TREATMENT	4	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	А	7
OPERATOR	WATER TREATMENT	4	30
II. CURRENT EMPLOYMI	ENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants) to	hat you currently operate:	I am employed by	the Facility owner
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Facility / Plant Name	Clas	ss PDWIS (Water) NPI	DES (Wastewater)
			_
	1 1		
	(OVER)		



#### **III. CONTINUING EDUCATION:**

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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 i	returned. O <sub>l</sub>	perator Certification Nu	mber: <b>1852</b>
	Please enter you're current address on the lines below and, i	f necessary,	Certification(s) so below will expi	7/1/2012/1
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		3	45
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not of	operating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you o	operate. Use addti	onal pages as needed.	_
Facility / Plant Nan	ne	Class 1	PDWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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
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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.
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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	Baltimore, Maryland 21203-1708	

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This is page one of	of a two page form. Both pages must be completed and returned.	Operator Certif	cation Number:	2087
	Please enter you're current address on the lines below and, if necessary		cation(s) shown will expire on:	2/1/2024
С	correct the City, state and ZIP Code. Please print legibly.	The fee	to renew these certifications:	\$50
		requirem		
I. CERTIFICA	ATES TO RENEW:			raining Units
<b>Certification Ty</b>	pe Category	Cla	iss R	Required
OPERATOR	WATER DISTRIBUTION	1	1	.6
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:		Pho	one #:	
Number of Facilitie	es (or Plants) that you currently operate:	I am em	ployed by the F	acility owner
I am currently not of	operating any Facility	I provide contra	actual services to	o the Facility
Please provide the	following information about each Facility/Plant that you operate. Us	se addtional pages as	s needed.	
Facility / Plant Nan	me Cl	lass PDWIS (Wat	er) NPDES (V	Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	Baltimore, Maryland 21203-1708	

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	lease enter you're current address on the lines below and, if necessary	Certification(s) shelow will expire	
co	orrect the City, state and ZIP Code. Please print legibly.	The fee to renew t	\$50
		requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
	TES TO RENEW:		<b>Training Units</b>
Certification Typ	De Category	Class	Required
OPERATOR	WATER TREATMENT	5	16
II. CURRENT E	MPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:	I am employed by	the Facility owner
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Facility / Plant Nam	ne Cl	lass PDWIS (Water) NPD	ES (Wastewater)



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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	ge form. Both pages must be completed and returne	<b>ed.</b> Operator Certification Nur	nber: 2228
	you're current address on the lines below and, if necess	Certification(s) sh sary, below will expir	7/1/2012/1
correct the C	City, state and ZIP Code. Please print legibly.	The fee to renew the certificate	<b>\$50</b>
		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	O RENEW:		<b>Training Units</b>
Certification Type	Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	А	16
OPERATOR	WASTEWATER TREATMENT	5	30
II. CURRENT EMPLOYN	MENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants	s) that you currently operate:	I am employed by	the Facility owner
I am currently not operating an	ny Facility	I provide contractual servi	ces to the Facility
Please provide the following in	nformation about each Facility/Plant that you operate.	. Use addtional pages as needed.	
Facility / Plant Name		Class PDWIS (Water) NPD	ES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Applicant's Signature		Date	_
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This is page one of a t	two page form. Both pages must be completed and returned	ed. Op	perator Certification N	Tumber: 2252
	e enter you're current address on the lines below and, if necess	sary,	Certification(s) below will ex	7/1/2024
correc	ct the City, state and ZIP Code. Please print legibly.		The fee to renev	v these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATE	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		5	30
II. CURRENT EMP	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not opera	ating any Facility	Ιp	rovide contractual se	rvices to the Facility
Please provide the follo	owing information about each Facility/Plant that you operate.	. Use addtie	onal pages as needed	<u> </u>
Facility / Plant Name		Class I	PDWIS (Water) NF	PDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one	of a two page form. Both pages must be completed and returned.	Operator Certification Nun	ıber: <b>2354</b>
	Please enter you're current address on the lines below and, if necessary,	Certification(s) sho below will expire	7 / 1 / 201 2/1
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew th certificati	<b>X50</b>
		requirements by the result in an add	e or submit renewal e expiration date will itional late fees as in Section V.
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Certification Ty	ype Category	Class	Required
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Employer's Name:	:	Phone #:	
Number of Facility	ies (or Plants) that you currently operate:	I am employed by t	he Facility owner
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Please provide the	e following information about each Facility/Plant that you operate. Use	e addtional pages as needed.	_
Facility / Plant Na	nme Cla	ass PDWIS (Water) NPDI	ES (Wastewater)



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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 an	d Waste Systems Operators	
Mail to: Maryland Department	of the Environment, P.O. Box 2057.	, Baltimore, Maryland 21203-1708	

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



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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 Certification	1 Number: <b>2357</b>		
	Please enter you're current address on the	•	Certification( below will of	1/1//////		
correct the City, state and ZIP Code. Please print legibly.		ease print legibly.	The fee to rer	new these ifications: \$50		
			requirements result in an	mplete or submit renewal by the expiration date will a additional late fees as ribed in Section V.		
I. CERTIFICA	ATES TO RENEW:			Training Units		
<b>Certification Ty</b>	pe Category		Class	Required		
OPERATOR	INDUSTRIA	L WASTEWATER	2	0		
II. CURRENT I	EMPLOYMENT INFORMATIO	N				
Employer's Name: Phone #:				:		
Number of Facilitie	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	following information about each Fac	ility/Plant that you operate. Use a	addtional pages as need	led.		
Facility / Plant Nar	ne	Class	s PDWIS (Water)	NPDES (Wastewater)		
		(OVER)				



#### **III. CONTINUING EDUCATION:**

Page 2

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
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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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- 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		
Make checks payable to	: Maryland Board of Waterworks an	d 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 o	one of a two page form. Bot	th pages must be completed and retur	ned. Op	erator Certifcation	on Number:	2376
TODD O'CO	Please enter you're curren	nt address on the lines below and, if nece	essary,	Certification below will	n(s) shown I expire on:	2/1/2024
correct the City, state and ZIP Code. Please print legibly		I ZIP Code. Please print legibly.		The fee to recent	enew these rtifications:	\$100
				requirements result in a	s by the exp	submit renewal piration date will al late fees as action V.
	ICATES TO RENEW	<u>′±</u>				raining Units
Certification	Type	Category		Class	R	equired
OPERATOR		WATER TREATMENT		2	1	6
TEMPORARY		WATER TREATMENT		5GW	2	4
TEMPORARY		WASTEWATER TREATMENT		6	2	4
II. CURREN	T EMPLOYMENT INF	FORMATION				
Employer's Na	me:			Phone #	#:	
Number of Fac	cilities (or Plants) that you cu	irrently operate:		I am employe	ed by the Fa	acility owner
I am currently	not operating any Facility		I pr	ovide contractua	l services to	the Facility
Please provide	the following information a	bout each Facility/Plant that you opera	te. Use addtio	nal pages as nee	eded.	
Facility / Plant	Name		Class P	DWIS (Water)	NPDES (V	Vastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of	f a two page form. Both pages must be	completed and returned.	Operator Certification Nu	mber: <b>2404</b>	
RANDY TAYLOR, JR.  Please enter you're current address on the lines below and, if r			Certification(s) sh below will expire	7/1/202/	
cc	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.	
I. CERTIFICA	TES TO RENEW:		ueser i seu	Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WATER TREA	TMENT	4	45	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	perating any Facility		I provide contractual services to the Facility		
Please provide the f	ollowing information about each Facili	ty/Plant that you operate. Use ad	ldtional pages as needed.		
Facility / Plant Nam	e	Class	PDWIS (Water) NPD	ES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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### V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	_
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Please verify your information shown on this application and make any corrections as needed.

This is page or	e of a two page form. Both pages mus	st be completed and returned.	Ope	rator Certifcation	n Number:	2433
WILLIAM DIVELBISS  Please enter you're current address on the lines below and, if ne			<i>'</i> ,	Certification below will	` '	2/1/2024
	correct the City, state and ZIP Code. Please print legibly.			The fee to recert	new these ifications:	\$50
				requirements result in a	by the ex	submit renewal piration date will hal late fees as ection V.
I. CERTIFIC	CATES TO RENEW:			deser		Fraining Units
Certification	Type Category	,		Class		Required
OPERATOR	WATER D	ISTRIBUTION		1	1	.6
II. CURREN	T EMPLOYMENT INFORMATION	ON				
Employer's Name:		Phone #	:			
Number of Facil	ities (or Plants) that you currently opera	ite:		I am employe	d by the F	acility owner
I am currently n	ot operating any Facility	<del></del>	I provide contractual services to the Facility			
Please provide t	he following information about each Fo	acility/Plant that you operate. Us	se addtion	al pages as need	led.	
Facility / Plant N	Name	Cl	lass PI	OWIS (Water)	NPDES (V	Wastewater)
·						



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of	a two page form. Both pages must be completed and returned.	. Oper	rator Certifcation N	umber: <b>2451</b>
JASON PHILLIPS Ple	S ease enter you're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp	
CO	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	TES TO RENEW:			<b>Training Units</b>
<b>Certification Typ</b>	e Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EN	MPLOYMENT 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 op	perating any Facility	I pro	vide contractual ser	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you operate. U	Use addtion	al pages as needed.	
Facility / Plant Name	e (	Class PD	OWIS (Water) NP	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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	ease enter you're current addres	s on the lines below and, if neces	ssary,	Certification(s) s below will exp	7/1/20/2
co	orrect the City, state and ZIP Co	de. Please print legibly.		The fee to renew certification	\$50
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICA	TES TO RENEW:				Training Units
Certification Typ	oe Categ	jory		Class	Required
SUPERINTENDENT	WAST	EWATER COLLECTION		2	7
II. CURRENT E	MPLOYMENT INFORMA	ATION			
Employer's Name:				Phone #:	
Number of Facilitie	s (or Plants) that you currently of	perate:		I am employed by	the Facility owner
I am currently not o	perating any Facility		Ιį	provide contractual serv	vices to the Facility
Please provide the f	collowing information about eac	h Facility/Plant that you operate	e. Use addt	ional pages as needed.	_
Facility / Plant Nam	e		Class	PDWIS (Water) NPI	DES (Wastewater)



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Page 2

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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.
- 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 an	d Waste Systems Operators	
Mail to: Maryland Department	of the Environment, P.O. Box 2057.	, Baltimore, Maryland 21203-1708	

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



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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: 2734
	Please enter you're current address on the lines below and, if necessary,	Certification(s below will e	
C	correct the City, state and ZIP Code. Please print legibly.	The fee to ren certi	ew these fications: \$50
		requirements b	nplete or submit renewal by the expiration date will additional late fees as abed in Section V.
I. CERTIFICA	ATES TO RENEW:		<b>Training Units</b>
<b>Certification Ty</b>	rpe Category	Class	Required
TEMPORARY	WATER DISTRIBUTION	1	24
II. CURRENT I	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:	I am employed	by the Facility owner
I am currently not	operating any Facility	I provide contractual s	services to the Facility
Please provide the	following information about each Facility/Plant that you operate. Use	e addtional pages as neede	ed
Facility / Plant Nar	me Cla	ass PDWIS (Water) N	NPDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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
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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		
Make checks payable to	: Maryland Board of Waterworks an	d 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 pag	ge form. Both pages must be completed and returned.	Operator Certification Num	ıber: 2847
	you're current address on the lines below and, if necessary	Certification(s) sho y, below will expire	7 / 1 / 201 2/1
correct the Ci	ity, state and ZIP Code. Please print legibly.	The fee to renew th certification	<b>XIOO</b>
		requirements by the result in an addi	e or submit renewal e expiration date will itional late fees as 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 EMPLOYM	MENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants)	) that you currently operate:	I am employed by the	he Facility owner
I am currently not operating any	y Facility	I provide contractual service	es to the Facility
Please provide the following in	formation about each Facility/Plant that you operate. Us	se addtional pages as needed.	_
Facility / Plant Name	C	Class PDWIS (Water) NPDE	ES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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   Name and Certification Number of Operator in Responsible Charge:

### V. LATE FEES AND REINSTATEMENT

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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 return	ned. Op	erator Certifcation Nu	ımber: <b>2992</b>
	e enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	
correc	et the City, state and ZIP Code. Please print legibly.		The fee to renew certification	150
			requirements by tresult in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
SUPERINTENDENT	WASTEWATER TREATMENT		А	7
II. CURRENT EMP	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 operate	ting any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the follow	wing information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	Baltimore, Maryland 21203-1708	

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This is page one o	of a two page form. Both pages must be completed and returned.	Operator Certification	Number: <b>3206</b>
	lease enter you're current address on the lines below and, if necessary	Certification(s below will e	
C	orrect the City, state and ZIP Code. Please print legibly.	The fee to ren certi	new these fications: \$50
		requirements b	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
I. CERTIFICA	ATES TO RENEW:		<b>Training Units</b>
Certification Type	pe Category	Class	Required
OPERATOR	INDUSTRIAL WASTEWATER	4	16
II. CURRENT E	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:	I am employed	d by the Facility owner
I am currently not o	operating any Facility	I provide contractual s	services to the Facility
Please provide the	following information about each Facility/Plant that you operate. Us	se addtional pages as need	ed.
Facility / Plant Nan	ne Cl	lass PDWIS (Water) N	NPDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	Baltimore, Maryland 21203-1708	

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This is page or	ne of a two page form. Both pages must be completed and returned.	. Op	perator Certification Number	mber: <b>3757</b>
ERIC ZILE	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) sh below will expin	2/1/2012/1
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	\$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. CERTIFI	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility	I p	rovide contractual serv	ices to the Facility
Please provide	the following information about each Facility/Plant that you operate. U	Jse addtio	onal pages as needed.	
Facility / Plant 1	Name (	Class I	PDWIS (Water) NPD	ES (Wastewater)
ī				
			_	



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number	of
Operator in Responsible Charge:	

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This is page one of a two pag	e form. Both pages must be completed and returned	d. Op	erator Certifcation Nu	mber: <b>3911</b>
GERALD B JOHNSON  Please enter you're current address on the lines below and, if necessary,		ary,	Certification(s) sl below will expir	7/1/2012/
correct the Ci	ty, state and ZIP Code. Please print legibly.		The fee to renew certifica	4 1 / 1 / 1
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I 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 EMPLOYM	MENT 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	y Facility	I pr	ovide contractual serv	ices to the Facility
Please provide the following in	formation about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	_
Facility / Plant Name		Class P	DWIS (Water) NPD	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f 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 o	f a two page form. Both pages must be completed and retu	rned. Op	perator Certification Nu	mber: <b>3929</b>
	lease enter you're current address on the lines below and, if ne	cessary,	Certification(s) s below will expi	2/1/2012/1
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	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	oe Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	perating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide the j	following information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.	
Facility / Plant Nam	ne	Class I	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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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- 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f 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 tv	wo page form. Both pages must be completed and return	ed. Operator Certification N	umber: <b>3956</b>
	enter you're current address on the lines below and, if neces	Certification(s) s ssary, below will exp	2/1/2012/1
correct	t the City, state and ZIP Code. Please print legibly.	The fee to renew certific	950
		requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES	S TO RENEW:		<b>Training Units</b>
Certification Type	Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT EMPI	LOYMENT INFORMATION		
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 operat	ting any Facility	I provide contractual ser	vices to the Facility
Please provide the follow	wing information about each Facility/Plant that you operate	e. Use addtional pages as needed.	
Facility / Plant Name		Class PDWIS (Water) NP	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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

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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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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	Baltimore, Maryland 21203-1708	

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This is page on	e of a two page form. Both p	ages must be completed and retu	rned. O	perator Certifcation Nu	mber: <b>3963</b>
DAVID SARB	Please enter you're current a	ddress on the lines below and, if nec	cessary,	Certification(s) sl below will expi	7 / 1 / 201 2/1
	correct the City, state and ZI	P 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 I in Section V.
I. CERTIFIC	CATES TO RENEW:				<b>Training Units</b>
Certification 7	Гуре С	ategory		Class	Required
OPERATOR	V	/ASTEWATER TREATMENT		Α	16
OPERATOR	V	/ASTEWATER TREATMENT		5	30
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ities (or Plants) that you curre	ntly operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	<del></del>	ΙĮ	provide contractual serv	ices to the Facility
Please provide th	he following information abou	t each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	_
Facility / Plant N	fame		Class	PDWIS (Water) NPD	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Applicant's Signature		Date	_
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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	age form. Both pages must be completed and retu	rned. O	perator Certification Nu	ımber: <b>3996</b>
	r you're current address on the lines below and, if ne	cessary,	Certification(s) s below will expi	7/1/2012/1
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			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 T	O RENEW:			<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 Plan	ts) that you currently operate:		I am employed by	the Facility owner
I am currently not operating a	any Facility	ΙI	provide contractual serv	vices to the Facility
Please provide the following	information about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one	of a two page form. Both pages must be completed and returned.	Ope	rator Certifcation	n Number:	4003
	Please enter you're current address on the lines below and, if necessary	y,	Certification below will		2/1/2024
C	correct the City, state and ZIP Code. Please print legibly.		The fee to recent	new these tifications:	\$50
			requirements result in a	by the exp	submit renewal piration date will al late fees as ection V.
I. CERTIFICA	ATES TO RENEW:			Т	raining Units
Certification Ty	pe Category		Class	R	Required
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #	:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employe	d by the F	acility owner
I am currently not	operating any Facility	I pro	vide contractual	services to	the Facility
Please provide the	following information about each Facility/Plant that you operate. Us	se addtion	al pages as need	ded.	_
Facility / Plant Nar	me Cl	class PI	OWIS (Water)	NPDES (V	Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of	a two page form. Both pages must be completed and returned.	Operator Ce	ertifcation Nun	nber: <b>4036</b>
	ease enter you're current address on the lines below and, if necessary		tification(s) she clow will expire	
со	errect the City, state and ZIP Code. Please print legibly.	The	fee to renew the certification	\$50
		requi	rements by th sult in an add	te or submit renewal e expiration date will itional late fees as in Section V.
	TES TO RENEW:			<b>Training Units</b>
Certification Typ	e Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:	I am	employed by 1	the Facility owner
I am currently not op	perating any Facility	I provide co	ntractual servi	ces to the Facility
Please provide the fe	ollowing information about each Facility/Plant that you operate. Us	se addtional page	es as needed.	_
Facility / Plant Name	e Cl	lass PDWIS (V	Water) NPDI	ES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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.
- 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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- 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 an	d Waste Systems Operators	
Mail to: Maryland Department	of the Environment, P.O. Box 2057.	, Baltimore, Maryland 21203-1708	

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



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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	er: <b>4095</b>
MARK SCHOL		Certification(s) show	7 / 1 / 201 / /1
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	below will expire o	n: -/ -/ -0 - 1
	correct the City, state and Zir Code. Flease print legiory.	The fee to renew thes certification	950
		Failure to complete of requirements by the expression in an addition described in	expiration date will onal late fees as
I. CERTIFICA	ATES TO RENEW:		Training Units
<b>Certification Ty</b>	pe Category	Class	Required
OPERATOR	WATER DISTRIBUTION	1	16
II. CURRENT I	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities	es (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 a	addtional pages as needed.	
Facility / Plant Nar	me Class	s PDWIS (Water) NPDES	(Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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:

### 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 an	d 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 on	e of a two page form. Both pages must be completed and return	rned. Op	erator Certification Nu	mber: <b>4203</b>
JUNE H HALL	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) sl below will expi	2/1/2012/1
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	<b>450</b>
			requirements by the result in an add	ete or submit renewal the expiration date will ditional late fees as I in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification 7	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	I pı	ovide contractual serv	ices to the Facility
Please provide th	he following information about each Facility/Plant that you opera	ite. Use addtio	onal pages as needed.	
Facility / Plant N	Jame	Class F	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant 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		
Make checks payable to	: Maryland Board of Waterworks an	d 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	erator Certification N	Jumber: <b>4526</b>
	Please enter you're current address on the lines below and, if necessary	ry,	Certification(s) below will exp	2/1/2012/1
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	w these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not	t operating any Facility	I pro	ovide contractual ser	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Use addtion	ıal pages as needed	<u></u> !.
Facility / Plant Na	ame C	Class PI	OWIS (Water) NP	PDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 an	d Waste Systems Operators	
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This is page one	of a two page form. Both pages must be con	npleted and returned.	Operator Certification Num	ber: <b>4677</b>
SAMUEL B. MC	OIR Please enter you're current address on the lines	s below and, if necessary,	Certification(s) sho below will expire	7 / 1 / 7 11 7 /1
	correct the City, state and ZIP Code. Please pr	int legibly.	The fee to renew th	X 5 ()
			requirements by the result in an add	e or submit renewal e expiration date will itional late fees as in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	pe Category		Class	Required
OPERATOR	WASTEWATER CO	DLLECTION	2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			Phone #:	
Number of Facilit	les (or Plants) that you currently operate:		I am employed by t	he Facility owner
I am currently not	operating any Facility	_	I provide contractual service	ces to the Facility
Please provide the	e following information about each Facility/Pi	ant that you operate. Use ad	ldtional pages as needed.	_
Facility / Plant Na	me	Class	PDWIS (Water) NPDI	ES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Applicant's Signature		Date	_
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Make checks payable to	: Maryland Board of Waterworks an	d Waste Systems Operators	
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This is page one of a t	two page form. Both pages must be completed and returned.	Operator Certification Nur	nber: <b>4821</b>
	e enter you're current address on the lines below and, if necessary	Certification(s) sh y, below will expir	
correc	ct the City, state and ZIP Code. Please print legibly.	The fee to renew the certificat	\$100
		requirements by th	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICATE	S TO RENEW:		<b>Training Units</b>
Certification Type	Category	Class	Required
TEMPORARY	WATER TREATMENT	4	45
SUPERINTENDENT	WASTEWATER TREATMENT	А	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
TEMPORARY	WATER TREATMENT	5	24
II. CURRENT EMP	PLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or	r Plants) that you currently operate:	I am employed by	the Facility owner
I am currently not opera	ating any Facility	I provide contractual servi	ces to the Facility
Please provide the follo	owing information about each Facility/Plant that you operate. Us	se addtional pages as needed.	
Facility / Plant Name	C	Class PDWIS (Water) NPD	ES (Wastewater)
	(OVER)		



#### **III. CONTINUING EDUCATION:**

Page 2

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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 1	Number: 4883
	ease enter you're current address on the l		Certification(s) below will ex	7/1/2024
co	rrect the City, state and ZIP Code. Please	e print legibly.	The fee to rene certifi	w these scations: \$50
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as sed in Section V.
I. CERTIFICA	TES TO RENEW:		******	Training Units
Certification Typ	e Category		Class	Required
OPERATOR	WATER DISTR	BUTION	1	16
II. CURRENT E	MPLOYMENT 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 of	perating any Facility		I provide contractual se	ervices to the Facility
Please provide the f	ollowing information about each Facility	/Plant that you operate. Use ac	ldtional pages as needed	
Facility / Plant Nam	e	Class	PDWIS (Water) N	PDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 an	d 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 m	ust be completed and returned.	Oper	ator Certifcation	Number:	6382
	Please enter you're current address of		y,	Certification(s below will e	/	2/1/2024
	correct the City, state and ZIP Code	Please print legibly.		The fee to rencerti	ew these fications:	\$50
				requirements b	y the exp	submit renewal viration date will al late fees as ction V.
	ATES TO RENEW:					raining Units
Certification T	ype Catego	Ŷ		Class	R	equired
OPERATOR	WASTEV	VATER TREATMENT		5	30	0
OPERATOR	WASTEV	VATER TREATMENT		Α	10	6
II. CURRENT	EMPLOYMENT INFORMAT	ION				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you currently ope	rate:		I am employed	by the Fa	ncility owner
I am currently not	operating any Facility	<del></del>	I prov	vide contractual s	services to	the Facility
Please provide the	e following information about each l	Facility/Plant that you operate. Us	se addtion	al pages as neede	ed.	
Facility / Plant Na	ime	C	Class PD	WIS (Water) N	NPDES (W	Vastewater)
		(OVER)				



#### **III. CONTINUING EDUCATION:**

Page 2

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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 an	d Waste Systems Operators	
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This is page one	of a two page form. Both pages must be completed an	d returned.	Operator Certification Numb	per: <b>6531</b>
TODD G. BAR	RY  Please enter you're current address on the lines below and	l, if necessary,	Certification(s) show below will expire	7 / 1 / / 11 / /
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	X 5 (1)
			Failure to complete requirements by the result in an addit described in	expiration date will ional late fees as
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		5AS	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by th	e Facility owner
I am currently not	operating any Facility	I	provide contractual service	es to the Facility
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Facility / Plant Na	nme	Class	PDWIS (Water) NPDES	S (Wastewater)



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This is page one	of a two page form. Both pages must be completed and return	ned. Op	erator Certification Nu	mber: <b>6726</b>
	Please enter you're current address on the lines below and, if necessity	essary,	Certification(s) s below will expi	2/1/2012/1
(	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICA	ATES TO RENEW:		- described	Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pı	ovide contractual serv	rices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtic	onal pages as needed.	
Facility / Plant Na	me	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 tv	wo page form. Both pages must be completed and retur	rned. Oper	ator Certification N	umber: <b>6994</b>
	e enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	7/1/2012/1
correc	et the City, state and ZIP Code. Please print legibly.		The fee to renew certific	150
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATE	S TO RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		6	16
OPERATOR	INDUSTRIAL WASTEWATER		7	16
II. CURRENT EMP	LOYMENT INFORMATION			
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 operate	ting any Facility	I prov	vide contractual ser	vices to the Facility
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This is page one	of a two page form. Both pages must be completed and retur	ned. O	perator Certifcation Num	nber: <b>7059</b>
MICHAEL A. BI	RADFORD  Please enter you're current address on the lines below and, if nece	essary,	Certification(s) sho below will expire	7 / 1 / 201 2/1
(	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	<b>X50</b>
			requirements by the result in an addi	e or submit renewal e expiration date will itional late fees as in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
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This is page one	of a two page form. Both pages must be completed and returned	d. Ope	erator Certifcation Nu	mber: <b>7147</b>
	Please enter you're current address on the lines below and, if necessary	sary,	Certification(s) sh below will expir	7/1/2012/1
•	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificat	X 5 ()
			requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		5RO	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pro	ovide contractual serv	ices to the Facility
Please provide the	e following information about each Facility/Plant that you operate.	Use addtion	nal pages as needed.	
Facility / Plant Na	nme	Class Pl	DWIS (Water) NPD	ES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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- 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		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f 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 return	ned. C	perator Certification Nu	mber: <b>7236</b>
	Please enter you're current addres		essary,	Certification(s) sh below will expir	7/1/202/
C	correct the City, state and ZIP Co	de. Please print legibly.		The fee to renew certifica	\$50
				requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
I. CERTIFICA	ATES TO RENEW:				Training Units
Certification Ty	pe Categ	jory		Class	Required
OPERATOR	INDUS	STRIAL WASTEWATER		2	0
II. CURRENT I	EMPLOYMENT INFORMA	ATION			
Employer's Name:				Phone #:	
Number of Faciliti	es (or Plants) that you currently of	perate:		I am employed by	the Facility owner
I am currently not	operating any Facility	<del></del>	Ij	provide contractual serv	ices to the Facility
Please provide the	following information about eac	h Facility/Plant that you operat	e. Use addt	ional pages as needed.	
Facility / Plant Nar	me		Class	PDWIS (Water) NPD	ES (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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	Baltimore, Maryland 21203-1708	

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This is page one of a two p	page form. Both pages must be completed and retu	rned. Operato	or Certifcation N	umber: <b>7266</b>
	er you're current address on the lines below and, if nec		Certification(s) shown below will expire on: 2/1/2024	
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			equirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES T	O RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
SUPERINTENDENT	WASTEWATER TREATMENT		Α	7
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	ints) that you currently operate:	]	am employed b	y the Facility owner
I am currently not operating	any Facility	I provid	e contractual ser	vices to the Facility
Please provide the following	g information about each Facility/Plant that you opera	ate. Use addtional p	oages as needed	
Facility / Plant Name		Class PDW	IS (Water) NP	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f 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 ret	urned. Operator	Certification N	umber: <b>7316</b>
THOMAS B. COLEMAN  Please enter you're current address on the lines below and,			Certification(s) shown below will expire on: 2/1/2	
correct the City	y, state and ZIP Code. Please print legibly.	Ti	he fee to renew certific	v these sations: \$100
		req	uirements by result in an a	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 Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
SUPERINTENDENT	WATER TREATMENT		4	7
II. CURRENT EMPLOYM	ENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) t	that you currently operate:	I a	m employed b	y the Facility owner
I am currently not operating any	Facility	I provide	contractual ser	vices to the Facility
Please provide the following info	ormation about each Facility/Plant that you ope	rate. Use addtional pa	ges as needed	. —
Facility / Plant Name		Class PDWIS	(Water) NP	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Applicant's Signature		Date	_
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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	of a two page form. Both pages must be completed and returned.	Ope	rator Certification N	umber: <b>7689</b>
	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) s below will exp	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not o	operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate. Us	se addtior	nal pages as needed.	
Facility / Plant Nar	ne Cl	lass PI	OWIS (Water) NP	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of	f a two page form. Both pages must be completed and returned.	Operator Certification N	umber: <b>8030</b>
	lease enter you're current address on the lines below and, if necessary,	Certification(s) s below will exp	
co	orrect the City, state and ZIP Code. Please print legibly.	The fee to renew certific	950
		requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	TES TO RENEW:		<b>Training Units</b>
Certification Typ	De Category	Class	Required
TEMPORARY	WATER TREATMENT	4	45
II. CURRENT E	MPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:	I am employed by	y the Facility owner
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Facility / Plant Nam	ne Cla	ass PDWIS (Water) NP	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

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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	e of a two page form. Both pages must be completed and return	ed. Ope	erator Certifcation	Number: <b>8247</b>	
MUREL E. BLE	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 2/1/2024		
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these fications: \$100	
			requirements b 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 T	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
OPERATOR	WATER TREATMENT		4	30	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		Α	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed	d by the Facility owner	
I am currently no	ot operating any Facility	I pro	ovide contractual s	services to the Facility	
Please provide th	he following information about each Facility/Plant that you operate	e. Use addtio	nal pages as need	ed.	
Facility / Plant Na	Tame	Class P	DWIS (Water) N	NPDES (Wastewater)	
				_	



#### **III. CONTINUING EDUCATION:**

Page 2

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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- 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.
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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		
Make checks payable to	: Maryland Board of Waterworks an	d 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 on	e of a two page form. Both pages must be completed a	and returned. Op	perator Certification	Number: <b>8369</b>
KEVIN LEE SM	Please enter you're current address on the lines below a		Certification(s below will e	
	correct the City, state and ZIP Code. Please print legibl	y.	The fee to ren certi	ew these fications: \$100
			requirements bresult in an	nplete or submit renewal by the expiration date will additional late fees as abed in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification <sup>-</sup>	Гуре Category		Class	Required
OPERATOR	WASTEWATER TREATME	NT	Α	16
OPERATOR	WATER TREATMENT		1	16
OPERATOR	WASTEWATER TREATME	NT	5	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed	by the Facility owner
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Please provide ti	he following information about each Facility/Plant that y	vou operate. Use addtie	onal pages as need	ed.
Facility / Plant N	Jame	Class I	PDWIS (Water) N	NPDES (Wastewater)



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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	f a two page form. Both pages must be completed and returned.	Operator Certification N	umber: <b>8987</b>
	lease enter you're current address on the lines below and, if necessary,	Certification(s) below will exp	
co	orrect the City, state and ZIP Code. Please print legibly.	The fee to renew certific	\$50
		requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as Id in Section V.
	TES TO RENEW:		<b>Training Units</b>
Certification Typ	De Category	Class	Required
OPERATOR	WATER TREATMENT	3	30
II. CURRENT E	MPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:	I am employed b	y the Facility owner
I am currently not o	perating any Facility	I provide contractual ser	vices to the Facility
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Facility / Plant Nam	ne Cla	ass PDWIS (Water) NP	DES (Wastewater)



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Page 2

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This is page one of	of a two page form. Both pa	ges must be completed and return	rned. (	Operator Certifcation Nun	nber: <b>9043</b>
	Please enter you're current ad	dress on the lines below and, if nec	essary,	Certification(s) sho below will expire	7/1/7017/
C	correct the City, state and ZIF	Code. Please print legibly.		The fee to renew the certification	\$50
				requirements by the result in an add	e or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFICA	ATES TO RENEW:				Training Units
Certification Ty	pe Ca	itegory		Class	Required
TEMPORARY	IN	DUSTRIAL WASTEWATER		2	0
II. CURRENT I	EMPLOYMENT INFOR	MATION			
Employer's Name:				Phone #:	
Number of Facilitie	es (or Plants) that you curren	tly operate:		I am employed by t	he Facility owner
I am currently not	operating any Facility		I	provide contractual servi	ces to the Facility
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Facility / Plant Nar	me		Class	PDWIS (Water) NPDI	ES (Wastewater)



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Page 2

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to	: Maryland Board of Waterworks an	d Waste Systems Operators	
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	ou're current address on the lines below and, if necessary,	Certification(s) sl below will expi	7 / 1 / 201 / /
correct the Cit	ty, state and ZIP Code. Please print legibly.	The fee to renew certification	\$ 100
		requirements by to result in an ad-	ete or submit renewal he expiration date will ditional late fees as I 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 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 Facility	I provide contractual serv	rices to the Facility
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Facility / Plant Name	Cla	ass PDWIS (Water) NPD	DES (Wastewater)
			_



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Page 2

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	Please enter you're current address on the lines below and, if necessity	essary,	Certification(s) s below will expi	7/1/2012/1
(	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
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Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER TREATMENT		2	16
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Employer's Name:	:		Phone #:	
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Facility / Plant Na	ime	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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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 an	d Waste Systems Operators	
Mail to: Maryland Department	of the Environment, P.O. Box 2057.	, Baltimore, Maryland 21203-1708	

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



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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 comple	ted and returned.	Operator Certification	Number: <b>9238</b>
DOUGLAS MIC	CHAEL WHITNEY  Please enter you're current address on the lines belo		Certification( below will	
	correct the City, state and ZIP Code. Please print le	egibly.	The fee to rer	new these ifications: \$100
			requirements result in ar	mplete or submit renewal by the expiration date will a additional late fees as ibed in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
OPERATOR	WATER TREATMENT		3	30
OPERATOR	WASTEWATER TREAT	MENT	5	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	::		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employe	d by the Facility owner
I am currently no	t operating any Facility	1	I provide contractual	services to the Facility
Please provide th	e following information about each Facility/Plant t	hat you operate. Use add	ltional pages as need	led.
Facility / Plant Na	ame	Class	PDWIS (Water)	NPDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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).
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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.
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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 an	d 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	of a two page form. Both pages must be completed and returned.	Ope	rator Certifcation N	umber: <b>9299</b>
	Please enter you're current address on the lines below and, if necessary	ry,	Certification(s) s below will exp	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
II. CURRENT B	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant Nar	me C	Class PD	OWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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- Operators In Training must work under the direction of an Operator in Responsible Charge.
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Applicant's Signature		Date	_
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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	erator Certification 1	Number:	9355
SUSAN G. PAU	JL  Please enter you're current address on the lines below and, if necessary	ry,	Certification(s) below will ex	*	2/1/2024
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	ew these ications:	\$50
			requirements by result in an	y the exp	submit renewal iration date will al late fees as ction V.
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
OPERATOR	WATER TREATMENT		G	7	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Fa	cility owner
I am currently not	operating any Facility	I pro	ovide contractual se	ervices to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. Us	Jse addtion	ial pages as neede	d.	
Facility / Plant Na	ame C	Class PI	OWIS (Water) N	PDES (W	/astewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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### 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 an	d 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 page	s must be completed and return	ed. O	perator Certifcation Nu	mber: <b>9413</b>
	Please enter you're current addre	ss on the lines below and, if neces	ssary,	Certification(s) sl below will expir	7/1/2012/
	correct the City, state and ZIP C	ode. 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 I in Section V.
I. CERTIFIC.	ATES TO RENEW:			46501160	Training Units
Certification Ty	/pe Cate	gory		Class	Required
OPERATOR	WAT	ER TREATMENT		2	16
II. CURRENT	EMPLOYMENT INFORM	ATION			
Employer's Name				Phone #:	
Number of Facilit	ies (or Plants) that you currently	operate:		I am employed by	the Facility owner
I am currently not	operating any Facility		ΙĮ	provide contractual serv	ices to the Facility
Please provide the	e following information about ea	ch Facility/Plant that you operate	e. Use addti	ional pages as needed.	_
Facility / Plant Na	me		Class	PDWIS (Water) NPD	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f 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.	Operator Certification	Number: <b>9453</b>
	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 rer	new these ifications: \$50
		requirements l	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
	ATES TO RENEW:		<b>Training Units</b>
Certification Ty	ype Category	Class	Required
OPERATOR	WATER TREATMENT	G	7
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Faciliti	ies (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. Use	e addtional pages as need	ed.
Facility / Plant Na	me Cla	ass PDWIS (Water)	NPDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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.	Ope	erator Certification	Number:	9461
	Please enter you're current address on the lines below and, if necessary	ry,	Certification(s below will e	*	2/1/2024
(	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$50
			requirements b result in an	y the exp	submit renewal iration date will al late fees as ction V.
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
OPERATOR	WATER TREATMENT		G	7	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Fa	ncility owner
I am currently not	operating any Facility	I pro	ovide contractual s	services to	the Facility
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Facility / Plant Na	me Cl	Class PI	DWIS (Water) N	NPDES (V	Vastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	Baltimore, Maryland 21203-1708	

I consent to receive my certificate(s) by emial in lieu of mail
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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	on Number: <b>9527</b>
DANIEL WARI	LICK Please enter you're current address on the lines below and, if necessary,	Certification below will	n(s) shown expire on: 2/1/2024
•	correct the City, state and ZIP Code. Please print legibly.	The fee to re	enew these tifications: \$50
		requirements	omplete or submit renewal by the expiration date will an additional late fees as ribed in Section V.
	ATES TO RENEW:		<b>Training Units</b>
Certification Ty	ype Category	Class	Required
OPERATOR	WATER TREATMENT	G	7
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #	<b>#:</b>
Number of Faciliti	ies (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 the	e following information about each Facility/Plant that you operate. Use	e addtional pages as nee	ded.
Facility / Plant Na	me Cla	ass PDWIS (Water)	NPDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number	of
Operator in Responsible Charge:	

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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	Baltimore, Maryland 21203-1708	

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This is page one of	of a two page form. Both pag	es must be completed and ret	turned. (	Operator Certification Num	ber: <b>9544</b>
	Please enter you're current addr		necessary,	Certification(s) sho below will expire	7/1/2017/1
C	orrect the City, state and ZIP (	Code. Please print legibly.		The fee to renew the certification	\$50
				Failure to complete requirements by the result in an addit described in	expiration date will
I. CERTIFICA	ATES TO RENEW:				Training Units
Certification Ty	pe Cate	egory		Class	Required
OPERATOR	WA	TER TREATMENT		4	30
II. CURRENT I	EMPLOYMENT INFORM	IATION			
Employer's Name:				Phone #:	
Number of Facilitie	es (or Plants) that you currently	operate:		I am employed by the	e Facility owner
I am currently not	operating any Facility	<u> </u>	I	provide contractual service	es to the Facility
Please provide the	following information about e	ach Facility/Plant that you ope	erate. Use add	tional pages as needed.	_
Facility / Plant Nar	me		Class	PDWIS (Water) NPDE	S (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 tv	wo page form. Both pages must be completed and retu	rned. Operato	or Certifcation N	(umber: <b>9609</b>
	enter you're current address on the lines below and, if ned		Certification(s) below will exp	2/1/2012/1
correc	t the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$100
			equirements 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 COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:	]	am employed b	y the Facility owner
I am currently not operat	ting any Facility	I provid	e contractual ser	rvices to the Facility
Please provide the follow	wing information about each Facility/Plant that you oper	ate. Use addtional p	pages as needed	
Facility / Plant Name		Class PDW	IS (Water) NP	PDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Operator in Responsible Charge:	

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This is page or	ne of a two page form. Bot	h pages must be completed and return	ed. Ope	erator Certification I	Number: <b>9621</b>
JASON TAYI	Please enter you're curren	t address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 2/1/2024	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rene certifi	w these cations: \$100
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as
I CERTIFIC	CATES TO RENEW			describ	ed in Section V.
Certification		<u>-</u> Category		Class	Training Units Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
SUPERINTEND	ENT	WASTEWATER TREATMENT		5	7
SUPERINTEND	ENT	WASTEWATER TREATMENT		Α	7
II. CURREN	Γ EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	crently operate:		I am employed	by the Facility owner
I am currently n	ot operating any Facility		I pro	ovide contractual se	ervices to the Facility
Please provide i	the following information al	 pout each Facility/Plant that you operate	e. Use addtioi	nal pages as neede	d.
Facility / Plant N	Name		Class Pl	DWIS (Water) N	PDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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	Please enter you're current address on the lines below a		Certification(s) sl below will expi	7/1/2012/1
C	correct the City, state and ZIP Code. Please print legible	y.	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
I. CERTIFICA	ATES TO RENEW:		– described	l in Section V.
Certification Ty			Class	Training Units Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ιp	rovide contractual serv	rices to the Facility
Please provide the	following information about each Facility/Plant that y	vou operate. Use addti	onal pages as needed.	
Facility / Plant Nar	me	Class	PDWIS (Water) NPD	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

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	Please enter you're current ad	dress on the lines below and, if nec	essary,	Certification(s) sl below will expir	7/1/202/
(	correct the City, state and ZIF	Code. Please print legibly.		The fee to renew certifica	\$50
				requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
I. CERTIFICA	ATES TO RENEW:				Training Units
Certification Ty	rpe Ca	tegory		Class	Required
TEMPORARY	W	ATER TREATMENT		2	24
II. CURRENT I	EMPLOYMENT INFOR	MATION			
Employer's Name:				Phone #:	
Number of Faciliti	es (or Plants) that you curren	ily operate:		I am employed by	the Facility owner
I am currently not	operating any Facility		Ιj	provide contractual serv	ices to the Facility
Please provide the	following information about	each Facility/Plant that you opera	ite. Use addt	ional pages as needed.	
Facility / Plant Na	me		Class	PDWIS (Water) NPD	ES (Wastewater)



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- · 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 an	d Waste Systems Operators	
Mail to: Maryland Department	of the Environment, P.O. Box 2057.	, Baltimore, Maryland 21203-1708	

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



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.	Operator Certification	on Number: <b>9974</b>
	ease enter you're current address on the lines below and, if necessary	Certification below will	n(s) shown 2/1/2024 expire on:
CO	rrect the City, state and ZIP Code. Please print legibly.	The fee to receive	enew these rtifications: \$50
		requirements	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
	TES TO RENEW:		<b>Training Units</b>
Certification Typ	e Category	Class	Required
OPERATOR	WATER TREATMENT	3	30
II. CURRENT EN	MPLOYMENT INFORMATION		
Employer's Name:		Phone #	<b>#</b> :
Number of Facilities	(or Plants) that you currently operate:	I am employ	ed by the Facility owner
I am currently not op	perating any Facility	I provide contractua	l services to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you operate. Us	se addtional pages as nee	eded.
Facility / Plant Name	e C	lass PDWIS (Water)	NPDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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