



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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.

TERRY ALLEN WARREN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0204**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***



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



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WILLIAM V MARTIN, III

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0409**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
SUPERINTENDENT	WASTEWATER COLLECTION

Class	Training Units Required
2	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

(OVER)



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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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TIM GELINEAU

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0471**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

II. CURRENT EMPLOYMENT INFORMATION

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Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

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(OVER)



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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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TIMOTHY BARRON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0516**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



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Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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WILLIAM HUTCHINS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0673**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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RICKY GILLIAM

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0697**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



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

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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CRAIG C. NOTTINGHAM

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0736**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- Operators In Training 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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Operator Certification Number: **0768**

HAROLD DANIEL PENDERGRAFT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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JOHN P. JOHNS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0811**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	1	0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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JOHN P. MOORE, JR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0877**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator Certification Number: **0917**

JOSEPH DENNIS SPALDING

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	3	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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JAMES LAMONT SAVOY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0942**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	5	24

II. CURRENT EMPLOYMENT 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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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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DANIEL RYAN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0948**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

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CORY R STOUFFER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10018**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
SUPERINTENDENT	WATER DISTRIBUTION	1	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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V. LATE FEES AND REINSTATEMENT

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SAMUEL EUGENE O'NEAL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1004**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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AUSTIN CARRICO

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10132**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

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Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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ROBERT G HOLMBERG

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10140**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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KEVIN B WILSON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10342**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***



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



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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DENARD FREELAND

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10356**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____

Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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OTIS ELZEY

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10369**

Certification(s) shown
below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Hours Required
TEMPORARY	WATER TREATMENT	1	24
TEMPORARY	WATER TREATMENT	5	24
TEMPORARY	WASTEWATER TREATMENT	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:

Phone #:

Number of Facilities (or Plants) that you currently operate:

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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CHRISTOPHER R TAYLOR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10374**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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WAYNE A TAYLOR, JR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10376**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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WILLIAM WHITE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10379**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	3	45

II. CURRENT EMPLOYMENT 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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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***



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



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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SETONDJI J METOHOU

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10478**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	5	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____

Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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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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VII. APPLICANT'S STATEMENT

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Applicant's Signature _____

Date _____

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RUSSELL KEMP

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1049**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class PDWIS (Water) NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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SAMUEL R SHARKEY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10526**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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JEFFREY KUCHER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10775**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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Facility / Plant Name _____ Class PDWIS (Water) NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 _____

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BRIAN PATTERSON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10809**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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V. LATE FEES AND REINSTATEMENT

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NELBER CRUZ

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10839**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16
TEMPORARY	WASTEWATER COLLECTION	2	24

II. CURRENT EMPLOYMENT 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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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

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

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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***



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



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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AUSTIN NAEHRIG

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10968**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- 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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JAMES D HURLEY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11174**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Date _____

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SEAN J GURNEY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11206**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. 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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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BRIAN PERSING

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11249**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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MARCUS HUGHES

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11264**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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CHANDLER AVERSA

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11294**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

II. CURRENT EMPLOYMENT 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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Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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.
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

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

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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WILLIAM GRUBE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1151**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	1	0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

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APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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JACLYN EARLE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11563**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	5	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class PDWIS (Water) NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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CHRISTOPHER PENCE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11580**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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**APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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WILLIAM W SMITH JR

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11581**

Certification(s) shown
below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Hours Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:

Phone #:

Number of Facilities (or Plants) that you currently operate:

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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JAMES BULLOCK

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11582**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT 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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I provide contractual services to the Facility

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Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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GREGORY DAVID CURRENCE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11583**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____

Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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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

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

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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



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JOSHUA MICHAEL MELTON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11584**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	1	24
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	3	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____

Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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V. LATE FEES AND REINSTATEMENT

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BYRON PAIGE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11585**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 _____

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JASKIRAT SAINI

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11586**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
TEMPORARY	WATER TREATMENT

Class	Training Units Required
5	24

II. CURRENT EMPLOYMENT 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 following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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V. LATE FEES AND REINSTATEMENT

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ALFONSO T JONES SR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11587**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

II. CURRENT EMPLOYMENT 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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Facility / Plant Name _____ Class PDWIS (Water) NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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MICHAEL BARCIKOWSKI

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11588**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	6	24

II. CURRENT EMPLOYMENT 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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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Last 4 digits of Social Security Number _____ Email Address _____

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

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***



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



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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RYAN WEISHAAR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11589**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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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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VII. APPLICANT'S STATEMENT

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Applicant's Signature _____

Date _____

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DAHMON PRITCHETT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11590**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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MICHAEL COOPER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11591**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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TEJERE AKPENEYE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11592**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

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DOUGLAS EHRISMAN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1161**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WASTEWATER TREATMENT	1	7
SUPERINTENDENT	INDUSTRIAL WASTEWATER	5	7
OPERATOR	WATER TREATMENT	5RO	16
OPERATOR	WATER TREATMENT	3	30
SUPERINTENDENT	WATER TREATMENT	3	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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JAMES LINDNER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1367**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

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I provide contractual services to the Facility

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Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

VII. APPLICANT'S STATEMENT

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***



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



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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DEBRA J. MIRANDA

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1368**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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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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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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ADAM MARSHALL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1399**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature _____

Date _____

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APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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DAVID STEVENS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1513**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	1	7
SUPERINTENDENT	WATER TREATMENT	5DE	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- Operators In Training 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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APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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JEREMY MOSE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1633**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
SUPERINTENDENT	WATER TREATMENT

Class	Training Units Required
2	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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FRANKLIN G. WHEATLEY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1638**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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JOSEPH DAVID COALE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1662**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	INDUSTRIAL WASTEWATER	5	30
OPERATOR	INDUSTRIAL WASTEWATER	7	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	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	A	7
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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RONALD EVAN THOMAS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1852**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	3	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 _____

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Operator Certification Number: **2087**

WILLIAM BEEMAN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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JUSTIN SMITH

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2171**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
5	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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SEAN L WINN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2228**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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STEPHEN E KNEPP, SR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2252**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	5	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***



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



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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KENYA POLLARD

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2354**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Date _____

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GEORGE RANDY KOHL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2357**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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**APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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TODD O'CONNOR

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2376**

Certification(s) shown
below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Hours Required
OPERATOR	WATER TREATMENT	2	16
TEMPORARY	WATER TREATMENT	5GW	24
TEMPORARY	WASTEWATER TREATMENT	6	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:

Phone #:

Number of Facilities (or Plants) that you currently operate:

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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RANDY TAYLOR, JR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2404**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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WILLIAM DIBELBISS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2433**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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JASON PHILLIPS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2451**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***



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



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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SHEENA N. HOUSMAN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2522**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
SUPERINTENDENT	WASTEWATER COLLECTION

Class	Training Units Required
2	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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LESLIE L. GUESSFORD

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2734**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
TEMPORARY	WATER DISTRIBUTION

Class	Training Units Required
1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

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TIMOTHY RAGER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2847**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Date _____

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MICHAEL A. HYATT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2992**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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KENNETH CHATMON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3206**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	4	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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ERIC ZILE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3757**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***



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



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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GERALD B JOHNSON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3911**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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OWEN NATHANIEL BRISCOE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3929**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Applicant's Signature _____

Date _____

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JAMES M SMITH

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3956**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT 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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_____	_____	_____	_____
_____	_____	_____	_____
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APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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V. LATE FEES AND REINSTATEMENT

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DAVID SARBACHER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3963**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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MICHAEL SHAFFER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3996**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

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Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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SPILOS KIRIKOS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4003**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- 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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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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KEVIN SAUNDERS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4036**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 _____

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MARK SCHOLZ

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4095**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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VII. APPLICANT'S STATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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JUNE H HALL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4203**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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PAUL G. RHODERICK

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4526**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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SAMUEL B. MOIR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4677**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

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Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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VII. APPLICANT'S STATEMENT

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

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***



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



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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FRANKLIN B TODD, JR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4821**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
TEMPORARY	WATER TREATMENT	5	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- 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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RAYMOND DOYLE, IV

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4883**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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CURTIS A WINN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **6382**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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TODD G. BARRY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **6531**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
5AS	16

II. CURRENT EMPLOYMENT 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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Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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MARK A. JOINES

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **6726**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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DAVID M DENVER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **6994**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16
OPERATOR	INDUSTRIAL WASTEWATER	7	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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.
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VII. APPLICANT'S STATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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MICHAEL A. BRADFORD

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **7059**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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GEORGE S. BOILEAU II

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **7147**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
5RO	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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JOSHUA L. GREGORY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **7236**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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MORGAN S O'DELL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **7266**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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V. LATE FEES AND REINSTATEMENT

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THOMAS B. COLEMAN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **7316**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30
SUPERINTENDENT	WATER TREATMENT	4	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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KEITH YANCY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **7689**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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



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SHAWN PATCHELL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **8030**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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MUREL E. BLEDSOE, JR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **8247**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 _____

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**APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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KEVIN LEE SMEAK

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **8369**

Certification(s) shown
below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	5	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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MICHAEL WEAVER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **8987**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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ROBERT SCOTT SHAW

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9043**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

II. CURRENT EMPLOYMENT 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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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***



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



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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MICHAEL HOWARD MCCORMICK, JR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9058**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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CHARLES DAVID WATHEN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9202**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER TREATMENT	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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DOUGLAS MICHAEL WHITNEY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9238**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	5	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____

Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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MICHAEL J. SEBRING

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9299**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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SUSAN G. PAUL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9355**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	G	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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BRIAN W. DEWITT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9413**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
2	16

II. CURRENT EMPLOYMENT 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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Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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.
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VII. APPLICANT'S STATEMENT

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

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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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HENRY M. FORSTER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9453**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
G	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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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ROBERT C. REINERT, JR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9461**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	G	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. 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

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Applicant's Signature _____

Date _____

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APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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DANIEL WARLICK

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9527**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
G	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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

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JAMES EDWARD PALMER, JR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9544**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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JAMES CHARLES CONNER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9609**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Date _____

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JASON TAYLOR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9621**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

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Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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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.
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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***



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



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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.

SCOTT TARBERT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9715**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category
TEMPORARY	WATER TREATMENT

Class	Training Units Required
4	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 _____

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JAMES L. LOCKWOOD

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9901**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class _____ PDWIS (Water) _____ NPDES (Wastewater) _____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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CHARLES MOOSHIAN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9974**

Certification(s) shown below will expire on: **2/1/2024**

The fee to renew these certifications: **\$50**

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I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	30

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