



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.

Operator Certification Number: **0204**

TERRY ALLEN WARREN

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

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

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



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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

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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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Operator Certification Number: **0409**

WILLIAM V MARTIN, III

Certification(s) shown
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I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER COLLECTION	2	7

II. CURRENT EMPLOYMENT INFORMATION

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(OVER)



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Name and Certification Number of
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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

Employer's Name: _____ Phone #: _____

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

(OVER)



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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 #: _____

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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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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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 ☐

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(OVER)



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Operator Certification Number: **0697**

RICKY GILLIAM

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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.

Operator Certification Number: **0736**

CRAIG C. NOTTINGHAM

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

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

The fee to renew these
certifications: **\$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

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

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

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

**Failure to complete or submit renewal
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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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Applicant's Signature _____

Date _____

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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 ☐

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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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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **0877**

JOHN P. MOORE, JR.

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

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

The fee to renew these
certifications: **\$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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Name and Certification Number of
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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.

Operator Certification Number: **0917**

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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Operator Certification Number: **0942**

JAMES LAMONT SAVOY

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

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

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

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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 ☐

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
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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.
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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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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	Class	Training Units Required
OPERATOR	WATER TREATMENT	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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Operator Certification Number: **10018**

CORY R STOUFFER

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

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

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

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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 #: _____

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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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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

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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**

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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	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL
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Operator Certification Number: **10342**

KEVIN B WILSON

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

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

The fee to renew these
certifications: **\$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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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
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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.
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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 am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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

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

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Operator Certification Number: **10356**

DENARD FREELAND

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

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

The fee to renew these
certifications: **\$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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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10369**

OTIS ELZEY

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

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

The fee to renew these
certifications: **\$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	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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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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

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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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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This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: **10376**

WAYNE A TAYLOR, JR

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

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

The fee to renew these
certifications: **\$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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Applicant's Signature _____ Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **10379**

WILLIAM WHITE

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

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

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

**Failure to complete or submit renewal
requirements by the expiration date will
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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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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 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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Please verify your information shown on this application and make any corrections as needed.

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Operator Certification Number: **10478**

SETONDJI J METOHOUE

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

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

The fee to renew these
certifications: **\$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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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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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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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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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	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
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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: _____

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I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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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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: _____

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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: **10839**

NELBER CRUZ

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

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

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

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requirements by the expiration date will
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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 #: _____

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

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL
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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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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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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

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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
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Date _____

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Operator Certification Number: **11174**

JAMES D HURLEY

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

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

The fee to renew these
certifications: **\$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	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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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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: **1 1206**

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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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11249**

BRIAN PERSING

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

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

The fee to renew these
certifications: **\$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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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: **1 1264**

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

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL
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Page 2

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Operator Certification Number: **11294**

CHANDLER AVERSA

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

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

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

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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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

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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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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

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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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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:

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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: **11581**

WILLIAM W SMITH JR

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

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

The fee to renew these
certifications: **\$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

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Name and Certification Number of
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Operator Certification Number: **11582**

JAMES BULLOCK

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

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

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

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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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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL
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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 ***

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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.

This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: **11583**

GREGORY DAVID CURRENCE

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

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

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

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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Operator Certification Number: **11584**

JOSHUA MICHAEL MELTON

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

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

The fee to renew these
certifications: **\$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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- 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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Operator Certification Number: **11585**

BYRON PAIGE

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

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

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

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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
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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

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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	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 ☐

I am currently not operating any Facility ☐

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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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Name and Certification Number of
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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 ☐

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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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 ☐

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
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Page 2

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

- 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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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
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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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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**

Page 2

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Name and Certification Number of
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Applicant's Signature _____ Date _____

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Operator Certification Number: **11591**

MICHAEL COOPER

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

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

The fee to renew these
certifications: **\$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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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

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Name and Certification Number of
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Operator Certification Number: **1161**

DOUGLAS EHRISMAN

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

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

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

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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

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL
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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	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
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature _____ Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **1368**

DEBRA J. MIRANDA

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

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

The fee to renew these
certifications: **\$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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Name and Certification Number of
Operator in Responsible Charge: _____

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Operator Certification Number: **1399**

ADAM MARSHALL

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

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

The fee to renew these
certifications: **\$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
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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **1513**

DAVID STEVENS

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

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

The fee to renew these
certifications: **\$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

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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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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	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	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

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Name and Certification Number of
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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 ☐

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL
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Page 2

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

Make checks payable to: Maryland Board of Waterworks 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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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

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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- 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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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

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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WILLIAM BEEMAN

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: **2087**

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
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____ Date _____

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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	Class	Training Units Required
OPERATOR	WATER TREATMENT	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 ☐

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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 _____

Date _____

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Operator Certification Number: **2228**

SEAN L WINN

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

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

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

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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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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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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.
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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 ***

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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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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.

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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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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

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Name and Certification Number of
Operator in Responsible Charge: _____

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Applicant's Signature _____

Date _____

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Operator Certification Number: **2376**

TODD O'CONNOR

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

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

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

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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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Operator Certification Number: **2404**

RANDY TAYLOR, JR.

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

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

The fee to renew these
certifications: **\$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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Name and Certification Number of
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Operator Certification Number: **2433**

WILLIAM DIVELBISS

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

Please enter your current address on the lines below and, if necessary,
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The fee to renew these
certifications: **\$50**

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requirements by the expiration date will
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I. CERTIFICATES TO RENEW:

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

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**APPLICATION FOR CERTIFICATION RENEWAL
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Page 2

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Operator Certification Number: **2451**

JASON PHILLIPS

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

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

The fee to renew these
certifications: **\$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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- 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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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	Class	Training Units Required
SUPERINTENDENT	WASTEWATER COLLECTION	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

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Name and Certification Number of
Operator in Responsible Charge: _____

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Applicant's Signature _____

Date _____

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Operator Certification Number: **2734**

LESLIE L. GUESSFORD

Certification(s) shown
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Please enter your current address on the lines below and, if necessary,
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The fee to renew these
certifications: **\$50**

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requirements by the expiration date will
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described in Section V.**

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
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: _____

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Applicant's Signature _____ Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **2847**

TIMOTHY RAGER

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

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

The fee to renew these
certifications: **\$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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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: **2992**

MICHAEL A. HYATT

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

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

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

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

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL
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Page 2

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

Make checks payable to: Maryland Board of Waterworks 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.

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	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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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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Operator Certification Number: **3911**

GERALD B JOHNSON

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

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

The fee to renew these
certifications: **\$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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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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Operator Certification Number: **3929**

OWEN NATHANIEL BRISCOE

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

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

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

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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: _____

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Date _____

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Operator Certification Number: **3956**

JAMES M SMITH

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

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

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

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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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Operator Certification Number: **3963**

DAVID SARBACHER

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

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

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

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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 #: _____

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL
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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 #: _____

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

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

- 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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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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Operator Certification Number: **4003**

SPILIOS KIRIKOS

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

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

The fee to renew these
certifications: **\$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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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

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

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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	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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Operator Certification Number: **4203**

JUNE H HALL

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

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

The fee to renew these
certifications: **\$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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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 #: _____

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(OVER)



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

Page 2

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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

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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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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Operator Certification Number: **4821**

FRANKLIN B TODD, JR.

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

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

The fee to renew these
certifications: **\$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

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Operator Certification Number: **4883**

RAYMOND DOYLE, IV

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

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

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

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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: _____

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(OVER)



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

Page 2

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Operator in Responsible Charge: _____

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Applicant's Signature _____

Date _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **6382**

CURTIS A WINN

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

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

The fee to renew these
certifications: **\$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 #: _____

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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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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	Class	Training Units Required
OPERATOR	WATER TREATMENT	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 ☐

I am currently not operating any Facility ☐

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



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

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Operator Certification Number: **6726**

MARK A. JOINES

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

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

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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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(OVER)



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

This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: **6994**

DAVID M DENVER

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

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

The fee to renew these
certifications: **\$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 #: _____

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.
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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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Applicant's Signature _____

Date _____

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Operator Certification Number: **7059**

MICHAEL A. BRADFORD

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

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

The fee to renew these
certifications: **\$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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Applicant's Signature _____

Date _____

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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	Class	Training Units Required
OPERATOR	WATER TREATMENT	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
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: **7236**

JOSHUA L. GREGORY

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

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

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

**Failure to complete or submit renewal
requirements by the expiration date will
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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
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: **7266**

MORGAN S O'DELL

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

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

The fee to renew these
certifications: **\$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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Operator Certification Number: **7316**

THOMAS B. COLEMAN

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

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

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certifications: **\$100**

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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
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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

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

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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

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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	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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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Date _____

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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

III. CONTINUING EDUCATION:

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Name and Certification Number of
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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **8247**

MUREL E. BLEDSOE, JR.

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

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

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

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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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Date _____

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Operator Certification Number: **8369**

KEVIN LEE SMEAK

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

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

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

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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 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 #: _____

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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

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Operator Certification Number: **9058**

MICHAEL HOWARD MCCORMICK, JR.

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

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

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

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Operator Certification Number: **9202**

CHARLES DAVID WATHEN

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

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

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

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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 #: _____

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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: _____

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Operator Certification Number: **9238**

DOUGLAS MICHAEL WHITNEY

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

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

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

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requirements by the expiration date will
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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 #: _____

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

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL
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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: _____

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

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL
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Page 2

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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: _____

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(OVER)



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

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This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: **9413**

BRIAN W. DEWITT

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

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

The fee to renew these
certifications: **\$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	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

III. CONTINUING EDUCATION:

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

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- 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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Operator Certification Number: **9453**

HENRY M. FORSTER

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

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

The fee to renew these
certifications: **\$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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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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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

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____ Date _____

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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	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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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____ Date _____

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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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Operator Certification Number: **9609**

JAMES CHARLES CONNER

Certification(s) shown
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Please enter your current address on the lines below and, if necessary,
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certifications: **\$100**

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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 #: _____

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL
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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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Please verify your information shown on this application and make any corrections as needed.

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Operator Certification Number: **9621**

JASON TAYLOR

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

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

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature _____ Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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	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:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **9901**

JAMES L. LOCKWOOD

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

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

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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 ☐

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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: **9974**

CHARLES MOOSHIAN

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

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

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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: _____

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL
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Page 2

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