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This is page one of a two page form. Both pages must be completed and returned.			ertifcati	0020	
	ase enter you're current address on the lines below and, if necessar			on(s) shown ll expire on:	3/1/2024
corr	rect the City, state and ZIP Code. Please print legibly.	The		enew these ertifications:	\$50
		Failure to complete or sub requirements by the expira result in an additional l described in Sectio			iration date will al late fees as
	<u>'ES TO RENEW:</u>				raining Units
Certification Type	Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	30	D
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities ((or Plants) that you currently operate:	I an	ı employ	yed by the Fa	cility owner
I am currently not ope	erating any Facility	I provide co	ontractua	al services to	the Facility
Please provide the fol	llowing information about each Facility/Plant that you operate. U	lse addtional pag	es as ne	eded.	
Facility / Plant Name	C	Class PDWIS (Water)	NPDES (W	Vastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

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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 Date

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 Email Address

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	ou're current address on the lines below and, if necessary	Certification(s) sh below will expire				
correct the Cit	ty, state and ZIP Code. Please print legibly.	The fee to renew t certificat	\$100			
		requirements by th result in an add	ete or submit renewal he expiration date will ditional late fees as h in Section V.			
I. CERTIFICATES TO		Training Units				
Certification Type	Category	Class	Required			
TEMPORARY	WATER TREATMENT	2	24			
TEMPORARY	WASTEWATER TREATMENT	5	45			
TEMPORARY	WASTEWATER TREATMENT	А	24			
II. CURRENT EMPLOYM	IENT INFORMATION					
Employer's Name:		Phone #:				
Number of Facilities (or Plants)	that you currently operate:	I am employed by	I am employed by the Facility owner			
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SUPERINTENDENT	INDUSTRIAL WASTEWATER		6	7	
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I consent to receive my certificate(s) by emial in lieu of mail



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

This is page one of a two page form. Both pages must be completed and returned. O			Operator Certifcation Number: 0700				
	pu're current address on the lines below and, if necessar	ary,	Certification(s) below will ex	4/1/201/2			
correct the Cit	y, state and ZIP Code. Please print legibly.		The fee to renew certifi	w these \$100 cations:			
			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V				
I. CERTIFICATES TO			-	Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WASTEWATER COLLECTION		2	16			
OPERATOR	WATER DISTRIBUTION		1	16			
II. CURRENT EMPLOYM	ENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Plants)	that you currently operate:		I am employed l	by the Facility owner			
I am currently not operating any	Facility	I pro	provide contractual services to the Facility				
Please provide the following inf	ormation about each Facility/Plant that you operate. U	Use addtion	al pages as needed	<i>.</i>			
Facility / Plant Name	(Class PE	OWIS (Water) NI	PDES (Wastewater)			



III. CONTINUING EDUCATION:

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

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

V. LATE FEES AND REINSTATEMENT

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 Date

 Last 4 digits of Social Security Number
 Email Address

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LARRY HUTC	Please enter you're current address on the lines below and, if necessa	ary,	Certification below will	n(s) shown l expire on:	3/1/2024
	correct the City, state and ZIP Code. Please print legibly.		The fee to recei	enew these tifications:	\$50
		requirements l result in an			submit renewal viration date will al late fees as ction V.
	CATES TO RENEW:				raining Units
Certification 7	Type Category		Class	R	equired
OPERATOR	WASTEWATER COLLECTION		2	1	6
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #	#:	
Number of Facili	ities (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner
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Please provide th	he following information about each Facility/Plant that you operate. V	Use addtion	nal pages as nee	ded.	
Facility / Plant N	lame	Class Pl	DWIS (Water)	NPDES (V	Vastewater)



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	bu're current address on the lines below and, if necessar	ry,	Certification(s) below will exp	$\frac{3}{1}$		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	w these \$50 cations:		
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO				Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
II. CURRENT EMPLOYM	ENT INFORMATION					
Employer's Name:			Phone #:			
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LEE LILLEY	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	$\frac{3}{1}$		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50		
			requirements by t result in an ad	lete or submit renewal the expiration date will Iditional late fees as d in Section V.		
	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT	-	А	16		
OPERATOR	WASTEWATER TREATMENT	-	5	30		
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BRANDON C SECRIST Certification(s) sho Please enter you're current address on the lines below and, if necessary, below will expire	$\frac{1}{3}$
correct the City, state and ZIP Code. Please print legibly. The fee to renew th certification	\$50
requirements by the result in an addi described i	e or submit renewal e expiration date will tional late fees as n Section V.
I. CERTIFICATES TO RENEW:	Training Units
Certification Type Category Class	Required
OPERATOR WATER TREATMENT 5AS	16
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Employer's Name: Phone #:	
Number of Facilities (or Plants) that you currently operate: I am employed by the	ne Facility owner
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TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
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* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

This is page one of a two	o page form. Both pages must be completed and retu	Deperator Certification Number: 10299		
	enter you're current address on the lines below and, if nea	cessary,	Certification(s) below will ex	$\frac{3}{1}$
correct the City, state and ZIP Code. Please print legibly.			The fee to renev certifi	w these \$50 cations:
			 requirements by result in an a 	plete or submit renewal y the expiration date will additional late fees as ed in Section V.
I. CERTIFICATES				Training Units
Certification Type	Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		5	45
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or P	Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently not operation	ng any Facility	Ιp	rovide contractual se	rvices to the Facility
Please provide the follows	ing information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed	<i>l.</i>
Facility / Plant Name		Class 1	PDWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one o	f a two page form. Both pages must be completed and returned.	Oper	rator Certifcatio	on Number:	10379		
	lease enter you're current address on the lines below and, if necessary,	,	Certification below will	3/1/2024			
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to receive	enew these rtifications:	\$50		
				Failure to complete or submit requirements by the expiration result in an additional late f described in Section V			
	ATES TO RENEW:				raining Units		
Certification Typ	pe Category		Class	R	equired		
TEMPORARY	WATER TREATMENT		3	4	5		
II. CURRENT E	EMPLOYMENT INFORMATION						
Employer's Name:			Phone	#:			
Number of Facilitie	es (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner		
I am currently not o	operating any Facility	I pro	vide contractua	l services to	the Facility		
Please provide the j	following information about each Facility/Plant that you operate. Use	e addtion	al pages as nee	eded.			
Facility / Plant Nam	ne Cla	ass PE	OWIS (Water)	NPDES (W	Vastewater)		



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This is page one of a two pa	perator Certifcation N	umber: 10409				
	you're current address on the lines below and, if neces	sary,	Certification(s) shown below will expire on: 3/1/			
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$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				Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	INDUSTRIAL WASTEWATER		5	45		
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants	s) that you currently operate:		I am employed b	y the Facility owner		
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	ase enter you're current address on the lines below and, if necessary,	ζ,	Certification below will	3/1/2024	
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to re cer	enew these tifications:	\$50
			Failure to complete or subm requirements by the expiration result in an additional late described in Section		
	TES TO RENEW:				raining Units
Certification Type	e Category		Class	R	equired
TEMPORARY	WASTEWATER TREATMENT		5	4	5
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #	ŧ:	
Number of Facilities	(or Plants) that you currently operate:		I am employe	ed by the Fa	acility owner
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Facility / Plant Name	Cla	lass PD	WIS (Water)	NPDES (W	Vastewater)



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	er you're current address on the lines below and, if necessar e City, state and ZIP Code. Please print legibly.		Certification(s) below will ex	3/1//11//		
correct the	Т	The fee to rene certif	w these \$100			
			quirements by result in an	plete or submit renewal y the expiration date will additional late fees as oed in Section V.		
I. CERTIFICATES T				Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER COLLECTION		1	24		
TEMPORARY	WASTEWATER TREATMENT		2	24		
II. CURRENT EMPLO	YMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plan	nts) that you currently operate:	Ι	am employed	by the Facility owner		
I am currently not operating	any Facility	I provide	contractual se	ervices to the Facility		
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Facility / Plant Name	(Class PDWI	S (Water) N	PDES (Wastewater)		



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JUSTIN W ROBERTS Please enter you're current address on the lines below and			essary,	Certification(s) shown below will expire on: 3/1/2024			
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				Failure to complete or sub requirements by the expirat result in an additional la described in Sectio			
I. CERTIFIC	CATES TO RENEW:				Training Units		
Certification 7	Гуре	Category		Class	Required		
OPERATOR		WATER TREATMENT		1	16		
OPERATOR		WASTEWATER TREATMENT		А	16		
OPERATOR		WASTEWATER TREATMENT		5	30		
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Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed b	y the Facility owner		
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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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



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

This is page one of	a two page form. Both pages must be completed and returned.	Operator Certifca	ation Number: 10428
	ease enter you're current address on the lines below and, if necessar		tion(s) shown 3/1/2024 will expire on:
COI	rrect the City, state and ZIP Code. Please print legibly.		corenew these certifications: \$50
		requireme result i	o complete or submit renewal ents by the expiration date will in an additional late fees as lescribed in Section V.
	TES TO RENEW:		Training Units
Certification Type	e Category	Clas	ss Required
OPERATOR	WASTEWATER COLLECTION	2	16
II. CURRENT EN	APLOYMENT INFORMATION		
Employer's Name:		Phor	ne #:
Number of Facilities	(or Plants) that you currently operate:	I am empl	loyed by the Facility owner
I am currently not op	perating any Facility	I provide contract	ctual services to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you operate. U	lse addtional pages as r	needed.
Facility / Plant Name	e (Class PDWIS (Water	r) NPDES (Wastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

 Last 4 digits of Social Security Number
 Email Address

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

This is page one of a two pa	ge form. Both pages must be completed and return	Operator Certifcation Number: 10430			
	CHRISTOPHER RUMMEL Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			(s) shown 3/1/2024 (s) shown 3/1/2024	
	state and Zir Code. I lease print legiory.		The fee to ren certi	new these fications: \$50	
	I. CERTIFICATES TO RENEW:			mplete or submit renewal by the expiration date will 1 additional late fees as ibed in Section V.	
				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:	:	
Number of Facilities (or Plants	s) that you currently operate:		I am employed	d by the Facility owner	
I am currently not operating an	ny Facility	I pi	rovide contractual	services to the Facility	
Please provide the following i	nformation about each Facility/Plant that you operate	e. Use addtio	onal pages as need	led.	
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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 Email Address

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This is page one of a two page	ge form. Both pages must be completed and returne	ed. Op	perator Certifcation N	umber: 11210
	you're current address on the lines below and, if necess	sary,	Certification(s) below will exp	$\frac{1}{3}$
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO				Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants	s) that you currently operate:		I am employed b	y the Facility owner
I am currently not operating ar	ny Facility	I p	rovide contractual ser	vices to the Facility
Please provide the following in	nformation about each Facility/Plant that you operate.	. Use addtio	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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

This is page or	ne of a two page form. Both pages must be completed and return	ed. Operator Certification Numb	er: 11387
JAMES COR	Please enter you're current address on the lines below and, if neces	Ssary, Certification(s) show below will expire of	$\frac{1}{3}$
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew the certification	\$50
		Failure to complete requirements by the result in an addit described in	expiration date will ional late fees as
	CATES TO RENEW:		Training Units
Certification	Type Category	Class	Required
TEMPORARY	WATER TREATMENT	1	24
II. CURREN	T EMPLOYMENT INFORMATION		
Employer's Nan	ne:	Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:	I am employed by the	e Facility owner
I am currently n	not operating any Facility	I provide contractual service	s to the Facility
Please provide	the following information about each Facility/Plant that you operate	e. Use addtional pages as needed.	
Facility / Plant 1	Name	Class PDWIS (Water) NPDES	(Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a ty	wo page form. Both pages must be completed and returne	ed. Operator Certification	Number: 11427
	e enter you're current address on the lines below and, if necess	certification(sary, below will e	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
correc	t the City, state and ZIP Code. Please print legibly.	The fee to rer certi	new these \$50
		requirements result in an	mplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
I. CERTIFICATE			Training Units
Certification Type	Category	Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER	5	45
II. CURRENT EMP	LOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or	Plants) that you currently operate:	I am employed	d by the Facility owner
I am currently not operate	ting any Facility	I provide contractual	services to the Facility
Please provide the follow	wing information about each Facility/Plant that you operate.	. Use addtional pages as need	led.
Facility / Plant Name		Class PDWIS (Water)	NPDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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JOSHUA STUHLER Certification(s) shown		
JOSHUA STUHLERCertification(s) shown below will expire on:3/1/2Please enter you're current address on the lines below and, if necessary,below will expire on:3/1/2	3/1/2024	
correct the City, state and ZIP Code. Please print legibly. The fee to renew these certifications: \$50		
Failure to complete or submit to requirements by the expiration result in an additional late for described in Section V.	date will ees as	
	ing Units	
Certification Type Category Class Required	ł	
TEMPORARYWASTEWATER TREATMENT345		
II. CURRENT EMPLOYMENT INFORMATION		
Employer's Name: Phone #:		
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility ov	vner	
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Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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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.				perator Certifcation	n Number:	11593
MARK JENKINS Pl		ddress on the lines below and, if nece	essary,	Certification below will	. ,	3/1/2024
co	prrect the City, state and Z	IP Code. Please print legibly.		The fee to represent the fee t	new these ifications:	\$50
I. CERTIFICATES TO RENEW:				Failure to complete or submit requirements by the expiration result in an additional late feedback described in Section V.		
-				Class		raining Units
Certification Typ	be (Category		Class	ĸ	equired
TEMPORARY	١	VASTEWATER TREATMENT		5	4	5
TEMPORARY	١	VASTEWATER TREATMENT		A	2	4
II. CURRENT E	MPLOYMENT INFO	RMATION				
Employer's Name:				Phone #:	:	
Number of Facilitie	s (or Plants) that you curre	ently operate:		I am employe	d by the Fa	acility owner
I am currently not o	perating any Facility]	I p	rovide contractual	services to	the Facility
Please provide the f	following information abo	ut each Facility/Plant that you operat	e. Use addtio	onal pages as need	led.	
Facility / Plant Nam	e		Class I	PDWIS (Water)	NPDES (V	Vastewater)



III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

 Last 4 digits of Social Security Number
 Email Address

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		address on the lines below and, if nec	essary,	Certification below will	n(s) shown expire on:	3/1/2024
	correct the City, state and 2	IP Code. Please print legibly.		The fee to re cer	\$50	
				requirements result in a	by the exp	submit renewal piration date will al late fees as ection V.
	ATES TO RENEW:					raining Units
Certification Ty	/pe	Category		Class	R	equired
TEMPORARY		WASTEWATER TREATMENT		5	4	5
TEMPORARY		WASTEWATER TREATMENT		А	2	4
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Name:	:			Phone #	<i>t</i> :	
Number of Facilit	ies (or Plants) that you curr	ently operate:		I am employe	ed by the F	acility owner
I am currently not	operating any Facility]	I pro	ovide contractual	l services to	o the Facility
Please provide the	e following information abo	out each Facility/Plant that you opera	te. Use addtio	nal pages as nee	ded.	
Facility / Plant Na	me		Class P	DWIS (Water)	NPDES (V	Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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 Date

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 Email Address

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	Please enter you're current address on the lines below and, if necessary,		on(s) shown Il expire on: 3/1/2024		
	correct the City, state and ZIP Code. Please print legibly.	The fee to r	renew these \$50		
		Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.			
	ATES TO RENEW:	- 1	Training Units		
Certification Ty	ype Category	Class	Required		
TEMPORARY	WATER TREATMENT	3	45		
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:	Phone	#:		
Number of Facilit	ies (or Plants) that you currently operate:	I am employ	yed by the Facility owner		
I am currently not	operating any Facility	I provide contractu	al services to the Facility		
Please provide the	e following information about each Facility/Plant that you operate. Use a	uddtional pages as ne	eded.		
Facility / Plant Na	Class	B PDWIS (Water)	NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

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ALEXANDER	Please enter you're current address on the lines below and, if necessary,	· ,	Certification(s) shown below will expire on: 3/1/		3/1/2024	
	correct the City, state and ZIP Code. Please print legibly.		The fee to re	\$50		
	I. CERTIFICATES TO RENEW:			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		
					raining Units	
Certification 7	Type Category		Class	R	equired	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	e:		Phone a	#:		
Number of Facil	ities (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner	
I am currently no	ot operating any Facility	I pro	vide contractua	l services to	the Facility	
Please provide th	he following information about each Facility/Plant that you operate. Use	e addtion	al pages as nee	eded.		
Facility / Plant N	Jame Cla	ass PE	OWIS (Water)	NPDES (V	Vastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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	ter you're current address on the lines below and, if nece	ssary,	Certification(s) below will exp	$\frac{1}{3}$		
correct th	e City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these \$50 cations:		
I. CERTIFICATES TO RENEW:			Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.			
				Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WATER TREATMENT		4	45		
II. CURRENT EMPLO	DYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Pla	ants) that you currently operate:		I am employed b	by the Facility owner		
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Please provide the followin	g information about each Facility/Plant that you operat	e. Use addtio	onal pages as needed			
Facility / Plant Name		Class I	PDWIS (Water) NF	PDES (Wastewater)		



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	enter you're current address on the lines below and, if necessa	ry,	Certification below will	· · ·	3/1/2024		
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					raining Units		
Certification Type	Category		Class	R	equired		
TEMPORARY	WATER TREATMENT		4	45	5		
II. CURRENT EMPI	LOYMENT INFORMATION						
Employer's Name:			Phone #	:			
Number of Facilities (or 1	Plants) that you currently operate:		I am employe	ed by the Fa	cility owner		
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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 11600		
	er you're current address on the lines below and, if nece	ssary,	Certification(s) shown below will expire on: 3/1/20		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these \$50	
			Failure to complete or submit renews requirements by the expiration date w result in an additional late fees as described in Section V.		
I. CERTIFICATES T				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT EMPLOY	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	nts) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility I provide contractual services to the F			vices to the Facility		
Please provide the following	information about each Facility/Plant that you operate	e. Use addtic	onal pages as needed		
Facility / Plant Name		Class F	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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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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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: 11601			
MICHAEL RICHARDSON Please enter you're current address on the lines below and, if necessary,			necessary,	Certification(s) sh below will expire	ill expire on: 3/1/2024	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica			
				Failure to complete or submit r requirements by the expiration o result in an additional late fe described in Section V.		
I. CERTIFI	CATES TO RENEW	· · ·			Training Units	
Certification	Туре	Category		Class	Required	
TEMPORARY		WATER TREATMENT		4	45	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
II. CURRENT	Γ EMPLOYMENT INI	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			Ι	provide contractual services to the Facility		
Please provide i	the following information a	bout each Facility/Plant that you o	perate. Use add	tional pages as needed.		
Facility / Plant M	Name		Class	PDWIS (Water) NPD	ES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 11602		
JESSIE GRAE	Please enter you're curren	re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.	necessary,	Certification(s) sl below will expi		
correct the City,	correct the City, state and			The fee to renew these certifications: \$100		
				Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.		
I. CERTIFIC	CATES TO RENEW				Training Units	
Certification	Туре	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		А	24	
TEMPORARY		WATER TREATMENT		2	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
II. CURRENT	FEMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility	7 —	I p	provide contractual serv	ices to the Facility	
Please provide t	he following information al	pout each Facility/Plant that you of	perate. Use addti	onal pages as needed.		
Facility / Plant N	Name		Class	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one of a tv	vo page form. Both pages must be completed and retu	urned. Opera	Operator Certification Number: 11603			
	ecessary,	Certification(s) below will ex	$\frac{1}{3}$			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$5			
			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V			
I. CERTIFICATES	S TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		А	24		
TEMPORARY	WASTEWATER TREATMENT		5	45		
II. CURRENT EMPI	LOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or	Plants) that you currently operate:		I am employed I	by the Facility owner		
I am currently not operating any Facility		I prov	I provide contractual services to the Facility			
Please provide the follow	ving information about each Facility/Plant that you open	rate. Use addtiona	ıl pages as needec	<i>l.</i>		
Facility / Plant Name		Class PD'	WIS (Water) NI	PDES (Wastewater)		



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 11604			
ROBERT SHAFFE	ER ase enter you're current address on the lines below and, if necessa	ary,	Certification below will	. ,	< / 1 / / 11 / / 1	
correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	new these tifications:	\$50	
			Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.			
	TES TO RENEW:				aining Units	
Certification Type	e Category		Class	Re	equired	
TEMPORARY	WASTEWATER COLLECTION		2	24	ŀ	
II. CURRENT EN	IPLOYMENT INFORMATION					
Employer's Name:			Phone #	ŧ:		
Number of Facilities	(or Plants) that you currently operate:		I am employe	ed by the Fa	cility owner	
am currently not operating any Facility I provide contractual services to the Fa			the Facility			
Please provide the fo	llowing information about each Facility/Plant that you operate.	Use addtion	al pages as need	ded.		
Facility / Plant Name		Class PI	OWIS (Water)	NPDES (W	vastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two p	bage form. Both pages must be completed and returned.	Operator Certifcation Num	perator Certification Number: 11608		
	er you're current address on the lines below and, if necessary	Certification(s) sho y, below will expire	$\frac{1}{3}$		
correct the	e City, state and ZIP Code. Please print legibly.	The fee to renew th certificati			
		requirements by the result in an addi	e or submit renewal e expiration date will itional late fees as in Section V.		
I. CERTIFICATES T			Training Units		
Certification Type	Category	Class	Required		
TEMPORARY	WASTEWATER COLLECTION	2	24		
TEMPORARY	WATER DISTRIBUTION	1	24		
II. CURRENT EMPLOY	YMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plan	nts) that you currently operate:	I am employed by t	he Facility owner		
I am currently not operating	any Facility	I provide contractual servic	es to the Facility		
Please provide the following	g information about each Facility/Plant that you operate. Us	se addtional pages as needed.			
Facility / Plant Name	C	lass PDWIS (Water) NPDE	ES (Wastewater)		



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- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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VII. APPLICANT'S STATEMENT

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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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 Certifo	cation Number	r: 11609	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on:		
correct the City, state and ZIP Code. Please print legibly.		The fee	to renew these certifications	\$50	
		requirem result	r submit renewal xpiration date will nal late fees as Section V.		
	ATES TO RENEW:	-		Training Units	
Certification Ty	ype Category	Clas	SS	Required	
TEMPORARY	WATER TREATMENT	4		45	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:	Pho	one #:		
Number of Faciliti	ies (or Plants) that you currently operate:	I am emp	ployed by the l	Facility owner	
I am currently not	operating any Facility	I provide contra	ctual services	to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Use	addtional pages as	needed.		
Facility / Plant Nat	Clas	ss PDWIS (Wate	er) NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

This is page one of a two	page form. Both pages must be completed and returned.	Operator Certifcation Num	Derator Certification Number: 11610		
	ter you're current address on the lines below and, if necessary	Certification(s) sho below will expire	3/1/2024		
correct the City, state and ZIP Code. Please print legibly.		The fee to renew th certification	\$100		
		requirements by the result in an addi	e or submit renewal e expiration date will tional late fees as n Section V.		
I. CERTIFICATES T			Training Units		
Certification Type	Category	Class	Required		
TEMPORARY	WASTEWATER COLLECTION	2	24		
TEMPORARY	WATER DISTRIBUTION	1	24		
II. CURRENT EMPLO	YMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Pla	ants) that you currently operate:	I am employed by the	ne Facility owner		
I am currently not operating	g any Facility	I provide contractual servic	es to the Facility		
Please provide the following	g information about each Facility/Plant that you operate. Us	se addtional pages as needed.			
Facility / Plant Name	Cl	lass PDWIS (Water) NPDE	S (Wastewater)		



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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 Email Address

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

This is page one of a ty	wo page form. Both pages must be completed and returne	ed. Op	erator Certifcation	Number: 11611
	e enter you're current address on the lines below and, if necess	sary,	Certification(s below will e	< / / / / / / / / / / / / / / / / / / /
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	ew these \$50 ications:
			requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFICATE				Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not opera	ting any Facility	I pr	ovide contractual s	ervices to the Facility
Please provide the follo	wing information about each Facility/Plant that you operate.	Use addtio	nal pages as neede	<i></i>
Facility / Plant Name		Class P	DWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one of a two page form. Both pages must be completed and returned.			rned. Ope	Operator Certification Number: 11613			
ISSAC R BELT	Please enter you're current a	current address on the lines below and, if necessar	cessary,	Certification(s) s below will exp	$\frac{1}{3}$		
	correct the City, state and Z	IP Code. Please print legibly.		The fee to renew certifica	\$100		
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.		
I. CERTIFIC	CATES TO RENEW:				Training Units		
Certification 7	Гуре	Category		Class	Required		
TEMPORARY		WASTEWATER TREATMENT		А	24		
TEMPORARY		WATER TREATMENT		4	45		
TEMPORARY	,	WASTEWATER TREATMENT		5	45		
II. CURRENT	EMPLOYMENT INFO	RMATION					
Employer's Name	e:			Phone #:			
Number of Facili	ities (or Plants) that you curre	ently operate:		I am employed by	the Facility owner		
I am currently no	ot operating any Facility]	I pro	rovide contractual services to the Facility			
Please provide th	he following information abo	_ ut each Facility/Plant that you oper	ate. Use addtio	nal pages as needed.			
Facility / Plant N	lame		Class P	DWIS (Water) NPI	DES (Wastewater)		
_							



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 11614		
•		address on the lines below and, if necessary,	if necessary,	Certification(s) sl below will expi	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certifica	\$100
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFIC	CATES TO RENEW				Training Units
Certification ⁻	Туре	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		А	24
TEMPORARY		WATER TREATMENT		2	24
TEMPORARY		WASTEWATER TREATMENT		5	45
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		I	provide contractual serv	ices to the Facility
Please provide t	he following information al	pout each Facility/Plant that you	operate. Use addt	ional pages as needed.	
Facility / Plant N	Jame		Class	PDWIS (Water) NPD	DES (Wastewater)



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BOBBY W MCCARTY III Please enter you're current address on the lines below and, if necessary,			Operator Certification Number: 11615			
			Certification(s) shown below will expire on: 3 /		3/1/2024	
correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	enew these tifications:	\$50	
			requirements result in a	submit renewal iration date will al late fees as ction V.		
	<u>'ES TO RENEW:</u>				raining Units	
Certification Type	e Category		Class	R	equired	
TEMPORARY	INDUSTRIAL WASTEWATER		1	0		
II. CURRENT EM	IPLOYMENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities ((or Plants) that you currently operate:		I am employe	ed by the Fa	cility owner	
I am currently not ope	erating any Facility	I pro	ovide contractual	l services to	the Facility	
Please provide the fol	llowing information about each Facility/Plant that you operate. Us	se addtion	nal pages as nee	ded.		
Facility / Plant Name	Cla	lass PI	OWIS (Water)	NPDES (W	/astewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one o	f a two page form. Both pages must be completed and returned.	Ope	erator Certifcation	on Number:	11617
	lease enter you're current address on the lines below and, if necessary,	,	Certification(s) shown below will expire on:		3/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to receive	enew these rtifications:	\$50
			requirements result in a	submit renewal piration date will al late fees as ection V.	
	TES TO RENEW:				raining Units
Certification Typ	category		Class	R	equired
TEMPORARY	INDUSTRIAL WASTEWATER		1	0	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner
I am currently not o	perating any Facility	I pro	ovide contractua	l services to	the Facility
Please provide the j	following information about each Facility/Plant that you operate. Use	e addtior	nal pages as nee	eded.	
Facility / Plant Nam	ne Cla	ass PI	OWIS (Water)	NPDES (W	Vastewater)



III. CONTINUING EDUCATION:

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

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

V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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This is page one	of a two page form. Both pages must be completed and returned.	. Ope	erator Certifcati	on Number:	11618
DAVE SOLINS	SKY Please enter you're current address on the lines below and, if necessar	·y,	Certification(s) shown below will expire on:		3/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to r ce	enew these ortifications:	\$50
			requirement result in a	submit renewal biration date will al late fees as ection V.	
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
TEMPORARY	INDUSTRIAL WASTEWATER		1	0	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone	#:	
Number of Faciliti	ties (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner
I am currently not	t operating any Facility	I pro	ovide contractua	al services to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Ise addtior	nal pages as ne	eded.	
Facility / Plant Nat	ame C	Class PI	OWIS (Water)	NPDES (V	Vastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 11619		
AARON COLEMAN Please	e enter you're current address on the lines below and, if nece	essary,	Certification(s below will e	· · · · · · · · · · · · · · · · · · ·	
correct the City, state and ZIP Code. Please print legibly.			The fee to rend certif	ew these fications: \$50	
			requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFICATES				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		1	0	
II. CURRENT EMPI	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not operat	ting any Facility	I pro	ovide contractual s	ervices to the Facility	
Please provide the follow	wing information about each Facility/Plant that you operat	e. Use addtion	nal pages as neede	ed.	
Facility / Plant Name		Class Pl	DWIS (Water) N	IPDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one of	f a two page form. Both pages must be completed and returned.	Operator Certifcat	ion Number: 11620
MARCUS HARR Pl	IS ease enter you're current address on the lines below and, if necessary,		on(s) shown Ill expire on: 3/1/2024
co	prrect the City, state and ZIP Code. Please print legibly.		renew these \$50
		requiremen result in	complete or submit renewal ts by the expiration date will an additional late fees as scribed in Section V.
	TES TO RENEW:		Training Units
Certification Typ	De Category	Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER	1	0
II. CURRENT E	MPLOYMENT INFORMATION		
Employer's Name:		Phone	#:
Number of Facilities	s (or Plants) that you currently operate:	I am emplo	yed by the Facility owner
I am currently not op	perating any Facility	I provide contractu	al services to the Facility
Please provide the f	collowing information about each Facility/Plant that you operate. Use	addtional pages as ne	eded.
Facility / Plant Nam	e Clas	ss PDWIS (Water)	NPDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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	se enter you're current address on the lines below and, if necessary	су,	Certification below will	n(s) shown l expire on:	3/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to re	enew these rtifications:	\$50
			requirements result in a	submit renewal piration date will al late fees as ection V.	
I. CERTIFICAT					raining Units
Certification Type	Category		Class	R	equired
TEMPORARY	INDUSTRIAL WASTEWATER		1	0	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities (or Plants) that you currently operate:		I am employ	red by the Fa	acility owner
I am currently not open	rating any Facility	I pro	vide contractua	al services to	the Facility
Please provide the foll	lowing information about each Facility/Plant that you operate. U	Ise addtion	al pages as nee	eded.	
Facility / Plant Name	C	Class PD	OWIS (Water)	NPDES (W	Wastewater)



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This is page one of a ty	wo page form. Both pages must be completed and returned	I. Ope	rator Certifcation N	umber: 11629	
	e enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp	3/1//01/1	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$100	
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATE				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		5RO	24	
TEMPORARY	WASTEWATER TREATMENT		5A	69	
II. CURRENT EMP	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operate	ting any Facility	I pro	ovide contractual services to the Facility		
Please provide the follow	wing information about each Facility/Plant that you operate. U	Use addtion	al pages as needed.		
Facility / Plant Name		Class PI	OWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page on	e of a two page form. Both pages must be completed and returned.	Operat	or Certifcatio	1232	
JAMES SEUB	Please enter you're current address on the lines below and, if necessary	y,	Certification below will	n(s) shown l expire on:	3/1/2024
	correct the City, state and ZIP Code. Please print legibly.		The fee to receive	enew these rtifications:	\$50
			 Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. 		
	CATES TO RENEW:				raining Units
Certification 7	Type Category		Class	R	equired
OPERATOR	WATER TREATMENT		1	10	6
II. CURRENT	SEMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone a	#:	
Number of Facil	ities (or Plants) that you currently operate:		I am employ	ved by the Fa	acility owner
I am currently no	ot operating any Facility	I provid	de contractua	al services to	the Facility
Please provide th	he following information about each Facility/Plant that you operate. U	se addtional	pages as nee	eded.	
Facility / Plant N	Name C	Class PDW	VIS (Water)	NPDES (W	Vastewater)



III. CONTINUING EDUCATION:

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 Email Address

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This is page one of a two page form. Both pages must be completed and returned. Oper				erator Certifcation Number: 1327		
	lease enter you're current address on the lines below and, if necessary	у,	Certificatio below wil	on(s) shown ll expire on:	< / 1 / / 11 / / 1	
co	prrect the City, state and ZIP Code. Please print legibly.		The fee to r ce	enew these ertifications:	\$50	
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.			
	TES TO RENEW:				raining Units	
Certification Typ	De Category		Class	R	equired	
OPERATOR	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Facilities	s (or Plants) that you currently operate:		I am employ	yed by the Fa	acility owner	
I am currently not operating any Facility			provide contractual services to the Facility			
Please provide the f	following information about each Facility/Plant that you operate. Us	se addtional	pages as ne	eded.		
Facility / Plant Nam	c C	Class PDW	TS (Water)	NPDES (V	Wastewater)	
			·			



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This is page one of a two	page form. Both pages must be completed and returned.	Operator Certification Numb	ver: 1406
	nter you're current address on the lines below and, if necessary	Certification(s) show below will expire	$\frac{1}{3}$
correct th	he City, state and ZIP Code. Please print legibly.	The fee to renew the certificatio	\$50
		Failure to complete requirements by the result in an addit described in	expiration date will ional late fees as
I. CERTIFICATES	TO RENEW:		Training Units
Certification Type	Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT EMPLO	OYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Pl	lants) that you currently operate:	I am employed by the	e Facility owner
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This is page on	ne of a two page form. Both pages must be completed and return	ed. Operator Ce	perator Certifcation Number: 1408		
NICHOLAS M	MANNING Please enter you're current address on the lines below and, if neces correct the City, state and ZIP Code. Please print legibly.	bel	Certification(s) shown below will expire on: 3/1/202 The fee to renew these certifications: \$50 Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
		requir			
	CATES TO RENEW:	,		Fraining Units	
Certification	Type Category	(Class F	Required	
OPERATOR	WASTEWATER TREATMENT	5	5 3	30	
OPERATOR	WASTEWATER TREATMENT	ŀ	A 1	L6	
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone #:		
Number of Facil	lities (or Plants) that you currently operate:	I am	employed by the F	Facility owner	
I am currently no	ot operating any Facility	I provide cor	ntractual services t	o the Facility	
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Facility / Plant N	Name	Class PDWIS (W	Water) NPDES (Wastewater)	



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JOHN STEEN	Please enter you're current address on the lines below and, if necessary,		on(s) shown ll expire on:	3/1/2024	
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		requirement result in	Failure to complete or submit reneration dat requirements by the expiration dat result in an additional late fees described in Section V.		
	CATES TO RENEW:			raining Units	
Certification 1	Type Category	Class	R	equired	
TEMPORARY	WATER TREATMENT	2	24	1	
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Employer's Name	e:	Phone	#:		
Number of Facili	ties (or Plants) that you currently operate:	I am employ	yed by the Fa	cility owner	
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Facility / Plant N	Tame Class	PDWIS (Water)	NPDES (W	/astewater)	



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This is page one of a two page form. Both pages must be completed and returned. Op				Dperator Certifcation Number: 1421			
CASSANDRA	Please enter you're current address on the lines below and, if necessary,			Certification(s) sho below will expire	$\frac{1}{3}$		
	correct the City, state and ZIP Code. Please print legibly.	7.	The fee to renew th certificati	C100			
				requirements by the result in an additional data and the result in an additional data and the result in an additional data and the result in a second	e or submit renewal e expiration date will itional late fees as in Section V.		
I. CERTIFIC	CATES TO RENEW	·			Training Units		
Certification ⁻	Гуре	Category		Class	Required		
OPERATOR		WATER TREATMENT		2	16		
OPERATOR		WASTEWATER TREATMEN	IT	5	30		
OPERATOR		WASTEWATER TREATMEN	IT	А	16		
II. CURRENI	EMPLOYMENT INF	ORMATION					
Employer's Nam	e:			Phone #:			
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed by t	he Facility owner		
I am currently no	ot operating any Facility]	I provide contractual service	ces to the Facility		
Please provide t	he following information a	bout each Facility/Plant that y	ou operate. Use add	dtional pages as needed.			
Facility / Plant N	lame		Class	PDWIS (Water) NPDE	ES (Wastewater)		



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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned. Ope			Deperator Certification Number: 1432		
	lease enter you're current address on the lines below and, if necessary,		Certificatio below wil	n(s) shown ll expire on:	3/1/2024
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew th certificati		\$50
			requirement result in a	s by the exp	submit renewal piration date will al late fees as ection V.
	TES TO RENEW:				raining Units
Certification Typ	pe Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employ	ed by the F	acility owner
I am currently not o	operating any Facility	I prov	vide contractua	al services to	the Facility
Please provide the j	following information about each Facility/Plant that you operate. Use	e addtiona	al pages as neo	eded.	
Facility / Plant Nam	Clas	ass PD'	WIS (Water)	NPDES (V	Wastewater)



III. CONTINUING EDUCATION:

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

This is page one of a tw	vo page form. Both pages must be completed and returned.	Operator Certifcation Num	perator Certification Number: 1447		
JASON LUDLOW Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. I. CERTIFICATES TO RENEW:		v, Certification(s) sho below will expire The fee to renew th certificati	e on: 3/1/2024		
		Failure to complet requirements by the result in an add	e or submit renewal e expiration date will itional late fees as in Section V.		
			Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	А	16		
OPERATOR	WASTEWATER TREATMENT	5	30		
II. CURRENT EMPI	LOYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or 1	Plants) that you currently operate:	I am employed by t	he Facility owner		
I am currently not operation	ing any Facility	I provide contractual service	ces to the Facility		
Please provide the follow	ving information about each Facility/Plant that you operate. Us	se addtional pages as needed.			
Facility / Plant Name	CI	lass PDWIS (Water) NPDE	ES (Wastewater)		
-					



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 Date

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	ease enter you're current address on the lines below and, if necessary			on(s) shown Ill expire on:	3/1/2024
correct the City, state and ZIP Code. Please print legibly.		Т		renew these ertifications:	\$50
			quirement result in	ts by the exp	submit renewal biration date will al late fees as ection V.
	TES TO RENEW:				raining Units
Certification Typ	De Category		Class	R	equired
TEMPORARY	WASTEWATER COLLECTION		2	2	4
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone	: #:	
Number of Facilities	s (or Plants) that you currently operate:	I	am emplo	yed by the Fa	acility owner
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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	1596
TODD C. BOULDEN Please enter you're current address on the lines below and, if necessary,	cessary, Certification(s) shown below will expire on:	
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100

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

		ucscribeu in Section V.		
I. CERTIFICATES TO RE	ENEW:		Training Units	
Certification Type	Category	Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER	5	30	
OPERATOR	WATER TREATMENT	4	30	
OPERATOR	WASTEWATER TREATMENT	5	30	
OPERATOR	WASTEWATER TREATMENT	А	16	
SUPERINTENDENT	WATER TREATMENT	4	7	
SUPERINTENDENT	WASTEWATER TREATMENT	5	7	
SUPERINTENDENT	WASTEWATER TREATMENT	А	7	
OPERATOR	INDUSTRIAL WASTEWATER	2	0	

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:	Ph	none #:
Number of Facilities (or Plants) that you currently operate:	I am en	ployed by the Facility owner
I am currently not operating any Facility	I provide contr	actual services to the Facility
Please provide the following information about each Facility/Plant that you opera	e. Use addtional pages a	s needed.
Facility / Plant Name	Class PDWIS (Wa	ter) NPDES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned. ${ m Op}$			Operator Certification Number: 1680			
JUSTIN KYLE HARRINGTON Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) below will exp The fee to renew	pire on: $3/1/2024$		
				cations: \$100		
L CERTIFICATES TO RENEW.			requirements by result in an a	ete or submit renewal the expiration date will Iditional late fees as d in Section V.		
I. CERTIFICATES TO				Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER TREATMENT		2	16		
TEMPORARY	WASTEWATER COLLECTION		2	24		
II. CURRENT EMPLOYM	ENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants)	that you currently operate:		I am employed b	by the Facility owner		
I am currently not operating any	Facility	I pro	provide contractual services to the Facility			
Please provide the following inf	ormation about each Facility/Plant that you operate. U	Jse addtion	al pages as needed			
Facility / Plant Name	(Class PI	OWIS (Water) NP	PDES (Wastewater)		



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		e d. Op	Operator Certification Number: 2147			
GEORGE A. B	Please enter you're curren	t address on the lines below and, if necess	sary,	Certification below will	. ,	3/1/2024
	correct the City, state and	ZIP Code. Please print legibly.		The fee to represent the fee t	new these tifications:	\$100
				requirements result in a	by the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFIC	CATES TO RENEW				Т	raining Units
Certification 7	Туре	Category		Class	R	equired
OPERATOR		WASTEWATER TREATMENT		А	16	5
OPERATOR		WATER TREATMENT		1	10	5
OPERATOR		WATER TREATMENT		5RO	10	5
OPERATOR		WASTEWATER TREATMENT		5	30)
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone #	:	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employe	d by the Fa	cility owner
I am currently no	ot operating any Facility		I pr	ovide contractual	services to	the Facility
Please provide ti	he following information al	pout each Facility/Plant that you operate	. Use addtio	onal pages as need	ded.	
Facility / Plant N	Jame		Class P	PDWIS (Water)	NPDES (W	/astewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

This is page one of a two page form. Both pages must be completed and returned. Op	Operator Certifcation Number: 2403			
TIMOTHY MCKIMMIE, SR. Please enter you're current address on the lines below and, if necessary,	Certification(s) below will ex	· · · · · · · · · · · · · · · · · · ·		
correct the City, state and ZIP Code. Please print legibly.	The fee to rene certif	w these \$50		
	requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.		
I. CERTIFICATES TO RENEW:		Training Units		
Certification Type Category	Class	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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Facility / Plant NameClassF	PDWIS (Water) N	PDES (Wastewater)		



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 Applicant's Signature
 Date

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 Email Address

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This is page one of a t	two page form. Both pages must be completed and returned	d. Op	perator Certifcatio	on Number:	2872	
	N e enter you're current address on the lines below and, if necess ct the City, state and ZIP Code. Please print legibly.	ary,	Certification(s) shown below will expire on: 3/		3/1/2024	
conec	et the City, state and Zir Code. Please print regiony.		The fee to re cer	enew these tifications:	\$50	
	CERTIFICATES TO RENEW:			Failure to complete or sul requirements by the expira result in an additional described in Secti		
					aining Units	
Certification Type	Category		Class	Re	quired	
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT EMP	LOYMENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities (or	r Plants) that you currently operate:		I am employe	ed by the Fac	cility owner	
I am currently not opera	ating any Facility	I p	rovide contractual	l services to	the Facility	
Please provide the follo	wing information about each Facility/Plant that you operate.	Use addtie	onal pages as nee	ded.		
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (W	astewater)	



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•	you're current address on the lines below and, if necess	sary,	Certification(s) below will exp	$\frac{3}{1}$	
correct the Cr	ty, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$		
I. CERTIFICATES TO RENEW:			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		
				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLOYM	IENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed b	by the Facility owner	
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	ou're current address on the lines below and, if nece	ssary,	Certification below will	· /	3/1/2024
correct the Ci	ty, state and ZIP Code. Please print legibly.		The fee to represent the fee to represent the term of term	new these tifications:	\$50
			requirements result in a	ubmit renewal iration date will I late fees as ction V.	
I. CERTIFICATES TO			-		aining Units
Certification Type	Category		Class	Re	equired
TEMPORARY	WASTEWATER COLLECTION		2	24	Ļ
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			Certification below wil	3/1/2024		
			The fee to rece	\$50		
			requirements result in a	s by the exp	submit renewal piration date will al late fees as ection V.	
	ATES TO RENEW:				raining Units	
Certification Ty	pe Category		Class	R	equired	
TEMPORARY	WATER TREATMENT		2	2	4	
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DEAN ALAN MILLER Please enter you're current address on the lines below and, if necessary,			Certificatior below will	3/1/2024			
correct the City, state and ZIP Code. Please print legibly.			The fee to receive	\$100			
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.				
I. CERTIFICATE					raining Units		
Certification Type	Category		Class	R	equired		
SUPERINTENDENT	WATER TREATMENT		4	7			
SUPERINTENDENT	WASTEWATER TREATMENT		5	7			
II. CURRENT EMP	PLOYMENT INFORMATION						
Employer's Name:			Phone #	#:			
Number of Facilities (or	r Plants) that you currently operate:		I am employ	ed by the Fa	acility owner		
I am currently not opera	ating any Facility	I prov	vide contractua	l services to	the Facility		
Please provide the follo	owing information about each Facility/Plant that you operate. Us	se addtion	al pages as nee	ded.			
Facility / Plant Name	С	Class PD	WIS (Water)	NPDES (W	Vastewater)		



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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



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

This is page one of a two	page form. Both pages must be completed and returned.	Operator Certifcat	Operator Certification Number: 3781			
PATRICK GANNON Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		ry, below w The fee to	on(s) shown ill expire on: 3/1/2024 renew these certifications: \$50			
			complete or submit renewal ats by the expiration date will an additional late fees as scribed in Section V.			
I. CERTIFICATES		Class	Training Units			
Certification Type	Category	Class	Required			
OPERATOR	WASTEWATER TREATMENT	А	16			
OPERATOR	WASTEWATER TREATMENT	5	30			
II. CURRENT EMPLO	DYMENT INFORMATION					
Employer's Name:		Phone	e #:			
Number of Facilities (or Pla	ants) that you currently operate:	I am emplo	oyed by the Facility owner			
I am currently not operating	g any Facility	I provide contractu	I provide contractual services to the Facility			
Please provide the followin	ng information about each Facility/Plant that you operate. U	lse addtional pages as no	eeded.			
Facility / Plant Name	(Class PDWIS (Water)	NPDES (Wastewater)			



III. CONTINUING EDUCATION:

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

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned. OWEN NATHANIEL BRISCOE Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Operator Certifcation Number: 3929					
			Certification below will	3/1/2024				
			The fee to re- cert	\$50				
				Failure to complete or submit re- requirements by the expiration da result in an additional late fee described in Section V.				
I. CERTIFICATES TO	<u>D RENEW:</u>				aining Units			
Certification Type	Category		Class	Re	quired			
TEMPORARY	WASTEWATER TREATMENT		3	45				
II. CURRENT EMPLOY	MENT INFORMATION							
Employer's Name:			Phone #	:				
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner				cility owner				
I am currently not operating any Facility I provide contractual services to the Facil			the Facility					
Please provide the following i	information about each Facility/Plant that you operate	e. Use addtie	onal pages as need	ded.				
Facility / Plant Name Class		Class I	PDWIS (Water)	NPDES (W	astewater)			



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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VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

This is page one of a two page form. Both pages must be completed and returned. MICHAEL BURT HUGHES, JR. Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Operator Certification Number: 3993				
			Certification(s) shown below will expire on: 3/1 ,				
			The fee to renew certifica	<u>×100</u>			
				ete or submit renewal he expiration date will ditional late fees as I in Section V.			
I. CERTIFICATES TO				Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WATER DISTRIBUTION		1	16			
OPERATOR	WASTEWATER COLLECTION		2	16			
II. CURRENT EMPLOY	MENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Plants	s) that you currently operate:		I am employed by	the Facility owner			
I am currently not operating ar	ny Facility	I pi	rovide contractual serv	vices to the Facility			
Please provide the following in	nformation about each Facility/Plant that you operate.	Use addtic	onal pages as needed.				
Facility / Plant Name Class		Class H	PDWIS (Water) NPI	DES (Wastewater)			



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

This is page one of a two page	e form. Both pages must be completed and returned	. Ope	erator Certifcation Nu	umber: 4009
ROBERT BUCK Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) s below will expi	$\frac{3}{1}$
			The fee to renew certifica	\$100
		requirements by the experiment in an addition		ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO	<u>RENEW:</u>			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPLOYM	IENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed by	the Facility owner
I am currently not operating any	Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the following inf	formation about each Facility/Plant that you operate. U	Use addtion	ıal pages as needed.	
Facility / Plant Name	(Class Pl	DWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
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This is page one of a two page	erator Certifcation N	umber: 4044			
KYLE ROBERTS Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) below will exp	3/1/2024	
			The fee to renew certific	\$100	
			Failure to complete or sub requirements by the expirat result in an additional la described in Section		
I. CERTIFICATES TO				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants	s) that you currently operate:		I am employed b	y the Facility owner	
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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
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This is page one of a two page form. Both pages must be completed and returned. Op			Operator Certifcation Number: 4065			
ERIC MERCH	IANT Please enter you're current address on the lines below and, if necessary,	,	Certificatio below wil	3/1/2024		
correct the City, state and ZIP Code. Please print legibly.			The fee to r ce	\$50		
			requirement result in a	s by the exp	submit renewal piration date will al late fees as ection V.	
	CATES TO RENEW:		- 1		raining Units	
Certification ⁻	Type Category		Class	R	equired	
OPERATOR	WATER TREATMENT		4	3	0	
II. CURRENT	SEMPLOYMENT INFORMATION					
Employer's Nam	e:		Phone	#:		
Number of Facil	ities (or Plants) that you currently operate:		I am employ	ed by the F	acility owner	
I am currently not operating any Facility I provide contractual services to the Facility			the Facility			
Please provide t	he following information about each Facility/Plant that you operate. Use	e addtion	al pages as ne	eded.		
Facility / Plant Name Class		lass PD	WIS (Water)	NPDES (V	Vastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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This is page one of a two	o page form. Both pages must be completed and returned.	Operator Certifcation Nur	nber: 4069		
	enter you're current address on the lines below and, if necessary	Certification(s) sh y, below will expire	$\frac{3}{1}$		
correct th	the City, state and ZIP Code. Please print legibly.	The fee to renew th certificat	\$50		
		requirements by th result in an add	te or submit renewal e expiration date will litional late fees as in Section V.		
I. CERTIFICATES			Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WASTEWATER TREATMENT	А	16		
II. CURRENT EMPLO	OYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Pl	Plants) that you currently operate:	I am employed by	I am employed by the Facility owner		
I am currently not operatin	ng any Facility	I provide contractual servi	provide contractual services to the Facility		
Please provide the following	ing information about each Facility/Plant that you operate. Us	se addtional pages as needed.			
Facility / Plant Name	C	lass PDWIS (Water) NPD	ES (Wastewater)		



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 Date

 Last 4 digits of Social Security Number
 Email Address

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MICHAEL S DILLOW Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		Certification(s) show below will expire of The fee to renew the certificatio	se \$50		
		Failure to complete requirements by the result in an additi described in	or submit renewal expiration date will ional late fees as		
I. CERTIFICATES			Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	А	16		
OPERATOR	WASTEWATER TREATMENT	5	30		
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Pla	ants) that you currently operate:	I am employed by the	e Facility owner		
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Facility / Plant Name	Cla	ass PDWIS (Water) NPDES	G (Wastewater)		



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 Date

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	Please enter you're current address on the lines below and, if necessary,		Certificatio below wil	on(s) shown ll expire on:	3/1/2024	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to r ce	enew these ertifications:	\$50	
			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		piration date will al late fees as	
	ATES TO RENEW:				raining Units	
Certification Ty	vpe Category		Class	R	Required	
OPERATOR	WATER TREATMENT		4	3	0	
II. CURRENT I	EMPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Faciliti	es (or Plants) that you currently operate:]	am employ	yed by the F	acility owner	
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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 4102			
	Please enter you're current	address on the lines below and,	if necessary,	Certification below will		
C	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew these certifications: \$100		
				requirements result in ar	mplete or submit renewal by the expiration date will a additional late fees as ibed in Section V.	
I. CERTIFICA	ATES TO RENEW:				Training Units	
Certification Ty	pe	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATER		6	16	
OPERATOR		INDUSTRIAL WASTEWATER		7	16	
SUPERINTENDEN	IT	INDUSTRIAL WASTEWATER		7	7	
II. CURRENT I	EMPLOYMENT INF	ORMATION				
Employer's Name:				Phone #	:	
Number of Faciliti	es (or Plants) that you cur	rently operate:		I am employed by the Facility owner		
I am currently not	operating any Facility	7 —	I	rovide contractual services to the Facility		
Please provide the	following information ab	out each Facility/Plant that you	operate. Use addt	ional pages as need	led.	
Facility / Plant Na	me		Class	PDWIS (Water)	NPDES (Wastewater)	



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This is page or	This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 4124		
DEMOND M	Please enter you're curren	rent address on the lines below and, if necessary,	ecessary,	Certification(s) below will exp	$\frac{3}{1}$	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certific	v these \$100 cations:	
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:			Training U			
Certification	Туре	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATER		2	0	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
II. CURRENT	Г EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employed by the Facility owner		
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Open			perator Certification Number: 4132		
RONALD SIMS	Please enter you're current address on the lines below and, if necessary	ν,	Certification below wil	n(s) shown l expire on:	3/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to re	enew these rtifications:	\$50
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section		biration date will al late fees as
	ATES TO RENEW:				raining Units
Certification Ty	pe Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT F	CMPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employ	ved by the Fa	acility owner
I am currently not o	operating any Facility	I provi	de contractua	al services to	the Facility
Please provide the	following information about each Facility/Plant that you operate. Us	se addtional	pages as nee	eded.	
Facility / Plant Nar	ne Cl	lass PDW	VIS (Water)	NPDES (V	Vastewater)



III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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This is page one of a two pa	age form. Both pages must be completed and returned	Operator Certification	n Number: 4394		
	r you're current address on the lines below and, if necessar	ry, Certification	3/1//11//		
correct the	City, state and ZIP Code. Please print legibly.	The fee to reacted cert	new these \$100		
		requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.		
I. CERTIFICATES TO	O RENEW:		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER COLLECTION	2	16		
OPERATOR	WATER DISTRIBUTION	1	16		
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:		Phone #	:		
Number of Facilities (or Plant	ts) that you currently operate:	I am employe	I am employed by the Facility owner		
I am currently not operating a	any Facility	I provide contractual	provide contractual services to the Facility		
Please provide the following	information about each Facility/Plant that you operate. U	Use addtional pages as need	led.		
Facility / Plant Name	(Class PDWIS (Water)	NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

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 Email Address

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This is page one	This is page one of a two page form. Both pages must be completed and returned. Ope			perator Certifcation Number: 4458		
	Please enter you're current address on the lines below and, if necessary	у,	Certification below will	n(s) shown expire on:	3/1/2024	
	correct the City, state and ZIP Code. Please print legibly.		The fee to re cer	enew these tifications:	850	
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V			
	ATES TO RENEW:				raining Units	
Certification Ty	ype Category		Class	R	equired	
OPERATOR	INDUSTRIAL WASTEWATER		4	1	6	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:	:		Phone #	#:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employe	ed by the Fa	acility owner	
I am currently not	operating any Facility	I pı	rovide contractual	l services to	the Facility	
Please provide the	e following information about each Facility/Plant that you operate. U	se addtio	onal pages as nee	ded.		
Facility / Plant Na	ume C	Class F	PDWIS (Water)	NPDES (V	Vastewater)	



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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
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This is page or	This is page one of a two page form. Both pages must be completed and returned. Open			Number: 4570	
DEANGELO	VAUGHAN Please enter you're current address on the lines below and, if nece correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) below will ex The fee to renev	pire on: 3/1/2024	
				cations: \$100	
			Failure to complete or submit requirements by the expiration d result in an additional late fee described in Section V.		
	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	lities (or Plants) that you currently operate:	Ι	am employed I	by the Facility owner	
I am currently n	not operating any Facility	I provide	provide contractual services to the Facility		
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Facility / Plant M	Name	Class PDWI	S (Water) NI	PDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a ty	wo page form. Both pages must be completed and returned.	Operator Certifcati	Operator Certifcation Number: 4645			
	ANE e enter you're current address on the lines below and, if necessary et the City, state and ZIP Code. Please print legibly.	,	ll expire on: 3/1/2024			
		The fee to r ce	enew these \$50			
		requirement result in	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.			
I. CERTIFICATE			Training Units			
Certification Type	Category	Class	Required			
OPERATOR	WASTEWATER COLLECTION	2	16			
II. CURRENT EMP	LOYMENT INFORMATION					
Employer's Name:		Phone	#:			
Number of Facilities (or	Plants) that you currently operate:	I am employ	ved by the Facility owner			
I am currently not operate	ting any Facility	I provide contractua	al services to the Facility			
Please provide the follow	wing information about each Facility/Plant that you operate. Us	se addtional pages as ne	eded.			
Facility / Plant Name	Cl	lass PDWIS (Water)	NPDES (Wastewater)			



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	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	Certification(s) sho below will expire	$\frac{3}{1}$		
correct	the City, state and ZIP Code. Please print legioly.	The fee to renew th certification	\$100		
		requirements by the result in an addi	e or submit renewal e expiration date will itional late fees as in Section V.		
I. CERTIFICATES			Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER COLLECTION	2	16		
OPERATOR	WATER DISTRIBUTION	1	16		
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Employer's Name:		Phone #:			
Number of Facilities (or H	Plants) that you currently operate:	I am employed by the	I am employed by the Facility owner		
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 Email Address

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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 emial in lieu of mail



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

This is page one of a two page form. Both pages must be completed and returned.		ned. Op	Operator Certification Number: 4903		
	you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp		
correct the Ci	ity, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100	
			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLOYN	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)) that you currently operate:		I am employed by the Facility owner		
I am currently not operating any	y Facility	I pr	rovide contractual services to the Facility		
Please provide the following in	formation about each Facility/Plant that you operat	te. Use addtio	onal pages as needed.		
Facility / Plant Name		Class P	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- 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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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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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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This is page one of a two page	Operator Certifcation Nun	nber: 4993	
5	bu're current address on the lines below and, if necessary	v, Certification(s) sho below will expire	$\frac{3}{1}$
correct the Cit	y, state and ZIP Code. Please print legibly.	The fee to renew th certificati	\$100
		requirements by the result in an add	e or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFICATES TO			Training Units
Certification Type	Category	Class	Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16
II. CURRENT EMPLOYM	ENT INFORMATION		
Employer's Name:		Phone #:	
Tumber of Facilities (or Plants) that you currently operate: I am employed by the Facility			he Facility owner
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Facility / Plant Name	Cl	lass PDWIS (Water) NPDH	ES (Wastewater)



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EMMANUEL	DIYOKE Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			on(s) shown ll expire on:	3/1/2024	
	Th		renew these ertifications:	\$50		
		requ	iirement esult in	ts by the exp	submit renewal piration date will al late fees as ection V.	
	CATES TO RENEW:				raining Units	
Certification	Type Category		Class	R	equired	
OPERATOR	WATER TREATMENT		4	3	0	
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone	#:		
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility of			acility owner			
I am currently not operating any Facility I provide contractual services to the Faci				the Facility		
Please provide	the following information about each Facility/Plant that you operate. Use	addtional pag	ges as ne	eeded.		
Facility / Plant Name Clas			(Water)	NPDES (V	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

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This is page one of a two page form. Both pages must be completed and returned. Operative operation of the second			Certifcation	Number: 5116	
RODNEY C MARVIN Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) shown below will expire on: 3/1/20		
			he fee to rend certif	ew these fications: \$100	
		req	 Failure to complete or submit re requirements by the expiration da result in an additional late feed described in Section V. 		
I. CERTIFICATES TO				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
SUPERINTENDENT	WATER TREATMENT		4	7	
II. CURRENT EMPLOYN	IENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)) that you currently operate:	I a	m employed	l by the Facility owner	
I am currently not operating any Facility I provide co			contractual s	services to the Facility	
Please provide the following in	formation about each Facility/Plant that you operate. U	Use addtional pa	ges as neede	ed.	
Facility / Plant Name	(Class PDWIS	(Water) N	NPDES (Wastewater)	



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BRUCE NAPPER, JR. Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(below will The fee to rer	expire on: 3/1/2024	
				ifications: \$100	
			requirements result in ar	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.	
	CATES TO RENEW:		-	Training Units	
Certification 7	Гуре Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
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Employer's Name	e:		Phone #:	:	
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TONY V BOLLING Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) shown below will expire on: 3/1/		
			The fee to recei	enew these tifications:	\$50
			requirements result in a	s by the exp	submit renewal piration date will al late fees as ection V.
	ATES TO RENEW:				raining Units
Certification Ty	vpe Category		Class	R	equired
OPERATOR	WATER DISTRIBUTION		1	1	6
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 Last 4 digits of Social Security Number
 Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

This is page one of a two page form. Both pages must be completed and returned.			Deerator Certifcation Number: 5414			
MICHAEL D WARNER Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) s below will exp	ire on: 3/1/2024		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$100		
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.		
I. CERTIFICATES TO				Training Units		
Certification Type	Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER		6	16		
SUPERINTENDENT	INDUSTRIAL WASTEWATER		6	7		
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plan	ts) that you currently operate:		I am employed by	y the Facility owner		
I am currently not operating any Facility I provide contractual services to the			vices to the Facility			
Please provide the following	information about each Facility/Plant that you operate.	. Use addtio	nal pages as needed.			
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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This is page one of	of a two page form. Both pages must be completed and returned.	Operator Certifcat	ion Number: 5653
	Please enter you're current address on the lines below and, if necessary		on(s) shown Ill expire on: 3/1/2024
correct the City, state and ZIP Code. Please print legibly.			renew these states stat
		requirement result in	complete or submit renewal ts by the expiration date will an additional late fees as scribed in Section V.
	ATES TO RENEW:		Training Units
Certification Ty	pe Category	Class	Required
OPERATOR	WATER TREATMENT	4	30
II. CURRENT F	EMPLOYMENT INFORMATION		
Employer's Name:		Phone	#:
Number of Facilitie	es (or Plants) that you currently operate:	I am emplo	yed by the Facility owner
I am currently not o	operating any Facility	I provide contractu	al services to the Facility
Please provide the	following information about each Facility/Plant that you operate. Us	se addtional pages as ne	eded.
Facility / Plant Nar	ne Cl	lass PDWIS (Water)	NPDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page	ge form. Both pages must be completed and returned.	Operator Certifcation Nu	mber: 5676
	you're current address on the lines below and, if necessary City, state and ZIP Code. Please print legibly.	y, Certification(s) sl	$\frac{1}{3}$
correct the City, state and Zir Code. Please print legioly.		The fee to renew certifica	\$100
		requirements by the result in an address of the result in a re	ete or submit renewal he expiration date will ditional late fees as h in Section V.
I. CERTIFICATES TO			Training Units
Certification Type	Category	Class	Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16
II. CURRENT EMPLOY	MENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants	s) that you currently operate:	I am employed by	the Facility owner
I am currently not operating ar	ny Facility	I provide contractual serv	ices to the Facility
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Facility / Plant Name	С	Class PDWIS (Water) NPD	ES (Wastewater)



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This is page one of a two page	form. Both pages must be completed and returne	d. Opera	ator Certifcation N	Number: 5991
CHRISTOPHER GEORGE KROUT Please enter you're current address on the lines below and, if necessary,			Certification(s) below will exp	$\frac{3}{1}$
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifie	w these \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO				Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
II. CURRENT EMPLOYM	ENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed b	by the Facility owner
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Please provide the following infe	prmation about each Facility/Plant that you operate.	Use addtiona	l pages as needed	<i>.</i>
Facility / Plant Name		Class PD	WIS (Water) NF	PDES (Wastewater)



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	lease enter you're current address on the lines below and, if necessary,	,	Certification below wil	n(s) shown l expire on:	3/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to re	enew these rtifications:	\$50
			requirements result in a	s by the exp	submit renewal piration date will al late fees as ection V.
	TES TO RENEW:				raining Units
Certification Typ	De Category		Class	R	Required
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employ	red by the F	acility owner
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Please provide the f	following information about each Facility/Plant that you operate. Use	e addtio	nal pages as nee	eded.	
Facility / Plant Nam	ne Cla	ass P	DWIS (Water)	NPDES (V	Wastewater)



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	you're current address on the lines below and, if nece	ssary,	Certification below will	· /	3/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to re cert	new these tifications:	\$50
			requirements result in a	by the expi	ubmit renewal ration date will l late fees as tion V.
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Certification Type	Category		Class	Re	quired
SUPERINTENDENT	WASTEWATER TREATMENT		3	7	
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 Last 4 digits of Social Security Number
 Email Address

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

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

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



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

This is page one of a two page	e form. Both pages must be completed and returne	ed. Op	erator Certifcation N	Number: 6687
STEVEN L. HARTLE Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		sary,	Certification(s) below will ex	$\frac{3}{1}$
			The fee to renew certific	w these \$100 cations:
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ed in Section V.
I. CERTIFICATES TO				Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
SUPERINTENDENT	WATER TREATMENT		4	7
II. CURRENT EMPLOYM	IENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed l	by the Facility owner
I am currently not operating any	/ Facility	I pr	ovide contractual se	rvices to the Facility
Please provide the following inf	formation about each Facility/Plant that you operate.	. Use addtio	nal pages as needed	<i>l.</i>
Facility / Plant Name		Class P	DWIS (Water) NF	PDES (Wastewater)



III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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

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

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 Date

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

This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certifcation Num	nber: 6967	
RAYMOND H. LACEY 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 \$50		
		requirements by th result in an add	te or submit renewal e expiration date will itional late fees as in Section V.	
	CATES TO RENEW:	Class	Training Units	
Certification T	ype Category	Class	Required	
OPERATOR	WASTEWATER TREATMENT	A	16	
OPERATOR	WASTEWATER TREATMENT	5	30	
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	2:	Phone #:		
Number of Facili	ties (or Plants) that you currently operate:	I am employed by t	he Facility owner	
I am currently no	t operating any Facility	I provide contractual servi	ces to the Facility	
Please provide th	ne following information about each Facility/Plant that you operate. Use	e addtional pages as needed.		
Facility / Plant N	ame Cla	ass PDWIS (Water) NPDI	ES (Wastewater)	



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	bu're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	$\frac{3}{1}$
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	C100
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO				Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
OPERATOR	WASTEWATER TREATMENT		1	16
II. CURRENT EMPLOYM	ENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) t	hat you currently operate:		I am employed by	the Facility owner
I am currently not operating any	Facility	I pro	ovide contractual serv	vices to the Facility
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Facility / Plant Name		Class Pl	OWIS (Water) NPI	DES (Wastewater)



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This is page one of a	a two page form. Both pages must be completed and returned.	Operator Certifcat	ion Number: 7215
ELLWOOD W. KLUMP Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		below wi	on(s) shown ill expire on: 3/1/2024 renew these \$50
		Failure to requiremen result in	ertifications: "Job complete or submit renewal ts by the expiration date will an additional late fees as scribed in Section V.
I. CERTIFICAT Certification Type	<u>ES TO RENEW:</u> Category	Class	Training Units Required
	- <i>i</i>		·
OPERATOR OPERATOR	WASTEWATER TREATMENT WASTEWATER TREATMENT	5 A	30 16
		A	10
II. CURRENT EM	IPLOYMENT INFORMATION		
Employer's Name:		Phone	e #:
Number of Facilities ((or Plants) that you currently operate:	I am emplo	byed by the Facility owner
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Facility / Plant Name	Cla	ass PDWIS (Water)	NPDES (Wastewater)



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JAMES CARROLL, III Certification(s) shown	
Please enter you're current address on the lines below and, if necessary, $3/1/2$	024
correct the City, state and ZIP Code. Please print legibly. The fee to renew these certifications: \$50	
Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.	late will
I. CERTIFICATES TO RENEW: Training	
Certification Type Category Class 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 ow	ner
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JOHN D. KLINE Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	3/1/2024
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100

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		describe	- described in Section V.		
I. CERTIFICATES TO I	RENEW:		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WATER TREATMENT	4	30		
SUPERINTENDENT	WATER DISTRIBUTION	1	7		
SUPERINTENDENT	WATER TREATMENT	4	7		
OPERATOR	WASTEWATER TREATMENT	4	30		
OPERATOR	WATER DISTRIBUTION	1	16		
OPERATOR	WASTEWATER COLLECTION	2	16		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WATER TREATMENT	3	30		

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:	Phone #:					
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner				
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

LEO M. MILLER, JR. Please enter you're current address on the lines below and, if necessary,			ed. Ope	Operator Certifcation Number: 7364			
			sary,	Certification(s) shown below will expire on: 3/1/2024			
correct the City, state and ZIP Code. Please print legibly.		ZIP Code. Please print legibly.		The fee to receive	enew these tifications	× 1 0 0	
				 Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V. 		xpiration date will nal late fees as	
	ATES TO RENEW	<u>:</u>				Training Units	
Certification T	уре	Category		Class		Required	
OPERATOR		WASTEWATER TREATMENT		5		30	
OPERATOR		WASTEWATER TREATMENT		А		16	
SUPERINTENDE	NT	WASTEWATER TREATMENT		5		7	
SUPERINTENDE	NT	WASTEWATER TREATMENT		А		7	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	::			Phone #	#:		
Number of Facilit	ties (or Plants) that you cu	rrently operate:		I am employed by the Facility owner			
I am currently not	t operating any Facility		I pro	I provide contractual services to the Facility			
Please provide th	e following information a	bout each Facility/Plant that you operate	. Use addtion	ıal pages as nee	eded.		
Facility / Plant Na	ame		Class Pl	OWIS (Water)	NPDES ((Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 7581				
RODNEY W MANGOLD Please enter you're current address on the lines below and, if necessary,			if necessary,	Certification(s) sl below will expi			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$100				
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
I. CERTIFIC	ATES TO RENEW:				Training Units		
Certification T	ӯре	Category		Class	Required		
OPERATOR		INDUSTRIAL WASTEWATER		5	30		
OPERATOR		WASTEWATER TREATMENT		5	30		
OPERATOR		WASTEWATER TREATMENT		А	16		
II. CURRENT	EMPLOYMENT INFO	ORMATION					
Employer's Name	2:			Phone #:			
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed by the Facility owner			
I am currently not	t operating any Facility		Ι	provide contractual services to the Facility			
Please provide th	e following information ab	out each Facility/Plant that you	operate. Use add	tional pages as needed.			
Facility / Plant Na	ame		Class	PDWIS (Water) NPD	DES (Wastewater)		



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This is page one	of a two page form. Both pages must be completed and returned.	Ope	erator Certifcation	n Number:	8189
	Please enter you're current address on the lines below and, if necessary	/,	Certification(s) shown below will expire on:		3/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to ren cert	new these ifications:	\$50
			requirements result in a	submit renewal piration date will al late fees as ection V.	
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
OPERATOR	WATER TREATMENT		1	1	6
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #	:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employe	d by the Fa	acility owner
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This is page one	of a two page form. Both pages must be completed and returned.	Ope	rator Certifcation	on Number:	8423
	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) shown below will expire on:		3/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to r	enew these rtifications:	\$50
			requirements result in a	submit renewal biration date will al late fees as ection V.	
	ATES TO RENEW:				raining Units
Certification Ty	vpe Category		Class	R	equired
OPERATOR	WATER DISTRIBUTION		1	1	6
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employ	ved by the Fa	acility owner
I am currently not	operating any Facility	I pro	vide contractua	al services to	the Facility
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Facility / Plant Nat	me Cl	lass PI	OWIS (Water)	NPDES (V	Vastewater)



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BENJAMIN M. THOMPSON Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			, if necessary,	Certification below will	n(s) shown l expire on:	n: 3/1/2024	
				The fee to receive	enew these rtifications:		
				requirements result in a	Failure to complete or submit representation of the expiration of the expiration of the result in an additional late fees described in Section V.		
	ATES TO RENEW:					aining Units	
Certification T	уре	Category		Class	Red	quired	
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MUHAMMAD	TAK Please enter you're current address on the lines below and, if necessar		Certification(s) shown below will expire on: 3 ,		3/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to r ce	enew these ortifications:	\$50
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	CATES TO RENEW:				raining Units
Certification T	Type Category		Class	R	equired
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Facility / Plant N	lame Cla	ass PD	WIS (Water)	NPDES (W	Vastewater)



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V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

This is page one of a two page form. Both pages must be completed and returned. Ope			Operator Certification Number: 9077			
	ase enter you're current address on the lines below and, if necessary	У,	Certification(s) shown below will expire on: 3/1			
correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	new these tifications:	\$50	
			Failure to complete or sub requirements by the expirat result in an additional la described in Section		ration date will I late fees as	
	TES TO RENEW:				raining Units	
Certification Type	e Category		Class	Re	equired	
OPERATOR	WATER DISTRIBUTION		1	16	5	
II. CURRENT EM	IPLOYMENT INFORMATION					
Employer's Name:			Phone #	:		
Number of Facilities	(or Plants) that you currently operate:		I am employe	ed by the Fa	cility owner	
I am currently not ope	erating any Facility	I pro	vide contractual	services to	the Facility	
Please provide the fo	llowing information about each Facility/Plant that you operate. Us	se addtion	al pages as need	ded.		
Facility / Plant Name	Cl	lass PE	OWIS (Water)	NPDES (W	astewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

This is page one	of a two page form. Both pages must be completed and returned.	Operator Certife	cation Number	: 9283	
	Please enter you're current address on the lines below and, if necessary		Certification(s) shown below will expire on:		
correct the City, state and ZIP Code. Please print legibly.		The fee	to renew these certifications:	\$50	
		requirem result	Failure to complete or sub requirements by the expirat result in an additional la described in Sectio		
	ATES TO RENEW:			Fraining Units	
Certification Ty	/pe Category	Cla	ss F	Required	
OPERATOR	WASTEWATER COLLECTION	2	1	16	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:		Pho	one #:		
Number of Faciliti	es (or Plants) that you currently operate:	I am emp	ployed by the F	acility owner	
I am currently not	operating any Facility	I provide contra	ctual services t	o the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtional pages as	needed.		
Facility / Plant Nat	me Cl	lass PDWIS (Wate	er) NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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

V. LATE FEES AND REINSTATEMENT

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 Date

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 Email Address

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

This is page one of a two page	Operator Certification	Operator Certification Number: 9571				
	ou're current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		expire on: 3/1/2024			
		The fee to recent	tifications: \$50			
		requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.			
I. CERTIFICATES TO			Training Units			
Certification Type	Category	Class	Required			
OPERATOR	WASTEWATER TREATMENT	5	30			
OPERATOR	WASTEWATER TREATMENT	А	16			
II. CURRENT EMPLOYM	IENT INFORMATION					
Employer's Name:		Phone #	:			
Number of Facilities (or Plants)	that you currently operate:	I am employe	ed by the Facility owner			
I am currently not operating any	Facility	I provide contractual	I provide contractual services to the Facility			
Please provide the following inf	formation about each Facility/Plant that you operate. U	se addtional pages as need	led.			
Facility / Plant Name	C	Class PDWIS (Water)	NPDES (Wastewater)			



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 9574			
•	u're current address on the lines below and, if necessa	ury,	Certification(s below will e	· · · · · · · · · · · · · · · · · · ·		
correct the City, state and ZIP Code. Please print legibly.			The fee to rend certif	ew these fications: \$50		
			 requirements b result in an 	uplete or submit renewal by the expiration date will additional late fees as bed in Section V.		
I. CERTIFICATES TO I	<u>RENEW:</u>			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER		4	16		
II. CURRENT EMPLOYMI	ENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) t	hat you currently operate:		I am employed	by the Facility owner		
I am currently not operating any l	Facility	I p	rovide contractual s	ervices to the Facility		
Please provide the following info	rmation about each Facility/Plant that you operate.	Use addti	onal pages as neede	ed.		
Facility / Plant Name		Class 1	PDWIS (Water) N	IPDES (Wastewater)		



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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 Date

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This is page one of a two page	Operator Certifcation Number: 9761				
KEVIN W. SEALS Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) below will exp		
			The fee to renew certific	v these \$50 cations:	
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO	<u>RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT EMPLOYM	IENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed b	by the Facility owner	
I am currently not operating any	/ Facility	I pro	provide contractual services to the Facility		
Please provide the following inf	formation about each Facility/Plant that you operate.	Use addtion	al pages as needed	•	
Facility / Plant Name		Class PE	WIS (Water) NP	PDES (Wastewater)	



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This is page one of a two pag	• Operator Certifc	Operator Certifcation Number: 9984			
PHILIP J. FLAHERTY Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		ry, below	Certification(s) shown below will expire on: 3/1/2024 The fee to renew these \$100		
		requireme result	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFICATES TO			Training Units		
Certification Type	Category	Clas	s R	equired	
SUPERINTENDENT	WASTEWATER COLLECTION	2	7		
OPERATOR	WASTEWATER COLLECTION	2	10	6	
II. CURRENT EMPLOYN	IENT INFORMATION				
Employer's Name:		Pho	Phone #:		
Number of Facilities (or Plants) that you currently operate:		I am emp	I am employed by the Facility owner		
I am currently not operating any Facility		I provide contrac	I provide contractual services to the Facility		
Please provide the following in	formation about each Facility/Plant that you operate. U	Use addtional pages as	needed.		
Facility / Plant Name Cla		Class PDWIS (Wate	er) NPDES (W	Vastewater)	



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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