

This notice is provided pursuant to State Government Article, §10-624, Maryland Code Annotated. The personal information requested on this form is intended to be used in processing you application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and is subject to the Maryland Public Information Act. This form may be available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

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

This is page one of a two page form. Both pages must be completed and returned. Operation				Operator Certifcation N	erator Certifcation Number: 0277		
GREGORY W.	Please enter you're current	se enter you're current address on the lines below and, if necessary,	if necessary,	Certification(s) below will ex			
	correct the City, state and Z	IP Code. Please print legibly.		The fee to rene certifi	w these \$50		
			requirement result in		plete or submit renewal y the expiration date will additional late fees as bed in Section V.		
I. CERTIFIC	CATES TO RENEW:				Training Units		
Certification T	уре	Category		Class	Required		
TEMPORARY		WATER TREATMENT		2	24		
II. CURRENT	EMPLOYMENT INFO	RMATION					
Employer's Name	2:			Phone #:			
Number of Facili	ties (or Plants) that you curr	ently operate:		I am employed	by the Facility owner		
I am currently no	t operating any Facility]	I	provide contractual se	rovide contractual services to the Facility		
Please provide th	ne following information abo	ut each Facility/Plant that you	operate. Use add	ltional pages as needed	<i>d</i> .		
Facility / Plant N	ame		Class	PDWIS (Water) NI	PDES (Wastewater)		



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page one of a tw	o page form. Both pages must be completed and returne	ed. Op	erator Certifcation	n Number:	0403
	enter you're current address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 4/1/2		4/1/2023
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		ration date will l late fees as
I. CERTIFICATES	S TO RENEW:			Tr	aining Units
Certification Type	Category		Class		quired
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #	:	
Number of Facilities (or I	Plants) that you currently operate:		I am employe	ed by the Fac	cility owner
I am currently not operati	ing any Facility	I pr	ovide contractual	services to	the Facility
Please provide the follow	ving information about each Facility/Plant that you operate.	. Use addtio	nal pages as need	ded.	
Facility / Plant Name		Class P	DWIS (Water)	NPDES (W	astewater)



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Date

Last 4 digits of Social Security Number

Email Address

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	r you're current address on the lines below and, if necessa		ertification(s) below will exp		
correct the	City, state and ZIP Code. Please print legibly.	Tl	he fee to renew certific	v these \$100	
		req	Failure to complete or s requirements by the expi result in an additiona described in Sec		
I. CERTIFICATES T	O RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
TEMPORARY	WASTEWATER TREATMENT		5	45	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	ts) that you currently operate:	I a	m employed b	y the Facility owner	
I am currently not operating a	any Facility	I provide of	rovide contractual services to the Facility		
Please provide the following	information about each Facility/Plant that you operate. U	Use addtional pa	ges as needed		
Facility / Plant Name		Class PDWIS	(Water) NP	DES (Wastewater)	



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ROBERT B. HU				Certification(s	<u> </u>	4/1/2023	
	Please enter you're current ad correct the City, state and ZII	dress on the lines below and, if nec	essary,	below will ex	xpire on: -/	-, -, - = = = = = =	
	confect the City, state and Zh	Code. I lease plint legioly.		The fee to rene certif	ications: \$5	\$50	
			Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.				
I. CERTIFIC	ATES TO RENEW:				Trair	ning Units	
Certification Ty	ype Ca	ategory		Class	Requ	ired	
OPERATOR	IN	DUSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFOR	MATION					
Employer's Name:	:			Phone #:			
Number of Facilit	ies (or Plants) that you current	tly operate:		I am employed	by the Facilit	y owner	
I am currently not	operating any Facility		Ι	provide contractual se	ervices to the	Facility	
Please provide the	e following information about	each Facility/Plant that you opera	te. Use ada	ltional pages as neede	d.		
Facility / Plant Na	me		Class	PDWIS (Water) N	PDES (Waste	ewater)	



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	enter you're current address on the lines below and, if necessary	у,	Certification(s) below will ex		
correct the City, state and ZIP Code. Please print legibly.			The fee to renev certifi	w these \$100 cations:	
		requirements result in a		olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES	<u>S TO RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EMPI	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	Plants) that you currently operate:		I am employed l	by the Facility owner	
I am currently not operat	ting any Facility	I pro	ovide contractual se	rvices to the Facility	
Please provide the follow	wing information about each Facility/Plant that you operate. Us	se addtion	nal pages as needea	1.	
Facility / Plant Name	Cl	lass Pl	DWIS (Water) NI	PDES (Wastewater)	



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AUSTIN ADAM	MS Please enter you're current address on the lines below and, if necessar	ry,	Certification(s below will e		4/1/2023	
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	ATES TO RENEW:			т	raining Units	
Certification Ty	ype Category		Class	R	equired	
TEMPORARY	WASTEWATER TREATMENT		4	2	4	
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Employer's Name:			Phone #:			
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Facility / Plant Nat	me C	Class PI	DWIS (Water) N	IPDES (V	Vastewater)	



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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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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: 0473			
MICHAEL TE	Please enter you're current address on the lines below and, if necessary,		essary,	Certification below wil	n(s) shown l expire on:	4/1/2023
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	\$50	
				 Failure to complete or submit requirements by the expiration result in an additional late described in Section V 		piration date will al late fees as
I. CERTIFIC	CATES TO RENEW	- -			Г	raining Units
Certification T	уре	Category		Class	F	Required
OPERATOR		WASTEWATER TREATMENT		А	1	.6
OPERATOR		WASTEWATER TREATMENT		5	3	0
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	2:			Phone	#:	
Number of Facili	ties (or Plants) that you cur	rrently operate:		I am employed by the Facility owner		
I am currently no	t operating any Facility		I p	rovide contractual services to the Facility		
Please provide th	ne following information al	bout each Facility/Plant that you operat	te. Use addtio	onal pages as nee	eded.	
Facility / Plant N	ame		Class I	PDWIS (Water)	NPDES (V	Wastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certifcation Number: 0519			
NEIL BROWN	Please enter you're current	ease enter you're current address on the lines below and, if necessary	ssary,		Certification(s) shown below will expire on: 4/1/2		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rec	enew these rtifications	\$50	
				Failure to complete or submi requirements by the expiratio result in an additional late described in Section		piration date will nal late fees as	
I. CERTIFIC	CATES TO RENEW:				-	Fraining Units	
Certification 1	Гуре	Category		Class		Required	
TEMPORARY		WASTEWATER TREATMENT		5	4	45	
TEMPORARY		WASTEWATER TREATMENT		А		24	
II. CURRENT	EMPLOYMENT INFO	ORMATION					
Employer's Name	ð:			Phone #	#:		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	ed by the I	Facility owner	
I am currently no	t operating any Facility		I p	rovide contractua	l services t	to the Facility	
Please provide th	ne following information ab	out each Facility/Plant that you operate	e. Use addtio	onal pages as nee	eded.		
Facility / Plant N	ame		Class I	PDWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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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. Ope			perator Certifcation Number: 0541		
	lease enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
			Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V.		
	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT E	CMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate.	Use addti	onal pages as needed.		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of a two page form. Both pages must be completed and returned. Operation				erator Certifcation Number: 0646		
LINDSAY E. DAV Pl	'IS ease enter you're current address on th	e lines below and, if necessary,		Certification(s) shown below will expire on: 4/1,		4/1/2023
correct the City, state and ZIP Code. Please print legibly.		ase print legibly.		The fee to rene certifi	w these ications:	\$50
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFICA	<u>TES TO RENEW:</u>				Т	raining Units
Certification Typ	e Category			Class	R	equired
TEMPORARY	INDUSTRIAL	WASTEWATER		4	24	4
II. CURRENT E	MPLOYMENT INFORMATION	N				
Employer's Name:				Phone #:		
Number of Facilities	(or Plants) that you currently operate	:		I am employed	by the Fa	cility owner
I am currently not op	perating any Facility		I provid	rovide contractual services to the Facility		
Please provide the f	ollowing information about each Faci	lity/Plant that you operate. Use	e addtional	pages as needed	d.	
Facility / Plant Nam	2	Cla	ass PDW	/IS (Water) N	PDES (W	Vastewater)



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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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	perator Certifcation Number: 0677			
	you're current address on the lines below and, if necessa	ary,	Certification(s) s below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$100
				ete or submit renewal he expiration date will ditional late fees as d 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 Plant	s) that you currently operate:		I am employed by	the Facility owner
I am currently not operating an	ny Facility	I	provide contractual serv	vices to the Facility
Please provide the following i	information about each Facility/Plant that you operate.	Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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Date

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This is page one	of a two page form. Both pages must be completed and returne	erator Certifcation Number: 0737			
	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.		
	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	t operating any Facility	Ιp	provide contractual services to the Facility		
Please provide th	e following information about each Facility/Plant that you operate.	. Use addtie	onal pages as needed.		
Facility / Plant Na	ame	Class I	PDWIS (Water) NP	DES (Wastewater)	
_					



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of a	a two page form. Both pages must be completed and returne	erator Certifcation Number: 0759		
JOHN KASPRZAK Please enter you're current address on the lines below and, if nece correct the City, state and ZIP Code. Please print legibly.			Certification(s) s below will exp	
			The fee to renew certifica	\$50
			Failure to complete or submirred requirements by the expiration result in an additional late described in Section	
	TES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not ope	erating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operate.	. Use addtie	onal pages as needed.	
Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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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This is page one	e of a two page form. Both pages must be completed and returned.	Ope	erator Certifcation N	umber: 0914
RYAN COOK	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.
	CATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	2:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently no	t operating any Facility	I pro	ovide contractual ser	vices to the Facility
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Name and Certification Number of Operator in Responsible Charge:

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

This is page one of	f a two page form. Both pages must be completed and retur	erator Certifcation Number: 10010		
KYLIN B MAYBERRY Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.			Certification(s) sh below will expin	
			The fee to renew t certificat	\$50
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.	
I. CERTIFICA	<u>TES TO RENEW:</u>			Training Units
Certification Typ	De Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		А	24
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	perating any Facility	I p	rovide contractual serv	ices to the Facility
Please provide the f	following information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.	
Facility / Plant Nam	e	Class 1	PDWIS (Water) NPD	ES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one	of a two page form. Both	Operator Certifcation Number: 10280			
DANE PHILLIP WALLS				Certification(
Please enter you're current address on the lines below and, if necessary,				below will e	expire on: 4/1/2023
	correct the City, state and ZIP Code. Please print legibly.			The fee to ren certi	new these \$50
				requirements l result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
I. CERTIFIC	ATES TO RENEW:	-			Training Units
Certification T	уре	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		А	24
TEMPORARY		WASTEWATER TREATMENT		5	45
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	:			Phone #:	
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am employed	d by the Facility owner
I am currently not	operating any Facility		Ι	provide contractual	services to the Facility
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Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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JARROD D BOHN Please enter you're current address on the lines below and, if nece			Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these \$50
			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.	
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
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Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner
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BRIAN MCGU	RE Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.	sary,	Certification(below will o The fee to ren	expire on:	4/1/2023		
				certi	ifications:	\$50	
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees a described in Section V.		iration date will al late fees as	
I. CERTIFIC	CATES TO RENEW:				т	raining Units	
Certification 7	Type Cate	egory		Class	R	equired	
OPERATOR	WAS	TEWATER TREATMENT		5	30)	
OPERATOR	WAS	TEWATER TREATMENT		А	1	5	
II. CURRENT	EMPLOYMENT INFORM	ATION					
Employer's Name	2:			Phone #:			
Number of Facili	ties (or Plants) that you currently	operate:		I am employed	d by the Fa	cility owner	
I am currently no	t operating any Facility		I pr	ovide contractual	services to	the Facility	
Please provide th	ne following information about ec	uch Facility/Plant that you operate.	. Use addtio	nal pages as need	ed.		
Facility / Plant N	ame		Class P	DWIS (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.
- 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			perator Certifcation Number: 10432		
MICHAEL SEYM	OUR		Certification(s)		
	ease enter you're current address on the lines below and, if necessa	ary,	below will exp	oire on: 4/1/2025	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not op	perating any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the fo	ollowing information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.		
Facility / Plant Name	2	Class P	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- 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.
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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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a	a two page form. Both pages must be completed and returned	d. Ope	erator Certifcation N	Number: 10437
OVIDIO CRUZ-G	IRON as enter you're current address on the lines below and, if necessa	arv.	Certification(s) below will ex	
	rect the City, state and ZIP Code. Please print legibly.		The fee to renew	1
			Failure to complete or submit renewa requirements by the expiration date wi result in an additional late fees as described in Section V.	
I. CERTIFICAT	TES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EM	IPLOYMENT 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 ope	erating any Facility	I pro	ovide contractual se	rvices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operate.	Use addtion	nal pages as needed	<i>l</i> .
Facility / Plant Name		Class Pl	DWIS (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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Name and Certification Number of Operator in Responsible Charge:

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Date

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

This is page one of	of a two page form. Both pages must be completed and return	ed. O	perator Certifcation N	umber: 10523
	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50
			Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		1	0
II. CURRENT F	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not o	operating any Facility	Ιŗ	provide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate	e. Use addti	onal pages as needed	
Facility / Plant Nar	ne	Class	PDWIS (Water) NP	DES (Wastewater)



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certifcation Number: 10526		
	Please enter you're current ad	dress on the lines below and, if n	ecessary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.		Code. Please print legibly.		The fee to renew certification	\$50	
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.			
I. CERTIFICA	ATES TO RENEW:				Training Units	
Certification Ty	rpe Ca	ategory		Class	Required	
TEMPORARY	W	ATER TREATMENT		4	45	
II. CURRENT I	EMPLOYMENT INFOR	MATION				
Employer's Name:				Phone #:		
Number of Faciliti	es (or Plants) that you curren	tly operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility		Ι	provide contractual serv	vices to the Facility	
Please provide the	following information about	each Facility/Plant that you ope	rate. Use addi	tional pages as needed.		
Facility / Plant Nat	ne		Class	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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Date

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Email Address

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This is page one o	of a two page form. Both pages must be completed and returned	perator Certifcation Number: 10891			
ALLAN LARGE	NT		Certification(s) shown		
	lease enter you're current address on the lines below and, if necess	ary,	below will exp	ire on: 4/1/2025	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
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I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT E	CMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
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This is page one	of a two page form. Both pages must be completed and returned.	Operator Certification Number: 11174		
JAMES D HURI	LEY Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) sl below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	/pe Category		Class	Required
SUPERINTENDEN	NT WATER TREATMENT		1	7
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ιp	provide contractual serv	ices to the Facility
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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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				Operator Certifcation N	perator Certification Number: 11230		
EDWARD T SMITH			Certification(s) shown below will expire on: 4/1/2023				
Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		necessary,	The fee to renew	pire on:			
		Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFIC	ATES TO RENEW:				Training Units		
Certification Ty	/pe C	ategory		Class	Required		
TEMPORARY	W	ATER TREATMENT		4	45		
II. CURRENT	EMPLOYMENT INFO	RMATION					
Employer's Name:				Phone #:			
Number of Faciliti	es (or Plants) that you curren	tly operate:		I am employed l	by the Facility owner		
I am currently not	operating any Facility		Ι	provide contractual se	rvices to the Facility		
Please provide the	e following information abou	t each Facility/Plant that you op	perate. Use ada	ltional pages as needed	<i>l</i> .		
Facility / Plant Na	me		Class	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.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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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 retu	rned. O	perator Certifcation N	Number: 11267	
	Please enter you're current	LS ease enter you're current address on the lines below and, if necessary, prect the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) below will ex		
	correct the City, state and z	In Code. I lease print legioly.		The fee to rene certifi	w these \$50 cations:	
				 requirements by result in an a 	olete or submit renewal the expiration date will additional late fees as ed in Section V.	
I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	уре	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		А	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
II. CURRENT	EMPLOYMENT INFO	PRMATION				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you curr	ently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility]	Ιp	rovide contractual services to the Facility		
Please provide th	e following information abo	out each Facility/Plant that you oper	ate. Use addti	onal pages as needed	l	
Facility / Plant Na	ame		Class	PDWIS (Water) NI	PDES (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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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: 11329		
WALTER HO	Please enter you're current	t address on the lines below and, if new	cessary,	Certification(s) shown below will expire on: 4/1/20		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certific	v these \$100	
				requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW:	<u>.</u>			Training Units	
Certification ⁻	Гуре	Category		Class	Required	
TEMPORARY		WATER TREATMENT		2	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed b	y the Facility owner	
I am currently no	ot operating any Facility		I pr	provide contractual services to the Facility		
Please provide t	he following information al	oout each Facility/Plant that you oper	ate. Use addtio	nal pages as needed		
Facility / Plant N	lame		Class P	DWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page or	ne of a two page form. Both	pages must be completed and return	ned. (Operator Certifcation Nu	umber: 11330
	Please enter you're current	ease enter you're current address on the lines below and, if necessary,	essary,	Certification(s) s below will exp	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certification	\$50
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.		
	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
II. CURREN	Г EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner
I am currently n	ot operating any Facility	7	Ι	provide contractual serv	vices to the Facility
Please provide	the following information ab	out each Facility/Plant that you operat	te. Use addi	tional pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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DAVID SYLV	Please enter you're current a	ER ase enter you're current address on the lines below and, if necessary, rect the City, state and ZIP Code. Please print legibly.		Certification(s) below will ex The fee to rene	4/1/2023	
				Failure to com requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification ⁻	Гуре С	Category		Class	Required	
TEMPORARY	١	VATER TREATMENT		4	45	
TEMPORARY	١	VASTEWATER TREATMENT		5	45	
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you curre	ntly operate:		I am employed	by the Facility owner	
I am currently no	ot operating any Facility		I p	rovide contractual services to the Facility		
Please provide t	he following information abo	t each Facility/Plant that you opera	te. Use addti	onal pages as needed	d.	
Facility / Plant N	Jame		Class	PDWIS (Water) N	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 two page form. Both pages must be completed and returned.	Operator Certifcation Number: 11332		
	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.	
	ATES TO RENEW:		-	Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		1	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.	
Facility / Plant Nat	me Cla	ass P	DWIS (Water) NP	DES (Wastewater)



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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page on	e of a two page form. Bot	Operator Certification Number:11333Certification(s) shown below will expire on:4/1/2023The fee to renew these certifications:\$100				
BRYAN GOLDRING Please enter you're current address on the lines below and, if correct the City, state and ZIP Code. Please print legibly.					necessary,	
				Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
I. CERTIFICATES TO RENEW:					Training Units	
Certification ⁻	Туре	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		3	45	
TEMPORARY		WATER TREATMENT		2	24	
TEMPORARY		WASTEWATER COLLECTION		2	24	
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 Facility owner	
I am currently not operating any Facility			Ιŗ	I provide contractual services to the Facility		
Please provide t	he following information al	pout each Facility/Plant that you of	perate. Use addti	onal pages as need	led.	
Facility / Plant N	Jame		Class	PDWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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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	erator Certifcation Number: 11334			
	lease enter you're current address on the lines below and, if necessa	ary,	Certification(s) shown below will expire on: 4/1/202 The fee to renew these certifications: \$50		
co	orrect the City, state and ZIP Code. Please print legibly.				
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	pe Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	perating any Facility	I pi	rovide contractual serv	vices to the Facility	
Please provide the j	following information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.		
Facility / Plant Nam	ne	Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned.			. Ope	Operator Certifcation Number: 11335		
ROBIN E LASKY Please enter you're current address on the lines below			ry,	Certification(s) shown below will expire on: 4/1/2023 The fee to renew these certifications: \$100		
	correct the City, state and ZIP Code. Please print legibly.					
				 Failure to complete or submit renews requirements by the expiration date we result in an additional late fees as described in Section V. 		
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units	
Certification ⁻	Туре	Category		Class	Required	
TEMPORARY		WATER TREATMENT		4	45	
TEMPORARY		WASTEWATER TREATMENT		4	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
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 not operating any Facility			I pro	I provide contractual services to the Facility		
Please provide t	he following information al	pout each Facility/Plant that you operate.	Use addtio	nal pages as needed.		
Facility / Plant N	Jame		Class Pl	DWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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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 Number: 11348			
	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) shown below will expire on: 4/1		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
	ATES TO RENEW:			Training Units	
Certification Ty	vpe Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed l	by the Facility owner	
I am currently not	operating any Facility	I prov	vide contractual se	rvices to the Facility	
Please provide the	following information about each Facility/Plant that you operate. U	Use addtion	al pages as needed	<i>l</i> .	
Facility / Plant Nat	me C	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

Date

Last 4 digits of Social Security Number

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

This is page one	e of a two page form. Bot	Operator Certifcation Nu	erator Certifcation Number: 11349		
CHAD KENNI	Please enter you're curren	bu're current address on the lines below and, if necessa	ecessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$100
				— requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW	<u>.</u>			Training Units
Certification T	уре	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
TEMPORARY		WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	2:			Phone #:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently not	t operating any Facility		Ι	provide contractual serv	vices to the Facility
Please provide th	e following information at	pout each Facility/Plant that you ope	erate. Use add	tional pages as needed.	
Facility / Plant Na	ame		Class	PDWIS (Water) NPI	DES (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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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 L MERTAUGH Please enter you're current address on the lines below and, if necessary,			d. Op	Operator Certification Number: 11353 Certification(s) shown below will expire on: 4/1/2023			
			ary,				
correct the City, state and ZIP Code. Please print legibly.		ZIP Code. Please print legibly.		The fee to renew these certifications: \$100			
				Failure to complete or submit re- requirements by the expiration da result in an additional late fee described in Section V.			
I. CERTIFI	CATES TO RENEW	• •			Training Units		
Certification	Туре	Category		Class	Required		
TEMPORARY		WATER TREATMENT		5AS	24		
TEMPORARY		WASTEWATER TREATMENT		5	45		
TEMPORARY		WATER TREATMENT		3	45		
TEMPORARY		WASTEWATER TREATMENT		А	24		
II. CURRENT	Г EMPLOYMENT INF	ORMATION					
Employer's Nam	ne:			Phone #:			
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner		
I am currently not operating any Facility			I pr	I provide contractual services to the Facility			
Please provide t	the following information a	bout each Facility/Plant that you operate.	Use addtio	nal pages as needed.			
Facility / Plant N	Name		Class P	DWIS (Water) NPD	DES (Wastewater)		



III. CONTINUING EDUCATION:

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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

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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: 11354		
	ent address on the lines below and, if necessary,	·у,	Certification(s) below will exp		
correct the City, state and	d ZIP Code. Please print legibly.		The fee to renew certific	\$100	
		requirements by the expression result in an addition		lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
TEMPORARY	WATER TREATMENT		5AS	24	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT EMPLOYMENT IN	FORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you ca	urrently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		I pro	vide contractual ser	vices to the Facility	
Please provide the following information a	about each Facility/Plant that you operate. U	se addtion	al pages as needed.		
Facility / Plant Name	(Class PE	OWIS (Water) NP	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	perator Certifcation Nu	mber: 11355		
	Please enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	Ιŗ	provide contractual serv	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate.	Use addt	ional pages as needed.		
Facility / Plant Na	ame	Class	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one o	of a two page form. Both pages must be completed and ret	perator Certifcation Nu	umber: 11356		
	lease enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp		
с	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
L CEDTIEICATES TO DENEW.			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT E	CMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	I p	provide contractual services to the Facility		
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	Please enter you're current addr	rrent address on the lines below and, if necessary,	ecessary,	Certification(s) below will ex	
(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 the expiration date will additional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	vpe Cat	egory		Class	Required
TEMPORARY	WA	TER TREATMENT		4	45
II. CURRENT	EMPLOYMENT INFORM	IATION			
Employer's Name:				Phone #:	
Number of Faciliti	es (or Plants) that you currently	y operate:		I am employed l	by the Facility owner
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Facility / Plant Nat	me		Class	PDWIS (Water) NI	PDES (Wastewater)



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	er you're current address on the lines below and, if necessary,	Certification(s) sh below will expir		
correct the	City, state and ZIP Code. Please print legibly.	The fee to renew t certificat	\$100	
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Certification Type	Category	Class	Required	
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Number of Facilities (or Plar	nts) that you currently operate:	I am employed by	the Facility owner	
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Facility / Plant Name	Cla	ss PDWIS (Water) NPD	ES (Wastewater)	



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This is page one of a two page form. Both pages must be completed and returned. Ope			Operator Certification Number: 11363		
MATTHEW MUM			Certification(s) shown below will expire on: 4/1/20		
	ase enter you're current address on the lines below and, if necess rect the City, state and ZIP Code. Please print legibly.	sary,	The fee to renew certifica	these \$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not ope	erating any Facility	I pr	provide contractual services to the Facility		
Please provide the fol	lowing information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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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	o page form. Both pages must be completed and returned.	erator Certifcation N	umber: 11364		
	enter you're current address on the lines below and, if necessary	у,	Certification(s) below will exp		
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
II. CURRENT EMPLO	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or P	lants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operatin	ng any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the followi	ing information about each Facility/Plant that you operate. Us	se addtio	nal pages as needed.		
Facility / Plant Name	С	Class P	DWIS (Water) NP	DES (Wastewater)	



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

This is page one of a two page form. Both pages must be completed and returned.			ed. Op	Operator Certifcation Number: 11382		
FAMARA DR	Please enter you're curren	t address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 4/1/2023		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certifica		
				Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units	
Certification	Туре	Category		Class	Required	
TEMPORARY		WATER TREATMENT		1	24	
TEMPORARY		WATER TREATMENT		5RO	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
II. CURRENT	FEMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility		I pr	ovide contractual serv	vices to the Facility	
Please provide t	he following information a	bout each Facility/Plant that you operate.	Use addtio	nal pages as needed.		
Facility / Plant N	Vame		Class P	DWIS (Water) NPE	DES (Wastewater)	



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This is page one	This is page one of a two page form. Both pages must be completed and returned. Open			rator Certifcation	n Number:	11385	
RAYMOND P C	CLARKE			Certification	4/1/2023		
	Please enter you're current address on th			below will	expire on:	: 4/1/2025	
	correct the City, state and ZIP Code. Ple	i Zir Code. riease print legiory.		The fee to re- cert	new these tifications:	\$100	
				requirements result in a	by the exp	submit renewal piration date will al late fees as ection V.	
I. CERTIFICATES TO RENEW:				r	Training Units		
Certification T	ype Category			Class	F	Required	
TEMPORARY	WASTEWAT	ER TREATMENT		5	4	.5	
II. CURRENT	EMPLOYMENT INFORMATIO	N					
Employer's Name	:			Phone #	: 		
Number of Facilit	ies (or Plants) that you currently operate	:		I am employe	ed by the F	acility owner	
I am currently not	operating any Facility		I pro	provide contractual services to the Facility			
Please provide th	e following information about each Faci	lity/Plant that you operate. Use	addtion	al pages as need	ded.		
Facility / Plant Na	me	Cla	iss PD	OWIS (Water)	NPDES (V	Wastewater)	



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This is page one	of a two page form. Both pages must be completed and returned	erator Certifcation N	umber: 11413	
RYAN NOLAN			Certification(s)	
	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.	ary,	below will exp	oire on: 4/1/2025
	correct the City, state and ZIP Code. Please print legioly.		The fee to renev certific	\$50
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section	
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner
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	Please enter you're current address on the lines below and, if necessary	/,	Certification(s) s below will exp		
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Certification Ty	ype Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
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	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp		
с	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
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 Ty	pe Category		Class	Required	
OPERATOR	WATER TREATMENT		3	30	
II. CURRENT F	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	operating any Facility	Ιŗ	provide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate.	Use addti	ional pages as needed.		
Facility / Plant Nar	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50		
			— requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	vpe Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
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This is page one of a two page form. Both pages must be completed and returned.OJOHN THOMAS MARTINO			Operator Certification Number: 1577 Certification(s) shown 1 1 1 2023		
co	street the City, state and ZIP Code. Please print legioly.		The fee to renew these certifications: \$50		
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	De Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		5	30	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I pro	provide contractual services to the Facility		
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Facility / Plant Nam	e C	Class PI	OWIS (Water) NP	DES (Wastewater)	



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This is page one of a two page form. Both pages must be completed and returned. Op			perator Certifcation Number: 1599		
	ease enter you're current address on the lines below and, if necessar	ry,	Certification(s) shown below will expire on: 4/1/2		
coi	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			- requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
	TES TO RENEW:			Training Units	
Certification Type	e Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EN	APLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
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STEVEN D. COOPER Please enter you're current address on the lines below and, if necessary,			perator Certification Number: 1723		
			Certification(s) s below will expi		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$100	
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I. CERTIFICATES TO	<u>O RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plant	ts) that you currently operate:		I am employed by	the Facility owner	
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	ease enter you're current address on the lines below and, if necessar	ry,	Certification(s) s below will expi		
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I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
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RODNEY C. KU	JHNS Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp		
correct the 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. CERTIFIC	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		rovide contractual services to the Facility			
Please provide the	e following information about each Facility/Plant that you operate	e. Use addt	ional pages as needed.		
Facility / Plant Na	me	Class	PDWIS (Water) NP	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.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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- 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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* 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 Certifcation Number: 1910			
GREG S OWEN Please enter you're current address on the lines below and, if neces correct the City, state and ZIP Code. Please print legibly.			cessary,	Certification(s) shown below will expire on: 4/1/2023			
				The fee to renew certifica	\$100		
				Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.			
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units		
Certification 7	Гуре	Category		Class	Required		
OPERATOR		WASTEWATER TREATMENT		А	16		
OPERATOR		WATER TREATMENT		2	16		
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 employed by the Facility owner			
I am currently no	ot operating any Facility		I pr	ovide contractual serv	vices to the Facility		
Please provide th	he following information al	oout each Facility/Plant that you operc	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

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

This is page one of	rned. Op	Operator Certification Number: 2128			
STANLEY C. FITZWATER 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: 4/1/2023	
			The fee to rec	enew these \$	50
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		tion date will ate fees as
I. CERTIFICA	TES TO RENEW:			Trai	ning Units
Certification Type	e Category		Class		uired
OPERATOR	WASTEWATER TREATMENT		А	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT EN	IPLOYMENT INFORMATION				
Employer's Name:			Phone #	#:	
Number of Facilities	(or Plants) that you currently operate:		I am employ	ed by the Facil	ity owner
I am currently not op	erating any Facility	I pi	rovide contractua	l services to the	e Facility
Please provide the fo	llowing information about each Facility/Plant that you opera	nte. Use addtio	onal pages as nee	ded.	
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (Was	tewater)



III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of a two page form. Be	ned. Op	Operator Certification Number: 2171			
	ent address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 4/1/2023		
correct the City, state ar	nd ZIP Code. Please print legibly.		The fee to re cer	enew these tifications	\$100
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		piration date will nal late fees as
I. CERTIFICATES TO RENEW	<u>V:</u>			-	Fraining Units
Certification Type	Category		Class		Required
OPERATOR	WATER TREATMENT		3		30
OPERATOR	WASTEWATER TREATMENT		5	3	30
II. CURRENT EMPLOYMENT IN	FORMATION				
Employer's Name:			Phone #	#:	
Number of Facilities (or Plants) that you of	currently operate:		I am employe	ed by the H	Facility owner
I am currently not operating any Facility		I pi	rovide contractual	l services t	to the Facility
Please provide the following information	about each Facility/Plant that you opera	te. Use addtio	onal pages as nee	ded.	
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one	of a two page form. Both pages must be completed and returned	perator Certifcation Number: 2326		
	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	Ι	provide contractual ser-	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operate.	. Use addi	tional pages as needed.	
Facility / Plant Na	ume	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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This is page one	of a two page form. Both pages must be completed and returned.	perator Certifcation Number: 2339		
TODD C. LAND	DGRAF	Certification(s)		
	Please enter you're current address on the lines below and, if necessary	у,	below will exp	ire on: 4/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	vpe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant Nat	me Cl	lass Pl	DWIS (Water) NPI	DES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 2456			
RYAN E. BAER Please enter you're current address on the lines below and, if neo correct the City, state and ZIP Code. Please print legibly.			essary,	Certification(s) shown below will expire on: 4/1/2023			
				The fee to re	new these tifications:	\$100	
				- requirements result in a	Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.		
I. CERTIFICA	ATES TO RENEW:				т	raining Units	
Certification Ty	pe	Category		Class	R	equired	
SUPERINTENDEN	IT	WATER TREATMENT		2	7		
SUPERINTENDEN	IT	WASTEWATER TREATMENT		5	7		
SUPERINTENDEN	IT	WASTEWATER TREATMENT		А	7		
II. CURRENT H	EMPLOYMENT INFO	ORMATION					
Employer's Name:				Phone #	:		
Number of Faciliti	es (or Plants) that you curr	ently operate:		I am employed by the Facility owner			
I am currently not	operating any Facility]	I p	rovide contractual	services to	the Facility	
Please provide the	following information abo	out each Facility/Plant that you operc	te. Use addtio	onal pages as need	ded.		
Facility / Plant Nar	me		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.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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



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This is page one of a two page form. Both pages must be completed and returned. Opt				Operator Certifcation Number: 2578		
MARCUS T. WILSON Please enter you're current address on the lines below and, if necessary,				Certification below will	n(s) shown l expire on:	4/1/2023
correct the City, state and ZIP Code. Please print legibly.			The fee to re	enew these rtifications:	\$100	
				requirements result in a	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.	
I. CERTIFIC	ATES TO RENEW:				Т	raining Units
Certification Ty	/pe	Category		Class	R	equired
OPERATOR		WASTEWATER COLLECTION		2	1	6
OPERATOR		WATER DISTRIBUTION		1	1	6
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name:				Phone #	#:	
Number of Faciliti	es (or Plants) that you cur	rently operate:		I am employ	ed by the Fa	acility owner
I am currently not	operating any Facility		Ι	provide contractua	l services to	the Facility
Please provide the	e following information ab	out each Facility/Plant that you oper	ate. Use ada	ltional pages as nee	eded.	
Facility / Plant Na	me		Class	PDWIS (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

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

This is page one of	f a two page form. Both pages must be completed and ret	perator Certification Number: 2585		
	ease enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 4/1/202	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	De Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		7	16
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	perating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the f	following information about each Facility/Plant that you ope	rate. Use addtio	nal pages as needed.	
Facility / Plant Nam	e	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

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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 con	npleted and returned.	Operator Certification	n Number: 2795
ROBERT BRO	WN Please enter you're current address on the lines	below and if necessary	Certification below will	
	correct the City, state and ZIP Code. Please pri		The fee to re	±
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER CC	DLLECTION	2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #	:
Number of Facilit	ies (or Plants) that you currently operate:		I am employe	ed by the Facility owner
I am currently not	operating any Facility	-	I provide contractual	services to the Facility
Please provide th	e following information about each Facility/Pla	ant that you operate. Use ad	dtional pages as need	ded.
Facility / Plant Na	me	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

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This is page one of	a two page form. Both pages must be completed and returned.	Operator Certification Number: 2888			
	ease enter you're current address on the lines below and, if necessary	у,	Certification(s) below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these \$50	
			 Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. 		
	<u>FES TO RENEW:</u>			Training Units	
Certification Type	e Category		Class	Required	
SUPERINTENDENT	WATER TREATMENT		4	7	
II. CURRENT EN	APLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not op	erating any Facility	Ιı	provide contractual ser	vices to the Facility	
Please provide the fo	ollowing information about each Facility/Plant that you operate. Us	se addt	ional pages as needed		
Facility / Plant Name	e C	lass	PDWIS (Water) NP	DES (Wastewater)	



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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	of a two page form. Both pages must be completed and returned	perator Certifcation Number: 3006		
	Please enter you're current address on the lines below and, if necessar	ıry,	Certification(s) s below will exp	
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICA	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 employed by	y 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.				Operator Certification Number: 3140			
KEITH YOUNG Please enter you're current address on the lines below and, if necess			sary,	Certification(s) shown below will expire on: 4/1/2023			
correct the City, state and ZIP Code. Please print legibly.			The fee to rec	enew these rtifications	\$50		
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		piration date will nal late fees as	
I. CERTIFIC	ATES TO RENEW:				-	Fraining Units	
Certification Ty	/pe Ca	tegory		Class		Required	
OPERATOR	WA	ASTEWATER TREATMENT		5		30	
OPERATOR	WA	ASTEWATER TREATMENT		А	:	16	
II. CURRENT	EMPLOYMENT INFOR	MATION					
Employer's Name:				Phone #	#:		
Number of Facilit	ies (or Plants) that you current	ly operate:		I am employ	ed by the I	Facility owner	
I am currently not	operating any Facility		I p	rovide contractua	l services t	to the Facility	
Please provide the	e following information about	each Facility/Plant that you operate.	. Use addtio	onal pages as nee	eded.		
Facility / Plant Na	me		Class I	PDWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page on	e of a two page form. Both pages must be completed and re	eturned. Ope	Operator Certification Number: 3415		
ROD TALLEN	Please enter you're current address on the lines below and, if it	necessary,	Certification(s) shown below will expire on: 4/1/2023		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100		
			 Failure to complete or submit renews requirements by the expiration date w result in an additional late fees as described in Section V. 		
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility I provide contractual services to the			vices to the Facility		
Please provide th	he following information about each Facility/Plant that you op	erate. Use addtion	nal pages as needed.		
Facility / Plant N	lame	Class PI	OWIS (Water) NPI	DES (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.
- 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	perator Certifcation Number: 3430			
ROBERT MAXSON			Certification(s) shown 4/1/2023		
	Please enter you're current address on the lines below		below will expi	re on: 4/1/2023	
C	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	vpe Category		Class	Required	
TEMPORARY	WATER TREATMENT		5	24	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	Ι	provide contractual serv	ices to the Facility	
Please provide the	following information about each Facility/Plant that	you operate. Use add	tional pages as needed.		
Facility / Plant Nat	me	Class	PDWIS (Water) NPD	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a	two page form. Both pages must be completed and retu	perator Certification Number: 3476		
	S ase enter you're current address on the lines below and, if necessary rect the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will exp The fee to renew	bire on: $4/1/2023$
				cations: \$100
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.	
I. CERTIFICAT	<u>'ES TO RENEW:</u>			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		1	24
TEMPORARY	WATER TREATMENT		2	24
II. CURRENT EM	PLOYMENT 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 ope	erating any Facility	I pı	ovide contractual ser	rvices to the Facility
Please provide the fo	lowing information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed	
Facility / Plant Name		Class F	DWIS (Water) NP	DES (Wastewater)



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page one	e of a two page form. Both pages must be completed and returne	Derator Certifcation Number: 3499		
BRUCE HUBBARD Places onter you're surrent address on the lines below and if necessary			Certification(s) s below will exp	
Please enter you're current address on the lines below and, if nec correct the City, state and ZIP Code. Please print legibly.		sary,	The fee to renew certific	these \$50
			Failure to complete or submit rend requirements by the expiration dat result in an additional late fees a described in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification T	Гуре Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	I p	provide contractual serv	vices to the Facility
Please provide th	he following information about each Facility/Plant that you operate.	Use addti	onal pages as needed.	
Facility / Plant Na	ame	Class	PDWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			ed. Op	Operator Certification Number: 3502			
WALTER JACKSON Please enter you're current address on the lines below and, if ne correct the City, state and ZIP Code. Please print legibly.		ssary,	Certification(s) shown below will expire on: 4/1/2023				
	concer the enty, state and Zhi Code. I lease print regiony.			The fee to renew certifica	certifications: \$100		
				 Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. 			
	CATES TO RENEW				Training Units		
Certification	Туре	Category		Class	Required		
OPERATOR		WASTEWATER TREATMENT		5	30		
OPERATOR		WASTEWATER TREATMENT		А	16		
TEMPORARY		WATER TREATMENT		4	45		
OPERATOR		INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	Г EMPLOYMENT INF	ORMATION					
Employer's Nam	ne:			Phone #:			
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner		
I am currently not operating any Facility			I pi	I provide contractual services to the Facility			
Please provide t	the following information al	bout each Facility/Plant that you operate	e. Use addtio	onal pages as needed.			
Facility / Plant N	Name		Class I	PDWIS (Water) NPI	DES (Wastewater)		



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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

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

This is page one of	of a two page form. Both pages must be completed and returne	Operator Certifcation Number: 3504		
	Please enter you're current address on the lines below and, if necess	ary,	Certification(s) s below will expi	
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			Failure to complete or submit requirements by the expiration result in an additional late for described in Section V	
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT F	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	operating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate.	Use addti	onal pages as needed.	
Facility / Plant Nar	ne	Class 1	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- 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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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 3507			
	ase enter you're current address on the lines below and, if	necessary,	Certification(s) below will exp			
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100		
			 requirements by result in an ac 	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.		
I. CERTIFICAT	<u>TES TO RENEW:</u>			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WATER TREATMENT		3	45		
TEMPORARY	WASTEWATER TREATMENT		4	24		
II. CURRENT EM	IPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner		
I am currently not ope	erating any Facility	Ιp	rovide contractual ser	vices to the Facility		
Please provide the fo	llowing information about each Facility/Plant that you o	perate. Use addti	onal pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NP	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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- 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

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This is page one of a ty	wo page form. Both pages must be completed and returned	d. Operator Certification N	Operator Certifcation Number: 3531		
	enter you're current address on the lines below and, if necessa	ary, Certification(s) below will exp			
correc	t the City, state and ZIP Code. Please print legibly.	The fee to renew certific	v these \$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	S TO RENEW:		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WASTEWATER TREATMENT	А	16		
II. CURRENT EMP	LOYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or	Plants) that you currently operate:	I am employed b	y the Facility owner		
I am currently not operat	ting any Facility	I provide contractual set	vices to the Facility		
Please provide the follow	wing information about each Facility/Plant that you operate.	Use addtional pages as needed			
Facility / Plant Name		Class PDWIS (Water) NP	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

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	Please enter you're current address on the lines below and, i	f necessary,	Certification(s) s below will exp			
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Ty	vpe Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		5	45		
II. CURRENT I	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner		
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Facility / Plant Nat	me	Class	PDWIS (Water) NP	DES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Please v	erify your information shown on this application and make	e any corrections as needed.	
This is page one of a two page	form. Both pages must be completed and returned.	Operator Certifcation Nur	mber: 3558
	ou're current address on the lines below and, if necessary,	Certification(s) sh below will expir	
correct the City, state and ZIP Code. Please print legibly.		The fee to renew t certifica	<u> </u>
		requirements by th result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICATES TO	<u>RENEW:</u>		Training Units
Certification Type	Category	Class	Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	INDUSTRIAL WASTEWATER	2	0
OPERATOR	WASTEWATER TREATMENT	А	16
OPERATOR	WASTEWATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	5	30
II. CURRENT EMPLOYM	ENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants)	that you currently operate:	I am employed by	the Facility owner
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Facility / Plant Name	Class	s PDWIS (Water) NPD	ES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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	enter you're current address on the lines below and, if necessary	у,	Certification(s) below will ex			
correct	t the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these \$100		
			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	<u>S TO RENEW:</u>			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
OPERATOR	WATER DISTRIBUTION		1	16		
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 pı	ovide contractual se	ervices to the Facility		
Please provide the follov	wing information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed	d.		
Facility / Plant Name	Cl	Class F	DWIS (Water) N	PDES (Wastewater)		



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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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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.	perator Certifcation Nu	mber: 3565		
CORRADINO	 THOMPSON Please enter you're current address on the lines below and, if necessary, 		Certification(s) s below will expi	(1/1/1)/3	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	t operating any Facility	I pi	provide contractual services to the Facility		
Please provide th	he following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.		
Facility / Plant N	ame C	Class F	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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This is page one	of a two page form. Both pages must be completed and retur	Operator Certifcation Number: 3567			
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v 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 RENEW:				Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner	
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Please provide the	e following information about each Facility/Plant that you opera	te. Use addti	ional pages as needed	!	
Facility / Plant Na	me	Class	PDWIS (Water) NF	PDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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	ease enter you're current address on the lines below and, if necessa	ary,	Certification(s) below will exp		
со	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v 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.	
	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
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Employer's Name:			Phone #:		
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This is page one	e of a two page form. Both pages must be completed a	Derator Certification Number: 3597			
SEAN D. WHE	Please enter you're current address on the lines below an	· · · ·	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly	<i>.</i>	The fee to renew certific	\$50	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	x		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner	
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Please provide th	e following information about each Facility/Plant that ye	ou operate. Use addi	tional pages as needed.		
Facility / Plant Na	ame	Class	PDWIS (Water) NP	DES (Wastewater)	



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STONA E. CO	Please enter you're curren	t address on the lines below and, if neces	ssary,	Certification below will			
	correct the City, state and	ZIP Code. Please print legibly.		The fee to ren cert	new these	<u><u>SIM</u></u>	
				 Failure to complete or submit rene requirements by the expiration data result in an additional late fees a described in Section V. 		piration date will nal late fees as	
I. CERTIFICATES TO RENEW:					٦	Fraining Units	
Certification	Туре	Category		Class	F	Required	
OPERATOR		WASTEWATER TREATMENT		5	Э	30	
OPERATOR		WASTEWATER TREATMENT		А	1	16	
SUPERINTEND	ENT	WASTEWATER TREATMENT		5	7	7	
II. CURRENT	Г EMPLOYMENT INF	ORMATION					
Employer's Nam	ne:			Phone #	:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by the Facility owner			
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Facility / Plant N	Name		Class P	DWIS (Water)	NPDES (Wastewater)	



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This is page on	e of a two page form. Both pages must be completed and returned.	Op	Operator Certification Number: 3845			
JAY S GREER	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		4/1/2023	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	w these cations:	\$50	
			 Failure to complete or submit rer requirements by the expiration da 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		4	3	0	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	e:		Phone #:			
Number of Facili	ities (or Plants) that you currently operate:		I am employed b	by the Fa	acility owner	
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Facility / Plant N	Tame Cla	ass P	DWIS (Water) NF	DES (V	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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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.			ned. Oj	Operator Certification Number: 4029			
EVERETT A H	Please enter you're curren	t address on the lines below and, if nec	essary,	Certificatior below will	n(s) shown expire on:	4/1/2023	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rec	enew these tifications:	\$100	
				Failure to complete or submit rem requirements by the expiration dat result in an additional late fees described in Section V.		piration date will al late fees as	
I. CERTIFICATES TO RENEW:					г	raining Units	
Certification T	уре	Category		Class		Required	
OPERATOR		WASTEWATER COLLECTION		2	1	.6	
OPERATOR		WATER DISTRIBUTION		1	1	.6	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	2:			Phone #	#:		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed by the Facility owner			
I am currently no	t operating any Facility		I p	rovide contractua	l services to	o the Facility	
Please provide th	e following information al	pout each Facility/Plant that you opera	te. Use addtie	onal pages as nee	ded.		
Facility / Plant N	ame		Class 1	PDWIS (Water)	NPDES (V	Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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 Certifcation Number: 4182		
	e enter you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 4/1/202		
correct the City, state and ZIP Code. Please print legibly.			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. 		
I. CERTIFICATE	ES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (o	or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		Ιp	provide contractual services to the Facility		
Please provide the follo	owing information about each Facility/Plant that you operate	e. Use addti	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- 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.
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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.

SONYA WILLIAMS			Operator Certifcation Number: 4648			
			Certification(s) shown 4/1/2			
	re current address on the lines below and, if nece	essary,	below will expi	re on:		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50		
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.			
I. CERTIFICATES TO R	<u>ENEW:</u>			Training Units		
Certification Type	Category		Class	Required		
SUPERINTENDENT	WASTEWATER TREATMENT		5	7		
SUPERINTENDENT	WASTEWATER TREATMENT		А	7		
II. CURRENT EMPLOYME	NT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) th	at you currently operate:		I am employed by	the Facility owner		
I am currently not operating any Facility		I pr	provide contractual services to the Facility			
Please provide the following infor	mation about each Facility/Plant that you operation	te. Use addtio	nal pages as needed.			
Facility / Plant Name		Class P	DWIS (Water) NPE	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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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 returne	ed. Operator Certifcation Num	Dperator Certifcation Number: 4899		
LEONARD E WILLIAMS Please enter you're current address on the lines below and, if nec correct the City, state and ZIP Code. Please print legibly.			Certification(s) shown below will expire on: 4/1/2023		
		The fee to renew th certificati	\$50		
		requirements by the result in an addi	te or submit renewal le expiration date will litional late fees as in Section V.		
I. CERTIFICATI	ES TO RENEW:		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WASTEWATER TREATMENT	А	16		
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (c	or Plants) that you currently operate:	I am employed by t	he Facility owner		
I am currently not operating any Facility		I provide contractual servic	provide contractual services to the Facility		
Please provide the foll	owing information about each Facility/Plant that you operate.	e. Use addtional pages as needed.			
Facility / Plant Name		Class PDWIS (Water) NPDE	ES (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.			Operator Certification Number: 4985			
JORDAN SMITH Please enter you're current address on the lines below and, if nec correct the City, state and ZIP Code. Please print legibly.			Certification(s) shown below will expire on: 4/1/2023			
		rint legibly.		The fee to renew these certifications: \$50		
			requirements result in ar	mplete or submit renewal by the expiration date will additional late fees as ibed in Section V.		
I. CERTIFICA	TES TO RENEW:			Training Units		
Certification Typ	e Category		Class	Required		
TEMPORARY	WASTEWATER T	REATMENT	А	24		
TEMPORARY	WASTEWATER T	REATMENT	5	45		
II. CURRENT EN	IPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	(or Plants) that you currently operate:		I am employe	d by the Facility owner		
I am currently not operating any Facility		provide contractual services to the Facility				
Please provide the fo	llowing information about each Facility/F	Plant that you operate. Use add	dtional pages as need	led.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)		



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This is page one of a two page form. Both pages must be completed and returned. Op			perator Certifcation Number: 5200		
	ase enter you're current address on the lines below and, if necessary	ssary,	Certification(s) s below will exp		
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
	ATES TO RENEW:			Training Units	
Certification Ty	vpe Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT I	EMPLOYMENT INFORMATION				
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Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		Ιp	provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you operate	e. Use addti	onal pages as needed.		
Facility / Plant Nat	me	Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- 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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- 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: 5411			
RICHARD C M	Please enter you're current address on the lines below and, if no	ecessary,		ication(s) shown w will expire on: 4/1/2023		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100 Failure to complete or submit renew requirements by the expiration date result in an additional late fees a described in Section V.			
I. CERTIFIC	CATES TO RENEW:			Training Units		
Certification ⁻	Гуре Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
OPERATOR	WATER TREATMENT		2	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	by the Facility owner		
I am currently no	ot operating any Facility	I pro	ovide contractual set	rvices to the Facility		
Please provide ti	he following information about each Facility/Plant that you ope	rate. Use addtior	nal pages as needed	!.		
Facility / Plant N	lame	Class Pl	OWIS (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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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one	of a two page form. Both	n pages must be completed and retur	ned. Oj	perator Certifcation Nur	nber: 5638	
RICKY W/ PAL				Certification(s) shown $4/1/2$		
		address on the lines below and, if nece ZIP Code. Please print legibly.	essary,	below will expir	e on:	
,	correct the City, state and	Zh Code. i lease print legiory.		The fee to renew these certifications: \$50		
				 requirements by th result in an add 	te or submit renewal e expiration date will itional late fees as in Section V.	
I. CERTIFICA	ATES TO RENEW:	<u>.</u>			Training Units	
Certification Ty	/pe	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
II. CURRENT I	EMPLOYMENT INF	ORMATION				
Employer's Name:				Phone #:		
Number of Faciliti	es (or Plants) that you cur	rently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility		I p	rovide contractual services to the Facility		
Please provide the	e following information ab	out each Facility/Plant that you opera	te. Use addtie	onal pages as needed.		
Facility / Plant Nat	me		Class 1	PDWIS (Water) NPD	ES (Wastewater)	



III. CONTINUING EDUCATION:

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- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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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.			Operator Certification Number: 5802			
	Please enter you're current address on the lines below and, if necessary,		Certification below will		4/1/2023	
correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	new these tifications:	\$50	
		requirements by the result in an addi		by the exp n addition	te or submit renewal le expiration date will litional late fees as in Section V.	
	ATES TO RENEW:			т	raining Units	
Certification Ty	pe Category		Class	R	equired	
SUPERINTENDEN	T WATER TREATMENT		4	7		
II. CURRENT F	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #	£:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employe	ed by the Fa	acility owner	
I am currently not o	operating any Facility	I pro	ovide contractual	services to	the Facility	
Please provide the	following information about each Facility/Plant that you operate. Use	e addtion	nal pages as nee	ded.		
Facility / Plant Nar	ne Clas	ass PI	OWIS (Water)	NPDES (W	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

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This is page one o	f a two page form. Both pages must be completed an	d returned.	Operator Certifcation Nur	nber: 6886		
JOSEPH C BUTLER Please enter you're current address on the lines below and,			Certification(s) sh below will expir			
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew t 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. CERTIFICA	TES TO RENEW:			Training Units		
Certification Typ	category		Class	Required		
OPERATOR	WASTEWATER TREATMEN	Т	5	30		
OPERATOR	WASTEWATER TREATMEN	Т	А	16		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not o	perating any Facility	Ι	provide contractual servi	rovide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that yo	ou operate. Use add	tional pages as needed.			
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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.	Operator Certification Number: 6955		
MARK R KELLER, JR. Please enter you're current address on the lines below and, if necessary,	Certification(s) si below will expi		
correct the City, state and ZIP Code. Please print legibly.	The fee to renew certifica	\$50	
	 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES TO RENEW:		Training Units	
Certification Type Category	Class	Required	
OPERATOR WASTEWATER TREATMENT	5	30	
II. CURRENT EMPLOYMENT INFORMATION			
Employer's Name:	Phone #:		
Number of Facilities (or Plants) that you currently operate:	I am employed by	the Facility owner	
I am currently not operating any Facility	provide contractual serv	rices to the Facility	
Please provide the following information about each Facility/Plant that you operate. Use addt	ional pages as needed.		
Facility / Plant Name Class	PDWIS (Water) NPD	DES (Wastewater)	



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Plea	ase verify your information shown on this application and make	e any corrections as needed.	
This is page one of a two	page form. Both pages must be completed and returned.	Operator Certifcation Nur	nber: 7510
KEITH JAY TURNER 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) sh below will expir	
		The fee to renew t certificat	\$100
		requirements by th result in an add	te or submit renewal le expiration date will litional late fees as in Section V.
I. CERTIFICATES 7	<u>ΓΟ RENEW:</u>		Training Units
Certification Type	Category	Class	Required
SUPERINTENDENT	WATER DISTRIBUTION	1	7
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	16
II. CURRENT EMPLO	YMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:	I am employed by	the Facility owner
I am currently not operating	g any Facility	I provide contractual servi	ces to the Facility
Please provide the following	g information about each Facility/Plant that you operate. Use a	addtional pages as needed.	
Facility / Plant Name	Clas	s PDWIS (Water) NPD	ES (Wastewater)



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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- 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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- 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.	Op	erator Certifcation]	Number:	7912	
	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) shown below will expire on:		4/1/2023	
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these ications:	\$50	
			requirements by result in an a		olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	ATES TO RENEW:		-		raining Units	
Certification Ty	ype Category		Class	R	equired	
OPERATOR	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Fa	cility owner	
I am currently not	operating any Facility	I pr	ovide contractual se	ervices to	the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtio	nal pages as neede	d.		
Facility / Plant Na	me Cl	Class P	DWIS (Water) N	PDES (W	Vastewater)	



III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

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	e of a two page form. Both pages must be com	pleted and returned.	Operator Certifcatio	n Number: 7923
LARRY PEOPI	Please enter you're current address on the lines b	ou're current address on the lines below and, if necessary,	Certification below will	(s) shown expire on: 4/1/2023
correct the Cit	correct the City, state and ZIP Code. Please prin	ıt legibly.	The fee to re cer	tifications: \$50
			requirements result in a	omplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMEN	ΙT	4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			Phone #	<u></u>
Number of Facili	ties (or Plants) that you currently operate:		I am employe	ed by the Facility owner
I am currently no	t operating any Facility		I provide contractual	services to the Facility
Please provide th	e following information about each Facility/Plan	nt that you operate. Use ad	dtional pages as nee	ded.
Facility / Plant Na	ame	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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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

This is page one of a two page form. Both pages must be completed and returned. Op			Oper	perator Certifcation Number: 7955		
	ease enter you're current address on t		certification(s) sho below will expire			4/1/2023
C	prrect the City, state and ZIP Code. P	lease print legibly.		The fee to re	enew these rtifications:	\$50
			Failure to complete or sub requirements by the expirat result in an additional la described in Section		piration date will al late fees as	
I. CERTIFICA	TES TO RENEW:				т	raining Units
Certification Typ	De Category			Class	R	equired
OPERATOR	WASTEWA	TER TREATMENT		5	3	0
OPERATOR	WASTEWA	TER TREATMENT		А	1	6
II. CURRENT E	MPLOYMENT INFORMATIC	DN				
Employer's Name:				Phone #	#:	
Number of Facilitie	s (or Plants) that you currently operat	te:		I am employ	ed by the F	acility owner
I am currently not o	perating any Facility		I prov	vide contractua	l services to	o the Facility
Please provide the j	following information about each Fac	cility/Plant that you operate. Use	e addtion	al pages as nee	eded.	
Facility / Plant Nam	e	Cla	ass PD	WIS (Water)	NPDES (V	Wastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page one of a two page form. Both pages must be completed and returned. Ope			perator Certifcation Number: 8316		
		t address on the lines below and, if necessary,	essary,	Certification(s) si below will expi	
correct the City, st	orrect the City, state and ZIP C	ode. Please print legibly.		The fee to renew certifica	\$50
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICA	TES TO RENEW:				Training Units
Certification Ty	pe Cate	gory		Class	Required
TEMPORARY	WAS	TEWATER TREATMENT		6	24
II. CURRENT E	MPLOYMENT INFORM	ATION			
Employer's Name:				Phone #:	
Number of Facilitie	es (or Plants) that you currently	operate:		I am employed by	the Facility owner
I am currently not o	operating any Facility		I p	provide contractual serv	vices to the Facility
Please provide the	following information about ea	ch Facility/Plant that you operat	te. Use addti	onal pages as needed.	
Facility / Plant Nar	ne		Class	PDWIS (Water) NPD	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Op			Operator Certifcation Number: 8662		
	nter you're current address on the lines below and, if necessar	ıry,	Certification(s) below will ex		
correct th	he City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these \$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	WATER DISTRIBUTION		1	16	
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pl	ants) that you currently operate:		I am employed	by the Facility owner	
I am currently not operating	g any Facility	I pro	ovide contractual se	ervices to the Facility	
Please provide the following	ng information about each Facility/Plant that you operate. U	Use addtion	nal pages as neede	<i>d.</i>	
Facility / Plant Name	(Class PI	OWIS (Water) N	PDES (Wastewater)	



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Date

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Email Address

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This is page one of a two page form. Both pages must be completed and returned. Ope			perator Certifcation Number: 9013			
		address on the lines below and, if nece	ssary,	Certification below will		4/1/2023
	correct the City, state and	ZIP Code. Please print legibly.		The fee to receive	new these tifications:	\$50
				Failure to complete or subm requirements by the expiration result in an additional lander described in Section		oiration date will al late fees as
I. CERTIFIC	CATES TO RENEW:				т	raining Units
Certification 7	Гуре	Category		Class		equired
OPERATOR		WASTEWATER TREATMENT		5	3	0
OPERATOR		WASTEWATER TREATMENT		А	1	6
II. CURRENT	EMPLOYMENT INFO	DRMATION				
Employer's Nam	e:			Phone #	:	
Number of Facil	ities (or Plants) that you cur	cently operate:		I am employe	d by the F	acility owner
I am currently no	ot operating any Facility]	I pı	ovide contractual	services to	the Facility
Please provide th	he following information ab	out each Facility/Plant that you operat	e. Use addtio	onal pages as need	ded.	
Facility / Plant N	lame		Class F	DWIS (Water)	NPDES (V	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

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 9081		
CHARLES CRAW	VFORD		Certification(s) s		
	ease enter you're current address on the lines below and, if necessar	ry,	below will exp	ire on: 4/1/2025	
concer me en	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not op	perating any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide the fo	bllowing information about each Facility/Plant that you operate. U	Jse addtio	nal pages as needed.		
Facility / Plant Name	e (Class P	DWIS (Water) NPI	DES (Wastewater)	



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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcation N	Number: 9184		
KENNETH O. DEAN				Certification(s) shown 4/1/2023			
	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.			below will expire on: 4/1/2023			
				The fee to rene certifi	w these \$100 cations:		
				Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.			
I. CERTIFIC	ATES TO RENEW:				Training Units		
Certification Ty	уре	Category		Class	Required		
OPERATOR		WASTEWATER COLLECTION		2	16		
OPERATOR		WATER DISTRIBUTION		1	16		
II. CURRENT	EMPLOYMENT INFO	ORMATION					
Employer's Name				Phone #:			
Number of Facilit	ies (or Plants) that you curr	cently operate:		I am employed	by the Facility owner		
I am currently not operating any Facility			rovide contractual services to the Facility				
Please provide the	e following information abo	out each Facility/Plant that you opera	te. Use addti	onal pages as needed	1.		
Facility / Plant Na	me		Class	PDWIS (Water) N	PDES (Wastewater)		



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TERRY ALLEN DRIVER 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: 4/1/2023				
			The fee to re	enew these \$100			
			requirements result in a	omplete or submit renewal by the expiration date will an additional late fees as ribed in Section V.			
I. CERTIFICAT	TES TO RENEW:			Training Units			
Certification Type	e Category		Class	Required			
SUPERINTENDENT	WATER TREATM	ENT	3	7			
SUPERINTENDENT	WASTEWATER T	REATMENT	5	7			
SUPERINTENDENT	WASTEWATER T	REATMENT	А	7			
II. CURRENT EN	IPLOYMENT INFORMATION						
Employer's Name:			Phone #	#:			
Number of Facilities (or Plants) that you currently operate:			I am employ	I am employed by the Facility owner			
I am currently not operating any Facility			provide contractual services to the Facility				
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	NA Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.	ssary,	Certification below will				
coi			The fee to renew these certifications: \$100				
				 Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. 		piration date will nal late fees as	
I. CERTIFICA	TES TO RENEW:					Training Units	
Certification Type	e Cate	gory		Class		Required	
OPERATOR	WAS	TEWATER COLLECTION		2		16	
OPERATOR	WAT	ER DISTRIBUTION		1		16	
II. CURRENT EN	IPLOYMENT INFORM	ATION					
Employer's Name:				Phone #	#:		
Number of Facilities	(or Plants) that you currently	operate:		I am employ	ed by the l	Facility owner	
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OPERATOR	N N	VASTEWATER COLLECTION		2	16	
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