

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 on | ie of a two page form. Both pages must be completed and return | ed. Op | erator Certifcation Nu | mber: 0297 |
|--|--|----------------|---|-----------------------|
| MARY A. GRUBBS Please enter you're current address on the lines below a | | ssary, | Certification(s) sl below will expi | |
| | 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 day result in an additional late fees described in Section V. | |
| | CATES TO RENEW: | | | Training Units |
| Certification ⁷ | Type Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 |
| II. CURRENT | FEMPLOYMENT INFORMATION | | | |
| Employer's Nam | ne: | | Phone #: | |
| Number of Facil | lities (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently no | ot operating any Facility | I pro | ovide contractual serv | ices to the Facility |
| Please provide t | the following information about each Facility/Plant that you operate | e. Use addtion | nal pages as needed. | |
| Facility / Plant N | Name | Class P | DWIS (Water) NPD | DES (Wastewater) |
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| | | | | |
| | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

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

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708



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| This is page one of a two page form. Both pages must be completed and returne | | rned. C | Operator Certification Number: 0342 | | |
|---|---|---------------|--|--|--|
| | e enter you're current address on the lines below and, if neo | cessary, | Certification(s) s below will exp | | |
| correc | et the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | requirements by result in an ac | ete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICATE | S TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT EMP | LOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not operating any Facility | | Ιj | I provide contractual services to the Facility | | |
| Please provide the follo | wing information about each Facility/Plant that you oper | ate. Use addt | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NP | DES (Wastewater) | |
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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 | |

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| This is page one of a two page | form. Both pages must be completed and returned. | Operator Certification Numb | Operator Certification Number: 0486 | | |
|---|--|---|---|--|--|
| • | ou're current address on the lines below and, if necessary | Certification(s) show below will expire | | | |
| correct the City, state and ZIP Code. Please print legibly. | | The fee to renew the certificatio | \$100 | | |
| | | Failure to complete requirements by the result in an addit described in | expiration date will ional late fees as | | |
| I. CERTIFICATES TO | RENEW: | | Training Units | | |
| Certification Type | Category | Class | Required | | |
| OPERATOR | WASTEWATER COLLECTION | 2 | 16 | | |
| OPERATOR | WATER DISTRIBUTION | 1 | 16 | | |
| II. CURRENT EMPLOYM | ENT INFORMATION | | | | |
| Employer's Name: | | Phone #: | | | |
| Number of Facilities (or Plants) t | that you currently operate: | I am employed by th | e Facility owner | | |
| I am currently not operating any | Facility | I provide contractual service | es to the Facility | | |
| Please provide the following info | ormation about each Facility/Plant that you operate. Us | se addtional pages as needed. | | | |
| Facility / Plant Name | Cl | lass PDWIS (Water) NPDES | S (Wastewater) | | |
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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned RANDY D. ROBINSON, SR. Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly. | | eturned. (| Operator Certification Number: 0558 | | |
|--|--|----------------|--|---|--|
| | | necessary, | Certification(s) s below will exp | | |
| | | | The fee to renew certification | \$50 | |
| | | | requirements by to result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICATE | S TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT EMP | LOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or | r Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | | |
| Please provide the follo | wing information about each Facility/Plant that you op | erate. Use add | tional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
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| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
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| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. | | irned. O | Operator Certification Number: 0575 | | |
|---|---|----------------|--|--|--|
| | se enter you're current address on the lines below and, if ne | ecessary, | Certification(s) s below will expi | | |
| corre | ect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 4.51 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. | |
| I. CERTIFICATI | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 6 | 16 | |
| II. CURRENT EM | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (c | or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | ΙĮ | I provide contractual services to the Facility | | |
| Please provide the foll | owing information about each Facility/Plant that you oper | ate. Use addti | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | 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. | | | Operator Certification Number: 0620 | | |
|--|---|--------------|--|---|--|
| LEO M. BROZNOWICZ, JR. Please enter you're current address on the lines below an correct the City, state and ZIP Code. Please print legibly | | cessary, | Certification(s) shown below will expire on: The fee to renew these certifications: \$50 | | |
| | | | | | |
| | | | — requirements by the result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. | |
| I. CERTIFICATES TO | RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT EMPLOY | MENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants |) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | | |
| Please provide the following in | nformation about each Facility/Plant that you opera | ate. Use add | tional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | ES (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.
- 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 one of a two page form. Both pages must be completed and returned. | | ned. Op | Operator Certification Number: 0741 | | |
|---|---|----------------|---|--------------------|--|
| | se enter you're current address on the lines below and, if nece | essary, | Certification(s) s below will expi | | |
| corre | ect 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 result in an additional late fees described in Section V. | | |
| I. CERTIFICAT | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 3 | 30 | |
| 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 operating any Facility | | I pr | I provide contractual services to the Facility | | |
| Please provide the foll | lowing information about each Facility/Plant that you operat | te. Use addtio | nal pages as needed. | | |
| Facility / Plant Name | | Class P | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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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. | | turned. | Operator Certification Number: 0948 | | |
|---|---|----------------|--|---|--|
| · · · · · · · · · · · · · · · · · · · | r you're current address on the lines below and, if n | ecessary, | Certification(s) s below will expi | // | |
| | City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 4.511 | |
| | | | requirements by t | ete or submit renewal the expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICATES TO | O RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| SUPERINTENDENT | WATER TREATMENT | | 1 | 7 | |
| II. CURRENT EMPLOY | MENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plan | ts) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | | |
| Please provide the following | information about each Facility/Plant that you ope | erate. Use add | tional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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. Ope | Operator Certification Number: 10201 | |
|---|--|-----------------|---|---------------------------------------|
| MATTHEW RYAN FOX Please enter you're current addr | se enter you're current address on the lines below and, if necessity | essary, | Certification(s) s below will expi | |
| corre | ect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 950 |
| | | | Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. | |
| | | | | |
| I. CERTIFICAT | ES TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 2 | 16 |
| 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 operating any Facility | | I pro | I provide contractual services to the Facility | |
| Please provide the foll | owing information about each Facility/Plant that you opera | te. Use addtioi | ıal pages as needed. | |
| Facility / Plant Name | | Class Pl | DWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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. O | Operator Certification Number: 10267 | | |
|---|--|-----------------------|---|--|--|
| | er you're current address on the lines below and, if nec | essary, | Certification(s) si below will expi | | |
| 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. CERTIFICATES T | O RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT EMPLOY | YMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plan | nts) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility I provide contractual services to | | rices to the Facility | | | |
| Please provide the following | information about each Facility/Plant that you opera | te. Use addti | onal pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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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 return | | ed. Operator Certification Number: 10436 | | | |
|--|--|--|--|--|--|
| | nter you're current address on the lines below and, if neces | sary, | Certification(s) si below will expi | | |
| correct th | ne City, state and ZIP Code. Please print legibly. | | The fee to renew certification | \$50 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. | |
| I. CERTIFICATES | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT EMPLO | DYMENT 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 any Facility | | Ιp | I provide contractual services to the Facility | | |
| Please provide the followin | ng information about each Facility/Plant that you operate | . Use addtie | onal pages as needed. | | |
| Facility / Plant Name | | Class 1 | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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: 10437 | | |
|---|--|-----------------------|--------------------------------------|--|--|
| | ase enter you're current address on the lines below and | , if necessary, | Certification(s) below will exp | | |
| correct the City, sta | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these cations: \$50 | |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICAT | TES TO RENEW: | | | Training Units | |
| Certification Type | e Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| 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 operating any Facility | | I pr | ovide contractual ser | vices to the Facility | |
| Please provide the fo | llowing information about each Facility/Plant that you | u operate. Use addtio | nal pages as needed. | | |
| Facility / Plant Name | | Class P | DWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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I hereby affirm that I understand all information provided on this application. I also certify the following:

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708



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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 DAVID LEE WOODS, JR Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly. | | d returned. | Operator Certification Number: 10443 | | | |
|---|-------------------------------|--|--|--------------------------|------------------------|---|
| | | nt address on the lines below and, if necessary, | , if necessary, | Certification below will | | 4/1/2022 |
| | | ZIP Code. Please print legibly. | | The fee to recent | new these tifications: | \$50 |
| | | | | requirements result in a | by the exp | submit renewal iration date will al late fees as ction V. |
| | ATES TO RENEW: | | | | | raining Units |
| Certification T | ype | Category | | Class | R | equired |
| OPERATOR | | WATER DISTRIBUTION | | 1 | 16 | 6 |
| II. CURRENT | EMPLOYMENT INFO | ORMATION | | | | |
| Employer's Name | : | | | Phone # | : | |
| Number of Facilit | ies (or Plants) that you curr | ently operate: | | I am employe | ed by the Fa | cility owner |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | | | |
| Please provide th | e following information abo | — out each Facility/Plant that you | ı operate. Use ada | ltional pages as need | led. | |
| Facility / Plant Na | ame | | Class | PDWIS (Water) | NPDES (W | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of | of a two page form. Both pages must be completed and return | ned. O _l | perator Certifcation Nu | mber: 10558 |
|---|--|---------------------|--|--|
| | Please enter you're current address on the lines below and, if nec | essary, | Certification(s) sh below will expin | |
| c | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | |
| | | | | ete or submit renewal he expiration date will |
| | | | result in an add | ditional late fees as |
| I. CERTIFICA | ATES TO RENEW: | | - described | Training Units |
| Certification Ty | pe Category | | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any Facility | | Ιp | provide contractual services to the Facility | |
| Please provide the | following information about each Facility/Plant that you opera | ite. Use addtio | onal pages as needed. | |
| Facility / Plant Nar | me | Class 1 | PDWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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 return | ned. Op | erator Certifcation Nu | mber: 1064 |
|---|--|---------------|--|--|
| WALLACE R WILLEY Please enter you're current address on the lines below and, if no correct the City, state and ZIP Code. Please print legibly. | | ssary, | Certification(s) sl below will expi | |
| | | | The fee to renew certifica | 4511 |
| | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICATES | <u>ΓΟ RENEW:</u> | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 |
| II. CURRENT EMPLO | DYMENT 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 pr | ovide contractual serv | ices to the Facility |
| Please provide the following | g information about each Facility/Plant that you operate | e. Use addtio | nal pages as needed. | |
| Facility / Plant Name | | Class P | DWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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 | | ted and returned. | Operator Certification Number: 10778 | | |
|--|--|---------------------------------------|---|--|--|
| | Please enter you're current address on the lines bel | on the lines below and, if necessary, | Certification(s) shown below will expire on: 4/1/20 | | |
| correct the City, state and ZIP Code. Please print legil | | egibly. | The fee to renew these certifications: \$50 | | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTIO | N | 1 | 16 | |
| II. CURRENT I | 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 operating any Facility | | | I provide contractual services to the Facility | | |
| Please provide the | following information about each Facility/Plant | that you operate. Use ad | dtional pages as needed. | | |
| Facility / Plant Nar | ne | Class | PDWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one of a two page form. Both pages must be completed and returned | | | eturned. | Operator Certification Number: 10779 | | | |
|--|------------------------------|---|-----------------|--|----------------------|------------------------------|--|
| SCOTT GRISS | Please enter you're curren | e enter you're current address on the lines below and, if necessary | necessary, | Certification(s) shown below will expire on | | | |
| correct the City, state | | nd ZIP Code. Please print legibly. | | The fee to renevertific | w these cations: \$5 | 50 | |
| | | | | Failure to complete or submit represents by the expiration day result in an additional late fees described in Section V. | | tion date will te fees as | |
| I. CERTIFIC | CATES TO RENEW | <u>.</u> <u>.</u> | | | Trair | ning Units | |
| Certification T | ype | Category | | Class | Requ | ıired | |
| TEMPORARY | | WASTEWATER TREATMENT | | 4 | 24 | | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | | |
| Employer's Name | e: | | | Phone #: | | | |
| Number of Facili | ties (or Plants) that you cu | rrently operate: | | I am employed b | by the Facili | ty owner | |
| I am currently not operating any Facility | | | I | I provide contractual services to the Facility | | | |
| Please provide th | e following information al | bout each Facility/Plant that you o | perate. Use ada | ltional pages as needed | l. | | |
| Facility / Plant Na | ame | | Class | PDWIS (Water) NI | PDES (Wast | ewater) | |
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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. | | | d. O | perator Certifcation Nu | 10783 | | |
|---|--|--|--|--|----------|--------------------------------------|--|
| CHRISTOPHER CHILDERS Please enter you're current address on the lines below correct the City, state and ZIP Code. Please print legible | | ddress on the lines below and, if necessary, | sary, | Certification(s) shown below will expire on: | | 4/1/2022 | |
| | | ease print legibly. | | The fee to renew certification | | \$50 | |
| | | | | Failure to complete or submit re requirements by the expiration da result in an additional late feed described in Section V. | | iration date will Il late fees as | |
| | TES TO RENEW: | | | | Tr | aining Units | |
| Certification Type | e Category | | | Class | Re | equired | |
| TEMPORARY | WASTEWA | TER TREATMENT | | 4 | 24 | ŀ | |
| II. CURRENT EN | IPLOYMENT INFORMATIO | N | | | | | |
| Employer's Name: | | | | Phone #: | | | |
| Number of Facilities | (or Plants) that you currently operate | :: | | I am employed by | y the Fa | cility owner | |
| I am currently not operating any Facility | | Ιp | I provide contractual services to the Facility | | | | |
| Please provide the fo | llowing information about each Fac | ility/Plant that you operate. | Use addti | onal pages as needed. | | | |
| Facility / Plant Name | | | Class | PDWIS (Water) NPI | DES (W | astewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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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 | ed. Ope | rator Certifcation N | Number: 10849 |
|---|---|---------------|-----------------------------------|---|
| MICHAEL BOST Please enter you're current address on the lines below an | | sary, | Certification(s) below will ex | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renev | w these cations: \$100 |
| | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | : | | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed b | by the Facility owner |
| I am currently not operating any Facility I provide contractual services to the Facil | | | rvices to the Facility | |
| Please provide the | e following information about each Facility/Plant that you operate. | . Use addtion | al pages as needed | |
| Facility / Plant Na | ame | Class PD | OWIS (Water) NF | PDES (Wastewater) |
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| | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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

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| 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 return | ned. Ope | erator Certifcation Nu | mber: 10851 |
|--|---|----------------|--------------------------------------|--|
| DAMONTE JONES Please enter you're current address on the lines below and, if ne | | essary, | Certification(s) shelow will expire | |
| , | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$ 100 |
| | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | : | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any Facility | | | ovide contractual serv | ices to the Facility |
| Please provide the | e following information about each Facility/Plant that you operat | te. Use addtio | nal pages as needed. | |
| Facility / Plant Na | nme | Class P | DWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
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| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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 return | ed. Operator Ce | rtifcation Number | : 10852 | |
|---|---|-----------------------|---|----------------|--|
| MARK OLSEN Ple | Please enter you're current address on the lines below and, if necessary, | | fication(s) shown ow will expire on: | | |
| C | correct the City, state and ZIP Code. Please print legibly. | The f | The fee to renew these certifications: \$50 | | |
| | | | re to complete or | | |
| | | | requirements by the expiration d result in an additional late fee described in Section V. | | |
| I. CERTIFICA | ATES TO RENEW: | | | Fraining Units | |
| Certification Ty | ype Category | C | | Required | |
| TEMPORARY | WATER DISTRIBUTION | 1 | . 2 | 24 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | |] | Phone #: | | |
| Number of Faciliti | ies (or Plants) that you currently operate: | I am | employed by the F | Facility owner | |
| I am currently not operating any Facility | | | provide contractual services to the Facility | | |
| Please provide the | following information about each Facility/Plant that you operate | . Use addtional pages | as needed. | | |
| Facility / Plant Nan | me | Class PDWIS (W | Vater) NPDES (| Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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: 10853 | | |
|--|---|--------------|--|---|--|
| | enter you're current address on the lines below and, if neces | sary, | Certification(s) sl below will expir | | |
| correct | the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | |
| | | | requirements by the result in an add | te or submit renewal ne expiration date will ditional late fees as in Section V. | |
| I. CERTIFICATES | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT EMPL | OYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or F | Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | I p | I provide contractual services to the Facility | | |
| Please provide the follow | ing information about each Facility/Plant that you operate | . Use addtio | onal pages as needed. | | |
| Facility / Plant Name | | Class I | PDWIS (Water) NPD | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one of a two page form. Both pages must be completed and returned. JOHN VOZNAK Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly. | | eturned. | Operator Certifcation Nu | mber: 10855 |
|--|---|-----------------|--|--|
| | | necessary, | Certification(s) sl below will expir | |
| | | | The fee to renew certifica | \$50 |
| | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICATE | ES TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT EMP | PLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (o | r Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | |
| Please provide the follo | owing information about each Facility/Plant that you op | erate. Use addt | ional pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- 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: | |

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708



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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 return | | d returned. | d. Operator Certification Number: 10856 | | |
|--|--|-----------------------------|---|---|--|
| • | ease enter you're current address on the lines below and | | Certification(s) she below will expire | // | |
| cc | prrect the City, state and ZIP Code. Please print legibly. | | The fee to renew the certificate | \$50 | |
| | | | — requirements by th result in an add | te or submit renewal e expiration date will itional late fees as in Section V. | |
| I. CERTIFICA | TES TO RENEW: | | | Training Units | |
| Certification Typ | e Category | | Class | Required | |
| TEMPORARY | INDUSTRIAL WASTEWATER | R | 2 | 0 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | s (or Plants) that you currently operate: | | I am employed by t | the Facility owner | |
| I am currently not operating any Facility | | I provide contractual servi | provide contractual services to the Facility | | |
| Please provide the f | ollowing information about each Facility/Plant that yo | u operate. Use add | dtional pages as needed. | | |
| Facility / Plant Nam | e | Class | PDWIS (Water) NPDI | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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. | | rned. Op | Operator Certification Number: 10857 | | |
|---|---|-----------------------|---|--------------------|--|
| KIERRA J BIGGS Please enter you're current address on the lines below and, if | | cessary, | Certification(s) s below will expi | | |
| cor | rrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 4.511 | |
| | | | Failure to complete or submit requirements by the expiration result in an additional late | | |
| I. CERTIFICAT | TES TO RENEW: | | described | Training Units | |
| Certification Type | e Category | | Class | Required | |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| 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 operating any Facility I provide contractual services to the | | rices to the Facility | | | |
| Please provide the fo | llowing information about each Facility/Plant that you oper | ate. Use addtio | onal pages as needed. | _ | |
| Facility / Plant Name | | Class I | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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. | | rned. Ope | Operator Certification Number: 10858 | | |
|--|---|------------------|--------------------------------------|--|--|
| HUNTER C KRANTZ Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | cessary, | Certification(s) below will exp | | |
| | | | The fee to renew certific | \$ 100 | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICATES | S TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 1 | 24 | |
| TEMPORARY | WATER TREATMENT | | 4 | 45 | |
| TEMPORARY | WATER TREATMENT | | 5GW | 24 | |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 | |
| TEMPORARY | WASTEWATER TREATMENT | | Α | 24 | |
| II. CURRENT EMPI | 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 | ing any Facility | I pro | ovide contractual ser | vices to the Facility | |
| Please provide the follow | ving information about each Facility/Plant that you opera | ate. Use addtior | nal pages as needed. | | |
| Facility / Plant Name | | Class Pl | DWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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 | erator Certifcation 1 | 10859 | |
|---|--------------------------------------|--------------------------------|---|---|-------------------|------------------------------------|
| | he lines below and, if necess | sary, | Certification(s) shown below will expire on: 4/1/2022 | | 4/1/2022 | |
| correct the City, state and ZIP Code. Pleas | | lease print legibly. | | The fee to rene certifi | w these ications: | \$50 |
| | | | | Failure to com requirements by result in an a | y the expi | ration date will I late fees as |
| I. CERTIFICA | TES TO RENEW: | | | | | aining Units |
| Certification Ty | pe Category | | | Class | | quired |
| TEMPORARY | INDUSTRIA | L WASTEWATER | | 2 | 0 | |
| II. CURRENT E | MPLOYMENT INFORMATIO | ON | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | | | I am employed by the Facility owner | | | |
| I am currently not operating any Facility | | I pr | I provide contractual services to the Facility | | | |
| Please provide the | following information about each Fac | cility/Plant that you operate. | . Use addtio | nal pages as needed | d. | |
| Facility / Plant Nan | ne | | Class P | DWIS (Water) N | PDES (W | astewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one of a two page form. Both pages must be completed and returned. | | | erator Certifcation N | umber: 10860 | |
|---|---|-------------------------|--|--|--|
| | lease enter you're current address on the lines below a | • | Certification(s) below will exp | // | |
| correct the City, state and ZIP Code. Please p | | y. | The fee to renew certific | \$50 | |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 1 | 24 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
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| I am currently not operating any Facility | | I pr | I provide contractual services to the Facility | | |
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| Facility / Plant Nar | ne | Class P | DWIS (Water) NP | DES (Wastewater) | |
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Page 2

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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 a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 10861 | | |
|---|---|-----------|--|---|--|
| | Please enter you're current address on the lines below and, if necessary, | ary, | Certification(s) shown below will expire on: 4/1/2 | | |
| corre | ect the City, state and ZIP Code. Please print legibly. | | The fee to renew t | \$50 | |
| | | | requirements by the result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. | |
| I. CERTIFICATI | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| II. CURRENT EMI | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (o | or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | | provide contractual services to the Facility | | |
| Please provide the follo | owing information about each Facility/Plant that you operate. | Use addti | onal pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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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. | | d. Operator Certification Number | r: 10862 |
|--|---|---|--|
| ROBERT KRAFT Please enter you're current address on the lines below and, if necorrect the City, state and ZIP Code. Please print legibly. | | Certification(s) shown below will expire on | // |
| | | The fee to renew these certifications | Q 171/1 |
| | | Failure to complete or requirements by the ex | |
| | | result in an additio | |
| I. CERTIFICA | ATES TO RENEW: | | Training Units |
| Certification Ty | pe Category | | Required |
| TEMPORARY | WATER TREATMENT | 1 | 24 |
| TEMPORARY | WASTEWATER TREATMENT | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | А | 24 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | I am employed by the | Facility owner |
| I am currently not | operating any Facility | I provide contractual services | to the Facility |
| Please provide the | following information about each Facility/Plant that you operate. | Use addtional pages as needed. | _ |
| Facility / Plant Nar | me | Class PDWIS (Water) NPDES (| (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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 compl | eted and returned. | Operator Certification | Number: 10866 |
|---|--|--------------------------|-------------------------------|---|
| ZACHARY SCHELTS Please enter you're current address on the lines below and, if neces correct the City, state and ZIP Code. Please print legibly. | | | Certification(s below will ex | |
| | | legibly. | The fee to rene certif | ew these fications: \$100 |
| | | | requirements b | uplete or submit renewal by the expiration date will additional late fees as bed in Section V. |
| | TES TO RENEW: | | | Training Units |
| Certification Typ | e Category | | Class | Required |
| TEMPORARY | INDUSTRIAL WASTE | WATER | 5 | 45 |
| TEMPORARY | WATER TREATMENT | - | 3 | 45 |
| II. CURRENT E | MPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed | by the Facility owner |
| I am currently not operating any Facility | | | I provide contractual s | ervices to the Facility |
| Please provide the fe | ollowing information about each Facility/Plant | that you operate. Use ad | dtional pages as neede | rd. |
| Facility / Plant Nam | e | Class | PDWIS (Water) N | IPDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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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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- 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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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: 10867 | | |
|---|--|------------|--------------------------------------|---|--|
| | ase enter you're current address on the lines below and, if necess | sary, | Certification(s) shelow will expire | | |
| cor | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | 621 | |
| | | | requirements by the result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. | |
| I. CERTIFICAT | TES TO RENEW: | | | Training Units | |
| Certification Type | e Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 2 | 24 | |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | | rovide contractual serv | ices 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) NPD | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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 re | turned. Operator C | ertifcation Nun | nber: 10868 |
|---|---|---------------------------|---|--|
| | ase enter you're current address on the lines below and, if r | | Certification(s) shown below will expire on: 4/1/20 | |
| correct the City, state and ZIP Code. Please print legibly. | | The | e fee to renew the certification | \$100 |
| | | requi | irements by the esult in an addi | e or submit renewal e expiration date will itional late fees as in Section V. |
| I. CERTIFICAT | TES TO RENEW: | | | Training Units |
| Certification Type | e Category | | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | (or Plants) that you currently operate: | I am | employed by t | he Facility owner |
| I am currently not operating any Facility | | | ontractual service | ces to the Facility |
| Please provide the fo | llowing information about each Facility/Plant that you op | erate. Use addtional page | es as needed. | |
| Facility / Plant Name | | Class PDWIS (| Water) NPDF | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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|----------------------------------|---|
| 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 a two pag | ge form. Both pages must be completed and returned. | Operator Certification Nun | nber: 10869 |
|---|---|-------------------------------------|---|
| • | you're current address on the lines below and, if necessary | Certification(s) shows will expire | |
| correct the City, state and ZIP Code. Please print legibly. | | The fee to renew the certificat | £100 |
| | | requirements by th result in an add | te or submit renewal e expiration date will itional late fees as in Section V. |
| I. CERTIFICATES TO | RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | 2 | 24 |
| TEMPORARY | WATER DISTRIBUTION | 1 | 24 |
| II. CURRENT EMPLOYM | MENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (or Plants) |) that you currently operate: | I am employed by t | he Facility owner |
| I am currently not operating any | I provide contractual servi | ces to the Facility | |
| Please provide the following in | formation about each Facility/Plant that you operate. Us | se addtional pages as needed. | |
| Facility / Plant Name | C | lass PDWIS (Water) NPDI | ES (Wastewater) |
| - | | | |
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III. CONTINUING EDUCATION:

Page 2

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

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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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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. ADRIAN BRISCOE, JR Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | l. Ope | Operator Certification Number: 10870 | | |
|--|---|-------------|--|---|--|
| | | ıry, | Certification(s) shown below will expire on: 4/1/202 | | |
| | | | The fee to renew certification | new these tifications: \$100 | |
| | | | requirements by tresult 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 COLLECTION | | 2 | 24 | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT EMPLOYM | ENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants) t | hat you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any | Facility | I pro | ovide contractual serv | vices to the Facility | |
| Please provide the following info | rmation about each Facility/Plant that you operate. U | Use addtion | nal pages as needed. | _ | |
| Facility / Plant Name | | Class Pl | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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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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: 10871 | | |
|--|---|----------------|--------------------------------------|---|--|
| JERRY WEST, SR Please enter you're current address on the lines below and, if neces correct the City, state and ZIP Code. Please print legibly. | | essary, | Certification(s) s below will exp | | |
| | | | The fee to renew certification | \$100 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. | |
| | CATES TO RENEW: | | | Training Units | |
| Certification T | ype Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | :: | | Phone #: | | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not | t operating any Facility | I pro | ovide contractual serv | vices to the Facility | |
| Please provide th | ne following information about each Facility/Plant that you opera | te. Use addtio | nal pages as needed. | | |
| Facility / Plant Na | ame | Class P | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- 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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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 N | umber: 10872 |
|--|---|--|--|
| DURELL M FORD Please enter you're current address on the lines below and, if necessary, | | Certification(s) ry, below will exp | |
| correct the C | City, state and ZIP Code. Please print legibly. | The fee to renew certific | v these sations: \$100 |
| | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFICATES TO | O RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | 2 | 24 |
| TEMPORARY | WATER DISTRIBUTION | 1 | 24 |
| II. CURRENT EMPLOY | MENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (or Plants | s) that you currently operate: | I am employed b | y the Facility owner |
| I am currently not operating ar | ny Facility | I provide contractual ser | vices to the Facility |
| Please provide the following is | information about each Facility/Plant that you operate. U | Jse addtional pages as needed | |
| Facility / Plant Name | | Class PDWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. | | rned. O | Operator Certification Number: 10873 | | |
|---|--|----------------|--|--|--|
| | er you're current address on the lines below and, if nec | essary, | Certification(s) s below will expi | | |
| correct the | City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 950 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFICATES T | O RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| II. CURRENT EMPLOY | MENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plan | nts) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | Ιį | I provide contractual services to the Facility | | |
| Please provide the following | information about each Facility/Plant that you opera | ate. Use addti | ional pages as needed. | _ | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| This is page one of a two page form. Both pages must be completed and returned. | | ned. Op | Operator Certification Number: 10874 | | |
|---|--|----------------|---|--------------------|--|
| DARIUS CURRY Please enter you're curren | ase enter you're current address on the lines below and, if nece | essary, | Certification(s) sl below will expi | | |
| corr | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V. | | |
| | | | | | |
| I. CERTIFICAT | ES TO RENEW: | | ueser ibee | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (| or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | I pı | I provide contractual services to the Facility | | |
| Please provide the fol | llowing information about each Facility/Plant that you opera | te. Use addtio | nal pages as needed. | _ | |
| Facility / Plant Name | | Class F | PDWIS (Water) NPD | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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|----------------------------------|---|
| Operator in Responsible Charge: | |

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|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks 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 retur | ned. Op | erator Certification N | Tumber: 10875 |
|--|---|----------------|------------------------------------|---|
| SHAWN RAMOS Please enter you're current address on the lines below and, if no | | essary, | Certification(s) below will exp | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renev | v these cations: \$50 |
| | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFIC | CATES TO RENEW: | | | Training Units |
| Certification T | Type Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | | Α | 24 |
| 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 not operating any Facility I provide contractual services t | | | rvices to the Facility | |
| Please provide th | ne following information about each Facility/Plant that you opera | te. Use addtio | nal pages as needed | |
| Facility / Plant Na | ame | Class P | DWIS (Water) NF | DES (Wastewater) |
| | | | | |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Bo | oth pages must be completed and returne | ed. Operator | Certifcation N | umber: 10876 |
|---|--|------------------|-------------------------------------|---|
| • | ent address on the lines below and, if necess | | ertification(s) s below will exp | |
| correct the City, state an | d ZIP Code. Please print legibly. | Tl | he fee to renew certific | X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | req | uirements 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 | V: | | describe | Training Units |
| Certification Type | — Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 2 | 24 |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | | Α | 24 |
| II. CURRENT EMPLOYMENT IN | FORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) that you c | urrently operate: | I a | m employed by | y the Facility owner |
| I am currently not operating any Facility | | | contractual ser | vices to the Facility |
| Please provide the following information | — about each Facility/Plant that you operate. | Use addtional pa | ges as needed. | |
| Facility / Plant Name | | Class PDWIS | (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 10878 | | |
|---|--|------------|--|---|--|
| | enter you're current address on the lines below and, if necess | ary, | Certification(s) sh below will expin | | |
| correct the City, state and ZIP Code. Please prin | t the City, state and ZIP Code. Please print legibly. | | The fee to renew to certificate | \$50 | |
| | | | requirements by the result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. | |
| I. CERTIFICATES | S TO RENEW: | | 32 0 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 4 | 45 | |
| 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 operating any Facility | | | provide contractual services to the Facility | | |
| Please provide the follow | wing information about each Facility/Plant that you operate. | Use addtie | onal pages as needed. | | |
| Facility / Plant Name | | Class 1 | PDWIS (Water) NPD | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of | of a two page form. Both pages must be completed and return | ed. Ope | erator Certification Nu | mber: 10879 |
|---|--|----------------|---------------------------------------|--|
| DEONDRE LONG Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly. | | ssary, | Certification(s) s below will expi | |
| | | | The fee to renew certification | \$ 1000 |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any Facility | | | ovide contractual serv | rices to the Facility |
| Please provide the | following information about each Facility/Plant that you operate | e. Use addtior | nal pages as needed. | |
| Facility / Plant Nar | me | Class Pl | DWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. | | ned. Ope | erator Certifcation 1 | Number: 10880 | |
|---|---|---------------|---|---|--|
| | lease enter you're current address on the lines below and, if neces | ssary, | Certification(s) shown below will expire on: 4/1/2022 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew these certifications: \$50 | | |
| | | | requirements by result in an | plete or submit renewal y the expiration date will additional late fees as ped in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 1 | 0 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
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| I am currently not operating any Facility | | | ovide contractual se | ervices to the Facility | |
| Please provide the | following information about each Facility/Plant that you operate | e. Use addtio | nal pages as needed | | |
| Facility / Plant Name Cl | | Class P | DWIS (Water) N | PDES (Wastewater) | |
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Page 2

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| This is page one | e of a two page form. Both pages must be completed and returne | ed. Ope | erator Certifcation N | umber: 10881 |
|--|---|---------------|-----------------------------------|--|
| JAY HOWARD Please enter you're current address on the lines below and, if necessary in the lines below and it is necessary to the lines below and it is not to the lines below and the lines belo | | sary, | Certification(s) below will exp | |
| correct the City, state and | correct the City, state and ZIP Code. Please print legibly. | | The fee to renev certific | v these cations: \$50 |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| | CATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | | А | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | :: | | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed b | y the Facility owner |
| I am currently not operating any Facility I provide contractual services to the Faci | | | vices to the Facility | |
| Please provide th | e following information about each Facility/Plant that you operate. | . Use addtion | nal pages as needed. | |
| Facility / Plant Na | ame | Class P | DWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks 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 return | ed. Ope | erator Certification N | Tumber: 10883 |
|---|--|----------------|---------------------------------|---|
| PAUL MILLER Please enter you're current address on the lines below and, if | | ssary, | Certification(s) below will exp | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these cations: \$100 |
| | | | 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: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 |
| TEMPORARY | WATER TREATMENT | | 3 | 45 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | :: | | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed b | y the Facility owner |
| I am currently not operating any Facility I provide contractual services to the Fac | | | rvices to the Facility | |
| Please provide th | e following information about each Facility/Plant that you operate | e. Use addtion | nal pages as needed | |
| Facility / Plant Na | ame | Class Pl | DWIS (Water) NP | DES (Wastewater) |
| | | | | |
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| | | | | |
| | | | | |
| | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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| Operator in Responsible Charge: | |

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|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. | | | erator Certifcation Nu | mber: 10884 |
|---|--|---------------|--|--|
| WILLIAM TAYLOR WARD Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly. | | ssary, | Certification(s) sl below will expi | |
| | | | The fee to renew certifica | X 1 / 1 / 1 / 1 |
| | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICATES T | TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT EMPLO | YMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plan | nts) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any Facility | | | ovide contractual serv | rices to the Facility |
| Please provide the following | g information about each Facility/Plant that you operate | . Use addtion | ıal pages as needed. | |
| Facility / Plant Name | | Class PI | DWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| ALBERT HARGROVE Please enter you're current address on the lines below and, if necessary, | | | Operator Certification Number: 10885 | | |
|--|--|-------------------------------------|--|---|--|
| | | | Certification(s) shown below will expire on: 4/1 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certification | 4 - 11 | |
| | | | requirements by to 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 | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT EMPLO | DYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | | I am employed by the Facility owner | | | |
| I am currently not operating any Facility | | | I provide contractual services to the Facility | | |
| Please provide the following | g information about each Facility/Plant that you opera | te. Use addtio | onal pages as needed. | | |
| Facility / Plant Name | | Class 1 | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Operator in Responsible Charge: | |

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| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of | a two page form. Both pages must be completed and return | ned. Opera | ator Certifcation Nu | ımber: 10886 |
|--|---|--|--|-----------------------|
| UDAY GADHIA Please enter you're current address on the lines below and, if ne correct the City, state and ZIP Code. Please print legibly. | | Certification(s) shown below will expire on: | | |
| | | | The fee to renew certification | \$50 |
| | | | | ete or submit renewal |
| | | | requirements by the expiration dat result in an additional late fees described in Section V. | |
| I. CERTIFICAT | ΓES TO RENEW: | | 3222 0 | Training Units |
| Certification Type | e Category | | Class | Required |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 2 | 0 |
| II. CURRENT EM | APLOYMENT 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 | | ide contractual serv | vices to the Facility | |
| Please provide the fo | ollowing information about each Facility/Plant that you operate | e. Use addtiona | l pages as needed. | |
| Facility / Plant Name | | Class PD | WIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one | of a two page form. Both pages must be completed and | returned. Op | erator Certifcation Nu | mber: 10887 |
|---|--|---------------------|---|--|
| GERALD JONES Please enter you're current address on the lines below and, correct the City, state and ZIP Code. Please print legibly. | | if necessary, | Certification(s) si below will expi | |
| | | | 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 I in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| 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 I provide contractual services to the Fa | | | ices to the Facility | |
| Please provide the | e following information about each Facility/Plant that you | operate. Use addtio | nal pages as needed. | _ |
| Facility / Plant Na | me | Class P | DWIS (Water) NPD | DES (Wastewater) |
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Page 2

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|---|--|------------------------------------|---|
| • | u're current address on the lines below and, if necessar | Certification(s y, below will e | |
| correct the City, state and ZIP Code. Please print legibly. | | The fee to rene certi: | ew these fications: \$100 |
| | | requirements b | nplete or submit renewal by the expiration date will additional late fees as bed in Section V. |
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| Certification Type | Category | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | 2 | 24 |
| TEMPORARY | WATER DISTRIBUTION | 1 | 24 |
| II. CURRENT EMPLOYM | ENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (or Plants) t | hat you currently operate: | I am employed | by the Facility owner |
| I am currently not operating any Facility | | | services to the Facility |
| Please provide the following info | rmation about each Facility/Plant that you operate. U | se addtional pages as neede | |
| Facility / Plant Name | C | Class PDWIS (Water) N | NPDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- I 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 a two page form. Both pages must be completed and returned. | | ed. Ope | erator Certification N | umber: 10889 |
|--|---|----------------|--------------------------------------|---|
| | ase 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 legib | | | 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. CERTIFICAT | ES TO RENEW: | | describe | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 5 | 45 |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (| (or Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operating any Facility I provide contractual services to the | | | vices to the Facility | |
| Please provide the fol | llowing information about each Facility/Plant that you operate | e. Use addtion | nal pages as needed. | |
| Facility / Plant Name | | Class Pl | DWIS (Water) NP | DES (Wastewater) |
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(OVER)



III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one | of a two page form. Both | n pages must be completed and retu | irned. O | perator Certifcation Nu | mber: 10890 |
|---|---------------------------------|--|--------------------------------|---|-----------------------|
| THOMAS J MURGIA Please enter you're current address on the lines below and, if a correct the City, state and ZIP Code. Please print legibly. | | The state of the s | cessary, | Certification(s) si below will expi | |
| | | | The fee to renew certification | 150 | |
| | | | | 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 | ype | Category | | Class | Required |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | | WASTEWATER TREATMENT | | Α | 24 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | |
| Employer's Name: | : | | | Phone #: | |
| Number of Facility | ies (or Plants) that you cur | rently operate: | | I am employed by | the Facility owner |
| I am currently not | operating any Facility | | Ιp | provide contractual serv | ices to the Facility |
| Please provide the | - e following information ab | — out each Facility/Plant that you oper | ate. Use addti | onal pages as needed. | |
| Facility / Plant Na | ime | | Class | PDWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 10892 | | |
|---|---|------------------------|--|------------------|--|
| | se enter you're current address on the lines below and, if nece | | fication(s) show ow will expire of | | |
| corre | ect the City, state and ZIP Code. Please print legibly. | The f | The fee to renew these certifications: \$50 | | |
| | | | Failure to complete or submit renewal | | |
| | | | requirements by the expiration date v result in an additional late fees as described in Section V. | | |
| I. CERTIFICATI | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | C | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | 1 | | 24 | |
| II. CURRENT EMI | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | I | Phone #: | | |
| Number of Facilities (o | or Plants) that you currently operate: | I am e | employed by the | e Facility owner | |
| I am currently not operating any Facility | | I provide con | I provide contractual services to the Facility | | |
| Please provide the follo | owing information about each Facility/Plant that you operate | e. Use addtional pages | as needed. | | |
| Facility / Plant Name | | Class PDWIS (W | ater) NPDES | (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
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| 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. | | mpleted and returned. | Operator Certification Number: 10893 | | | |
|---|--|--------------------------------|--|--|--|--|
| LANELL JOHNSON Please enter you're current address o | | • | Certification(s) shown below will expire on: 4/1/202 | | | |
| co | rrect the City, state and ZIP Code. Please p | rint legibly. | The fee to renew these certifications: \$50 | | | |
| | | | | Failure to complete or submit renewal requirements by the expiration date will | | |
| | | | result in a | n additional late fees as ribed in Section V. | | |
| I. CERTIFICA | TES TO RENEW: | | | Training Units | | |
| Certification Typ | e Category | | Class | Required | | |
| TEMPORARY | WATER DISTRIB | JTION | 1 | 24 | | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone # | ŧ: | | |
| Number of Facilities | s (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 the f | ollowing information about each Facility/F | Plant that you operate. Use ad | dtional pages as need | ded. | | |
| Facility / Plant Nam | e | Class | PDWIS (Water) | NPDES (Wastewater) | | |
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III. CONTINUING EDUCATION:

Page 2

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|---|---|------------|--|--|--|
| | Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | ry, | Certification(s) s below will expi | | |
| cor | | | 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 I in Section V. | |
| I. CERTIFICA | TES TO RENEW: | | | Training Units | |
| Certification Typ | e Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| 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 operating any Facility | | | provide contractual services to the Facility | | |
| Please provide the fe | ollowing 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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Page 2

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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 a two page form. Both pages must be completed and returned. BARTON A TAYLOR Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly. | | ted and returned. | Operator Certification Number: 10895 | | |
|--|---|--------------------------|---|---|--|
| | | • | Certification(s) show below will expire | /1 / 1 / //11 / / | |
| | | gibly. | The fee to renew the certificatio | 950 | |
| | | | Failure to complete requirements by the result in an addit described in | expiration date will ional late fees as | |
| I. CERTIFICA | <u>ΓES TO RENEW:</u> | | | Training Units | |
| Certification Typ | e Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | N | 1 | 24 | |
| II. CURRENT EN | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by the | e Facility owner | |
| I am currently not operating any Facility | | | I provide contractual services to the Facility | | |
| Please provide the fe | ollowing information about each Facility/Plant to | hat you operate. Use add | dtional pages as needed. | _ | |
| Facility / Plant Name | | Class | PDWIS (Water) NPDES | (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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: 10896 | | |
|---|--|--------------|--|---|--|
| | er you're current address on the lines below and, if neces | ssary, | Certification(s) shown below will expire on: 4/1/202 | | |
| correct the | e City, state and ZIP Code. Please print legibly. | | The fee to renew the certificate | \$50 | |
| | | | requirements by th result in an add | te or submit renewal e expiration date will itional late fees as in Section V. | |
| I. CERTIFICATES T | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT EMPLO | YMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plan | nts) that you currently operate: | | I am employed by t | the Facility owner | |
| I am currently not operating any Facility | | | 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 Name | | Class | PDWIS (Water) NPDI | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. | | | perator Certifcation Nu | mber: 10897 |
|---|--|------------|---|---|
| | enter you're current address on the lines below and, if necess | sary, | Certification(s) sh below will expir | |
| correc | t the City, state and ZIP Code. Please print legibly. | | The fee to renew to certificate | \$50 |
| | | | requirements by the result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. |
| I. CERTIFICATES | S TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 3 | 45 |
| 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 operating any Facility | | | ices to the Facility | |
| Please provide the follow | wing information about each Facility/Plant that you operate. | Use addtio | onal pages as needed. | |
| Facility / Plant Name | | Class I | PDWIS (Water) NPD | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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|----------------------------------|---|
| Operator in Responsible Charge: | |

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|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. LUKE MYERS Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | ned. O _l | perator Certification N | umber: 10898 | |
|--|----------------------------------|---------------------------------------|-------------------------|---|--|
| | | · · · · · · · · · · · · · · · · · · · | essary, | Certification(s) below will exp | /1 / 1 / / / / / |
| | | Code. Please print legibly. | | The fee to renew these certifications: \$50 | |
| | | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFICA | TES TO RENEW: | | | | Training Units |
| Certification Typ | oe Ca | tegory | | Class | Required |
| TEMPORARY | WA | STEWATER TREATMENT | | 5 | 45 |
| II. CURRENT E | MPLOYMENT INFORM | MATION | | | |
| Employer's Name: | | | | Phone #: | |
| Number of Facilitie | s (or Plants) that you currently | y operate: | | I am employed b | y the Facility owner |
| I am currently not operating any Facility | | | rovide contractual ser | vices to the Facility | |
| Please provide the | following information about o | each Facility/Plant that you opera | te. Use addtio | onal pages as needed. | |
| Facility / Plant Nan | ne | | Class 1 | PDWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one | e of a two page form. Bot | h pages must be completed and returi | ned. Op | erator Certifcation | n Number: | 10899 |
|---|------------------------------|---|-------------------|--|--------------|---|
| MICHAEL CANNON Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | • | essary, | Certification(s) shown below will expire on: | | 4/1/2022 |
| | | | The fee to recent | new these tifications: | \$100 | |
| | | | | requirements result in a | by the exp | submit renewal viration date will al late fees as ction V. |
| | CATES TO RENEW | <u>.</u> | | | | raining Units |
| Certification T | ype | Category | | Class | R | equired |
| TEMPORARY | | WATER TREATMENT | | 1 | 2 | 4 |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | 4. | 5 |
| TEMPORARY | | WASTEWATER TREATMENT | | Α | 2 | 4 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Name | e: | | | Phone # | : | |
| Number of Facili | ties (or Plants) that you cu | rrently operate: | | I am employe | ed by the Fa | acility owner |
| I am currently not operating any Facility I provide contractual services to the | | the Facility | | | | |
| Please provide th | ne following information a | out each Facility/Plant that you operat | e. Use addtio | nal pages as need | led. | |
| Facility / Plant N | ame | | Class P | DWIS (Water) | NPDES (V | Vastewater) |
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Page 2

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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 return | ned. Op | erator Certifcation Nu | ımber: 10900 |
|---|---|---------------|--------------------------------------|--|
| WILLIAM E CROSWELL, III Please enter you're current address on the lines below and, if necessary | | | Certification(s) s below will exp | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certification | 150 |
| | | | requirements by t | 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 | ype Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | | Α | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not | operating any Facility | I pr | ovide contractual serv | vices to the Facility |
| Please provide the | e following information about each Facility/Plant that you operat | e. Use addtio | nal pages as needed. | |
| Facility / Plant Na | me | Class P | DWIS (Water) NPI | DES (Wastewater) |
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| | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks 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 TIMOTHY LYLES Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly. | | pleted and returned. | Certification(s) shown 4/1/2022 | |
|--|--|------------------------------|--|--|
| | | | | |
| | | nt legibly. | The fee to renew the certification | \$50 |
| | | | requirements by the result in an add | e or submit renewal e expiration date will itional late fees as in Section V. |
| I. CERTIFICA | <u> TES TO RENEW:</u> | | | Training Units |
| Certification Typ | e Category | | Class | Required |
| TEMPORARY | WATER DISTRIBUT | ΓΙΟΝ | 1 | 24 |
| II. CURRENT E | MPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by t | he Facility owner |
| I am currently not operating any Facility | | | I provide contractual services to the Facility | |
| Please provide the f | ollowing information about each Facility/Pla | ınt that you operate. Use ad | dtional pages as needed. | |
| Facility / Plant Nam | 2 | Class | PDWIS (Water) NPDI | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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|--|--|-----------------|--|--|
| | | ecessary, | | |
| | | | The fee to renew certification | 450 |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICAT | <u>TES TO RENEW:</u> | | | Training Units |
| Certification Type | . Category | | Class | Required |
| OPERATOR | WATER DISTRIBUTION | | 1 | 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 operating any Facility | | Ιp | I provide contractual services to the Facility | |
| Please provide the fol | llowing information about each Facility/Plant that you ope | rate. Use addti | onal pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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| This is page one of a two page form. Both pages must be completed and returned. | | d returned. Op | Operator Certification Number: 1188 | |
|--|--|-----------------------|---|--|
| Please enter you're current address on the lines below and correct the City, state and ZIP Code. Please print legibly. | | , if necessary, | Certification(s) s below will exp | |
| | | | The fee to renew these certifications: \$50 | |
| | | | requirements by t | ete or submit renewal he expiration date will ditional late fees as d 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 Facilities (or Plants) that you currently operate: I am employ | | I am employed by | the Facility owner | |
| I am currently not operating any Facility I provide contractual services to the | | | vices to the Facility | |
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| Facility / Plant Na | nme | Class P | DWIS (Water) NPI | DES (Wastewater) |
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| This is page one | e of a two page form. Both pages must be completed and retu | urned. Operator Certification | Number: 1273 |
|--|---|------------------------------------|--|
| VALERIE J. GACEK 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 below will e | |
| | | The fee to reno certif | ew these fications: \$100 |
| | | requirements b | uplete or submit renewal y the expiration date will additional late fees as bed in Section V. |
| I. CERTIFIC | CATES TO RENEW: | ueseri | Training Units |
| Certification T | ype 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 | »: | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | I am employed | by the Facility owner |
| I am currently not operating any Facility | | I provide contractual s | ervices to the Facility |
| Please provide th | e following information about each Facility/Plant that you oper | rate. Use addtional pages as neede | rd. |
| Facility / Plant Na | ame | Class PDWIS (Water) N | IPDES (Wastewater) |
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| | (OVER) | | |
| | (OVER) | | |



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Page 2

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|---|--|-------------------------|--|--|
| JOHN J. JONE | Please enter you're current address on the lines below and | l, if necessary, | Certification(s) sl below will expi | |
| correct the City, state and ZIP Code. Please print leg | | | The fee to renew certifica | \$ 1000 |
| | | | requirements by t | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | described | Training Units |
| Certification T | | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 3 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | Г | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | Γ | Α | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | :: | | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any Facility | | | ride contractual serv | rices to the Facility |
| Please provide th | e following information about each Facility/Plant that you | u operate. Use addtiona | l pages as needed. | |
| Facility / Plant Na | ame | Class PDV | WIS (Water) NPD | DES (Wastewater) |
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| Last 4 digits of Social Security Number | Email Address | |

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

| This is page one of a | two page form. Both pages must be completed and return | ned. Oper | rator Certifcation Nu | ımber: 1362 |
|---|--|----------------|--------------------------------------|---|
| DWIGHT D. SMITH Please enter you're current address on the lines below and, if nec correct the City, state and ZIP Code. Please print legibly. | | essary, | Certification(s) s below will exp | |
| | | | The fee to renew certification | X 17373 |
| | | | requirements by t | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| I. CERTIFICAT | | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 |
| OPERATOR | WATER TREATMENT | | 4 | 30 |
| 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 operating any Facility | | | vide contractual serv | vices to the Facility |
| Please provide the foli | lowing information about each Facility/Plant that you operat | e. Use addtion | al pages as needed. | |
| Facility / Plant Name | | Class PD | OWIS (Water) NPI | DES (Wastewater) |
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| | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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

| This is page one of a two pa | age form. Both pages must be completed and ret | Operator Certifcation Num | ber: 1388 | | |
|---|---|---------------------------|---|---|--|
| | Please enter you're current address on the lines below and, if necessary, | ecessary, | Certification(s) shown below will expire on: 4/1/20 | | |
| correct the City, state and ZIP Code. Please print le | City, state and ZIP Code. Please print legibly. | | The fee to renew th certification | \$50 | |
| | | | requirements by the result in an addi | e or submit renewal e expiration date will tional late fees as in Section V. | |
| I. CERTIFICATES TO | O RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 5RO | 16 | |
| II. CURRENT EMPLOY | MENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plant | ts) that you currently operate: | | I am employed by the | ne Facility owner | |
| I am currently not operating any Facility | | | provide contractual services to the Facility | | |
| Please provide the following | information about each Facility/Plant that you ope | rate. Use addt | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPDE | S (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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 return | ned. Ope | erator Certifcation Nu | mber: 1391 |
|--|---|-----------------|---|--|
| SEAN DEATLEY Please enter you're current address on the lines below | | essary, | Certification(s) sl below will expir | |
| C | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | 4511 |
| | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any Facility | | I pro | ovide contractual serv | ices to the Facility |
| Please provide the | following information about each Facility/Plant that you operat | te. Use addtior | nal pages as needed. | |
| Facility / Plant Nar | me | Class PI | DWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks 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. | | | rned. (| Operator Certification Number: | | 1440 | |
|---|-------------------------------------|---|---------------|--|--------------|---------------------------------|--|
| | lease enter you're current address | ent address on the lines below and, if necessary, | cessary, | Certification(s) s below will exp | , | 4/1/2022 | |
| correct the City, state and ZIP Code. Please print leg | | e. Please print legibly. | | The fee to renew certific | , | \$50 | |
| | | | | Failure to complete or submit renev requirements by the expiration date result in an additional late fees as described in Section V. | | ation date will late fees as | |
| | TES TO RENEW: | | | | Tra | ining Units | |
| Certification Typ | oe Catego | ory | | Class | Red | quired | |
| OPERATOR | WATER | RDISTRIBUTION | | 1 | 16 | | |
| II. CURRENT E | MPLOYMENT INFORMA | ΓΙΟΝ | | | | | |
| Employer's Name: | | | | Phone #: | | | |
| Number of Facilitie | s (or Plants) that you currently op | perate: | | I am employed by | y the Faci | ility owner | |
| I am currently not o | perating any Facility | | I | provide contractual ser | vices to the | he Facility | |
| Please provide the j | following information about each | Facility/Plant that you opered | ate. Use addi | ional pages as needed. | | | |
| Facility / Plant Nam | e | | Class | PDWIS (Water) NP | DES (Wa | stewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
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| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. | | | erator Certifcation Nu | mber: 1547 |
|---|---|--|--------------------------------------|--|
| | essary, | Certification(s) sl below will expi | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certifica | 1511 |
| | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICATE | 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 by | the Facility owner |
| I am currently not opera | ting any Facility | I pr | ovide contractual serv | rices to the Facility |
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| Facility / Plant Name | | Class P | DWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one of a two page form. Both pages must be completed and returned. KENNETH WAYNE MARKS Please enter you're current address on the lines below and, if necessary, | | | Operator Certification Number: 1681 | | |
|---|---|---------------|--|--|--|
| | | | Certification(s) below will exp | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renev certific | v these sations: \$50 | |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICAT | <u>ΓES TO RENEW:</u> | | | Training Units | |
| Certification Type | e Category | | Class | Required | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 5 | 7 | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | А | 7 | |
| 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 operating any Facility | | | provide contractual services to the Facility | | |
| Please provide the fo | ollowing information about each Facility/Plant that you operate | e. Use addtio | nal pages as needed. | | |
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- No course can be used more than one time for any three-year renewal period.
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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I 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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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: 1684 | | |
|---|---|--------------|---|---|--|
| | Please enter you're current address on the lines below and, if necessary, | | Certification(s) shown below will expire on: 4/1/20 | | |
| correct the | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew the certificate | \$50 | |
| | | | requirements by th result in an add | te or submit renewal e expiration date will itional late fees as in Section V. | |
| I. CERTIFICATES T | ΓO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT EMPLO | YMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plan | ints) that you currently operate: | | I am employed by t | the Facility owner | |
| I am currently not operating any Facility | | Ιp | provide contractual services to the Facility | | |
| Please provide the following | g information about each Facility/Plant that you operate | e. Use addti | onal pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPDI | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- 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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- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. JAMMIE BOOKER Please enter you're current address on the lines below and, if necessary, | | | Operator Certification Number: 1753 | | |
|---|---|----------------|---|-----------------------|--|
| | | | Certification(s) si below will expi | | |
| с | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | \$50 | |
| | | | | ete or submit renewal | |
| | | | requirements by the expiration da result in an additional late fees described in Section V. | | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | I pr | provide contractual services to the Facility | | |
| Please provide the | following information about each Facility/Plant that you operat | te. Use addtio | nal pages as needed. | | |
| Facility / Plant Nan | me | Class P | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- 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.

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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: 1776 | | |
|---|---|--|-------------------------------------|--|--|
| JERRY HALL | Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | sary, | Certification(s) shown below will expire on: 4/1/202 | |
| | | | | The fee to renew the certification | \$50 |
| | | | | requirements by the result in an add | e or submit renewal e expiration date will itional late fees as in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | | Training Units |
| Certification T | ype Category | / | | Class | Required |
| TEMPORARY | WATER D | ISTRIBUTION | | 1 | 24 |
| II. CURRENT | EMPLOYMENT INFORMATI | ON | | | |
| Employer's Name | :: | | | Phone #: | |
| Number of Facili | ties (or Plants) that you currently opera | ate: | | I am employed by t | he Facility owner |
| I am currently not operating any Facility | | provide contractual services to the Facility | | | |
| Please provide th | e following information about each Fo | acility/Plant that you operate. | Use addt | ional pages as needed. | |
| Facility / Plant N | ame | | Class | PDWIS (Water) NPDI | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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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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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages m | oust be completed and retui | ned. | Operator Certification N | Number: | 1810 |
|--|--|-------------------------------|--|--|------------------|-------------------|
| MARK BUTLER Please enter you're current address on the lines below correct the City, state and ZIP Code. Please print leg | | - | essary, | Certification(s) shown below will expire on: 4/1/2 | | 4/1/2022 |
| | | . Please print legibly. | | The fee to renev | w these cations: | \$50 |
| | | | | Failure to comp requirements by result in an a describ | the exp | iration date will |
| | ATES TO RENEW: | | | | Т | raining Units |
| Certification Ty | pe Catego | ry | | Class | R | equired |
| OPERATOR | WATER | DISTRIBUTION | | 1 | 10 | 6 |
| II. CURRENT I | EMPLOYMENT INFORMAT | TION | | | | |
| Employer's Name: | <u>. </u> | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently ope | erate: | | I am employed b | y the Fa | cility owner |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | | | |
| Please provide the | following information about each | Facility/Plant that you opera | ite. Use addi | ional pages as needed | <i>!</i> . | _ |
| Facility / Plant Nar | ne | | Class | PDWIS (Water) NI | PDES (W | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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

| This is page one of a two page form. Both pages must be completed and returned. | | | ned. Op | perator Certification N | Number: 1811 | |
|---|--------------------------------------|--|--|---|---|--|
| | • | ent address on the lines below and, if necessary | ssary, | Certification(s) below will ex | | |
| correct the City, state and ZIP Code. Please print le | | e. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | | requirements by result in an a | plete or submit renewal y the expiration date will additional late fees as ped in Section V. | |
| I. CERTIFICA | TES TO RENEW: | | | | Training Units | |
| Certification Ty | pe Catego | ory | | Class | Required | |
| TEMPORARY | WASTE | WATER COLLECTION | | 2 | 24 | |
| II. CURRENT E | EMPLOYMENT INFORMA | ΓΙΟΝ | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently op | erate: | | I am employed | by the Facility owner | |
| I am currently not operating any Facility | | I p | I provide contractual services to the Facility | | | |
| Please provide the | following information about each | Facility/Plant that you operate | e. Use addtio | onal pages as needea | <i></i> | |
| Facility / Plant Nar | ne | | Class I | PDWIS (Water) NI | PDES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one | e of a two page form. Both pages must be completed and return | ned. Operator Certification Number | r: 1863 |
|---|--|---|-------------------|
| EARL CYRUS LUDY Please enter you're current address on the lines below and, if recorrect the City, state and ZIP Code. Please print legibly. | | Certification(s) shows below will expire or | /1 / 1 / / / / / |
| | | The fee to renew these certifications | 4 1 / 1 / 1 |
| | | Failure to complete o | |
| | | result in an addition described in s | onal late fees as |
| I. CERTIFIC | CATES TO RENEW: | | Training Units |
| Certification T | Гуре Category | | Required |
| TEMPORARY | WASTEWATER COLLECTION | 2 | 24 |
| TEMPORARY | WATER DISTRIBUTION | 1 | 24 |
| TEMPORARY | WATER TREATMENT | 3 | 45 |
| 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 provide contractual services | to the Facility |
| Please provide th | he following information about each Facility/Plant that you operat | e. Use addtional pages as needed. | |
| Facility / Plant N | ame | Class PDWIS (Water) NPDES | (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. | | | perator Certifcation Nu | mber: 1890 | |
|---|---|----------------|--|-----------------------|--|
| | enter you're current address on the lines below and, if nec | essary, | Certification(s) s below will expi | | |
| correct t | the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | \$50 | |
| | | | | ete or submit renewal | |
| | | | requirements by the expiration dat result in an additional late fees described in Section V. | | |
| I. CERTIFICATES | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT EMPL | OYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or P | lants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | | provide contractual services to the Facility | | |
| Please provide the followi | ing information about each Facility/Plant that you opera | ıte. Use addti | onal pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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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. RODNEY C. KUHNS Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | Operator Certifcation Nu | mber: 1906 | |
|---|--|--------------------------|--|---|
| | | f necessary, | Certification(s) sl below will expi | |
| | | | The fee to renew these certifications: \$50 | |
| | | | requirements by the result in an add | ete or submit renewal the expiration date will ditional late fees as I in Section V. |
| I. CERTIFICATES TO | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 3 | 45 |
| II. CURRENT EMPLOYM | IENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) | that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | |
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| Facility / Plant Name | | Class | PDWIS (Water) NPD | DES (Wastewater) |
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|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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 DANIEL H HAMILTON Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly. | | turned. | Operator Certifcation N | umber: 1946 | 6 | |
|--|----------------------------|-----------------------------------|-------------------------|--|--------------|----------------------|
| | | | necessary, | Certification(s) shown below will expire on: 4/1/2 | | 2022 |
| | | P Code. Please print legibly. | | The fee to renew certific | \$50 | |
| | | | | | | date will fees as |
| I. CERTIFICA | ATES TO RENEW: | | | | Training | g Units |
| Certification Ty | pe C | ategory | | Class | Require | d |
| OPERATOR | V | VASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT E | EMPLOYMENT INFO | RMATION | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | | | I am employed b | y the Facility o | wner | |
| I am currently not operating any Facility | | I | provide contractual ser | vices to the Fac | cility | |
| Please provide the | following information abou | t each Facility/Plant that you op | erate. Use add | tional pages as needed. | | |
| Facility / Plant Nar | ne | | Class | PDWIS (Water) NP | DES (Wastewa | iter) |
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III. CONTINUING EDUCATION:

Page 2

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|---|---|-------------------------------------|--|--|
| TIMOTHY D. GILES Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | f necessary, | Certification(s) s below will exp | |
| | | | The fee to renew certific | 4 5 11 |
| | | | requirements by result in an ac | ete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| I. CERTIFICATES TO R | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| SUPERINTENDENT | WATER TREATMENT | | 2 | 7 |
| II. CURRENT EMPLOYME | ENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) th | nat you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | |
| Please provide the following infor | mation about each Facility/Plant that you o | perate. Use add | tional pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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|---|---|----------------|--|--|--|
| | | ecessary, | Certification(s) s below will exp | | |
| | | | The fee to renew these certifications: \$50 | | |
| | | | | ete or submit renewal he expiration date will | |
| | | | result in an ad | ditional late fees as d in Section V. | |
| I. CERTIFICATES T | O RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT EMPLOY | MENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plan | ts) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | | |
| Please provide the following | information about each Facility/Plant that you open | rate. Use addt | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708



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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. | | | Opera | Operator Certification Number: 2141 | | |
|---|---|---------------------------------------|----------|--|----------------------------|--|
| CHRISTOPHER MORRIS Please enter you're current address on the lines be correct the City, state and ZIP Code. Please prin | | · · · · · · · · · · · · · · · · · · · | | Certification(s) shown below will expire on: 4/1/202 | | |
| | | se print legibly. | | The fee to r | enew these rtifications | 950 |
| | | | | requirement result in | s by the ex | submit renewal piration date will nal late fees as ection V. |
| I. CERTIFICA | TES TO RENEW: | | | | | Training Units |
| Certification Typ | e Category | | | Class | | Required |
| OPERATOR | WATER DIST | RIBUTION | | 1 | : | 16 |
| II. CURRENT EN | MPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | | Phone | #: | |
| Number of Facilities | (or Plants) that you currently operate: | | | I am employ | ed by the I | Facility owner |
| I am currently not operating any Facility | | | I prov | ide contractua | al services | to the Facility |
| Please provide the fe | ollowing information about each Facili | ity/Plant that you operate. Use | addtiona | l pages as nee | eded. | |
| Facility / Plant Name | | Cla | ass PD' | WIS (Water) | NPDES (| Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- 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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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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

| This is page one of a two page form. Both pages must be completed and returned. | | ned. Op | erator Certifcation N | umber: 2203 | |
|---|--|----------------|---|--|--|
| | lease 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 these certifications: \$50 | | |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICA | TES TO RENEW: | | | Training Units | |
| Certification Typ | oe Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 3 | 30 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | | | I am employed by the Facility owner | | |
| I am currently not operating any Facility | | I pr | ovide contractual ser | vices to the Facility | |
| Please provide the f | following information about each Facility/Plant that you operat | te. Use addtio | nal pages as needed. | | |
| Facility / Plant Name | | Class P | DWIS (Water) NP | DES (Wastewater) | |
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Page 2

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| Operator in Responsible Charge: | |

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|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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

| This is page one of a two page form. Both pages must be completed and returned. | | | erator Certifcation N | umber: 2277 | |
|---|---|------------------|---|---|--|
| | ase enter you're current address on the lines below and, if neces | ssary, | Certification(s) shown below will expire on: 4/1/20 | | |
| correct the City, state and ZIP Code. Please print legibl | | | The fee to renew these certifications: \$50 | | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICAT | TES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 5GW | 16 | |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | | I am employed by | y the Facility owner | | |
| I am currently not operating any Facility I provide contractual services to | | | vices to the Facility | | |
| Please provide the fo | llowing information about each Facility/Plant that you operate | e. Use addtioi | nal pages as needed. | | |
| Facility / Plant Name | | Class P | DWIS (Water) NP | DES (Wastewater) | |
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Page 2

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| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page | form. Both pages must be completed and returne | d. Op | erator Certifcation Nu | mber: 2299 | |
|---|---|--------------|---|--|---|
| ANDREW MARTIN DWARSHUIS Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly. | | ary, | Certification(s) sl below will expir | | |
| | | | The fee to renew certifica | 4511 | |
| | | | requirements by the result in an add | ete or submit renewal he expiration date wi ditional late fees as l in Section V. | |
| I. CERTIFICATES TO I | RENEW: | | | Training Units | , |
| Certification Type | Category | | Class | Required | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 5 | 7 | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | А | 7 | |
| II. CURRENT EMPLOYMI | ENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants) the | hat you currently operate: | | I am employed by | the Facility owner | Ī |
| I am currently not operating any I | Facility | I pr | ovide contractual serv | vices to the Facility | ī |
| Please provide the following info | rmation about each Facility/Plant that you operate. | Use addtio | nal pages as needed. | | |
| Facility / Plant Name | | Class P | DWIS (Water) NPD | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one | of a two page form. Bot | h pages must be completed and returne | e d. Ope | rator Certifcation N | umber: 2376 | |
|---|---|--|-----------------|--------------------------------------|---|--|
| TODD O'CONNOR Please enter you're current address on the lines below and, if necessary | | | sary, | Certification(s) s below will exp | | |
| | correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | \$100 | |
| | | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| <u>I. CERTIFIC</u> | ATES TO RENEW | <u>.</u> | | | Training Units | |
| Certification T | ype | Category | | Class | Required | |
| OPERATOR | | WATER TREATMENT | | 2 | 16 | |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 30 | |
| OPERATOR | | WASTEWATER TREATMENT | | Α | 16 | |
| TEMPORARY | | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| TEMPORARY | | WATER TREATMENT | | 4 | 45 | |
| TEMPORARY | | WATER TREATMENT | | 5 | 24 | |
| TEMPORARY | | WASTEWATER TREATMENT | | 6 | 24 | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Name | : | | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you cur | rently operate: | | I am employed by | y the Facility owner | |
| I am currently not | t operating any Facility | | I pro | vide contractual ser | vices to the Facility | |
| Please provide th | e following information al | — oout each Facility/Plant that you operate | . Use addtion | al pages as needed. | _ | |
| Facility / Plant Na | ame | | Class PI | OWIS (Water) NP | DES (Wastewater) | |
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Page 2

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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: 2403 | | |
|---|--|----------------|--|-----------------------|--|
| | lease enter you're current address on the lines below and, if necessar | essary, | Certification(s) s below will exp | | |
| correct the City, state and ZIP Code. Please print legib | | | The fee to renew these certifications: \$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. CERTIFICAT | TES TO RENEW: | | 46561106 | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (| (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not ope | erating any Facility | I pr | ovide contractual serv | vices to the Facility | |
| Please provide the fol | llowing information about each Facility/Plant that you operat | te. Use addtio | nal pages as needed. | | |
| Facility / Plant Name | | Class P | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

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|--|---|------------------|--|--|--|
| | ease enter you're current address on the lines below and, if no | ecessary, | Certification(s) s below will expi | | |
| correct the City, state and ZIP Code. Please print legib | | | The fee to renew certification | \$50 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. | |
| I. CERTIFICA | TES TO RENEW: | | | Training Units | |
| Certification Typ | e Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 6 | 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 operating any Facility | | I p | I provide contractual services to the Facility | | |
| Please provide the fo | ollowing information about each Facility/Plant that you ope | rate. Use addtio | onal pages as needed. | | |
| Facility / Plant Name | 2 | Class I | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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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: 2503 | | |
|---|---|--------------|--|---|--|
| WAYNE A. TAYLOR Please enter you're current address on the lines be correct the City, state and ZIP Code. Please print | ter you're current address on the lines below and, if neces | ssary, | Certification(s) sh below will expir | | |
| | e City, state and ZIP Code. Please print legibly. | | The fee to renew t certificat | \$50 | |
| | | | requirements by the result in an add | te or submit renewal te expiration date will litional late fees as in Section V. | |
| I. CERTIFICATES | ΓΟ RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| 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 any Facility | | Ιŗ | provide contractual services to the Facility | | |
| Please provide the following | g information about each Facility/Plant that you operate | e. Use addti | onal pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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: 2597 | | |
|---|---|------------------------|--|---|--|
| CECILE CURRIER Please enter you're current address on the lines below and, if ne correct the City, state and ZIP Code. Please print legibly. | | | Certification(s) below will ex | | |
| | | | The fee to renew these certifications: \$50 | | |
| | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICA | TES TO RENEW: | | | Training Units | |
| Certification Typ | oe Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTIO | N | 2 | 24 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | s (or Plants) that you currently operate: | | I am employed b | by the Facility owner | |
| I am currently not operating any Facility | | I pı | I provide contractual services to the Facility | | |
| Please provide the | following information about each Facility/Plant that yo | ou operate. Use addtio | onal pages as needed | | |
| Facility / Plant Nan | ne | Class F | PDWIS (Water) NF | PDES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| This is page one of | f a two page form. Both pages must be completed and return | rned. Ope | erator Certifcation Nu | ımber: 2601 |
|---|---|------------------|--|--|
| PAUL D. BELL, JR. Please enter you're current address on the lines below and, if nec | | essary, | Certification(s) sl below will expi | |
| correct the City, state and ZIP Coo | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | 450 |
| | | | requirements by t | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICA | TES TO RENEW: | | | Training Units |
| Certification Typ | oe Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | | Α | 24 |
| II. CURRENT E | MPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | s (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not o | perating any Facility | I pro | ovide contractual serv | vices to the Facility |
| Please provide the f | following information about each Facility/Plant that you oper | ate. Use addtion | al pages as needed. | |
| Facility / Plant Nam | e | Class PI | OWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one | of a two page form. Both pages must be completed and returned | d. Ope | erator Certifcation N | Number: 2605 |
|--|--|-------------|-----------------------------------|---|
| | Please enter you're current address on the lines below and, if necessary | ary, | Certification(s) below will ex | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to rene certifi | w these cations: \$50 |
| | | | requirements by result in an a | plete or submit renewal the expiration date will additional late fees as sed in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | :: | | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed | by the Facility owner |
| I am currently not operating any Facility I provide contractual services to the Facili | | | ervices to the Facility | |
| Please provide th | e following information about each Facility/Plant that you operate. | Use addtion | nal pages as needea | 1. |
| Facility / Plant Na | ame | Class Pl | DWIS (Water) NI | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks 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. | | | erator Certifcation Nu | mber: 2607 | |
|---|--|--|--|--|--|
| | Please enter you're current address on the lines below and, if neo | Certification(s) shown below will expire on: | | | |
| 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 I in Section V. | |
| I. CERTIFIC | ATES TO RENEW: | | 40501100 | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | : | | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | | | I am employed by the Facility owner | | |
| I am currently not operating any Facility | | I pr | I provide contractual services to the Facility | | |
| Please provide the | e following information about each Facility/Plant that you oper | ate. Use addtio | nal pages as needed. | _ | |
| Facility / Plant Name | | Class P | DWIS (Water) NPD | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Operator in Responsible Charge: | |

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| This is page one | e of a two page form. Botl | h pages must be completed and retu | irned. | perator Certifcation Nu | ımber: 2614 |
|--|-------------------------------|---|--------------------------|--------------------------------------|--|
| JOHN DANIEL BLUMGART Please enter you're current address on the lines below are | | | ecessary, | Certification(s) s below will exp | /1 / 1 / / / / / |
| | correct the City, state and | ty, state and ZIP Code. Please print legibly. | | The fee to renew certification | |
| | | | | requirements by t result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. |
| | CATES TO RENEW | <u> </u> | | | Training Units |
| Certification T | ype | Category | | Class | Required |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | | WASTEWATER TREATMENT | | А | 16 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | |
| Employer's Name | e: | | | Phone #: | |
| Number of Facilit | ties (or Plants) that you cur | rently operate: | | I am employed by | y the Facility owner |
| I am currently not operating any Facility | | I | provide contractual serv | vices to the Facility | |
| Please provide th | ne following information ab | oout each Facility/Plant that you oper | rate. Use addt | ional pages as needed. | |
| Facility / Plant Na | ame | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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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: 2624 | | |
|---|--|--|---|--|--|
| | lease enter you're current address on the lines below and, if necessary, | essary, | Certification(s) show below will expire | | |
| cor | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew the certification | \$50 | |
| | | | Failure to complete requirements by the result in an addit described in | expiration date will ional late fees as | |
| I. CERTIFICAT | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by th | e Facility owner | |
| I am currently not operating any Facility | | provide contractual services to the Facility | | | |
| Please provide the for | llowing information about each Facility/Plant that you opera | ite. Use add | tional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPDES | S (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one | of a two page form. Both pages must be completed and returned | ed. Ope | rator Certifcation N | Number: 2628 |
|--|---|---------------|-----------------------------------|--|
| DILLON C. WEST Please enter you're current address on the lines below and, if ne | | sary, | Certification(s) below will ex | |
| • | correct the City, state and ZIP Code. Please print legibly. | | The fee to renev | w these cations: \$100 |
| | | | requirements by result in an a | olete or submit renewal the expiration date will additional late fees as ed in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 |
| TEMPORARY | WATER TREATMENT | | 2 | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | : | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed l | by the Facility owner |
| I am currently not operating any Facility I provide contractual services to the Faci | | | rvices to the Facility | |
| Please provide the | e following information about each Facility/Plant that you operate. | . Use addtion | al pages as needed | 1. |
| Facility / Plant Na | me | Class PD | OWIS (Water) NI | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. | | red. Op | Operator Certification Number: 2629 | | |
|---|---|---------------|---|--------------------|--|
| JESSE BEDSWORTH Please enter you're cu | enter you're current address on the lines below and, if neces | ssary, | Certification(s) si below will expi | | |
| correc | ct the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | Failure to complete or submit renewa | | |
| | | | requirements by the expiration date result in an additional late fees described in Section V. | | |
| I. CERTIFICATE | S TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 2 | 24 | |
| II. CURRENT EMP | LOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility I provide contractual services to t | | | vices to the Facility | | |
| Please provide the follow | wing information about each Facility/Plant that you operate | e. Use addtio | onal pages as needed. | _ | |
| Facility / Plant Name | | Class P | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 2634 | | |
|--|---|------------------|---|--|--|
| STEPHEN GALLEHER Please enter you're current address on the lines below as correct the City, state and ZIP Code. Please print legible | | necessary, | Certification(s) shown below will expire on: 4/1/2022 | | |
| | | | The fee to renew certifica | \$50 | |
| | | | requirements by to result in an add | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFICATE | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT EMP | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or | r Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | | |
| Please provide the follo | owing information about each Facility/Plant that you op | perate. Use addi | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two p | page form. Both pages must be completed and r | eturned. | perator Certifcation Nu | ımber: 2662 |
|---|---|------------------|--|---------------------------------------|
| • | RT asse enter you're current address on the lines below and, if necessary, rect the City, state and ZIP Code. Please print legibly. | necessary, | Certification(s) s below will exp | |
| | | | The fee to renew certification | \$50 |
| | | | | ete or submit renewal |
| | | | requirements by the expiration defends result in an additional late fee described in Section V. | |
| I. CERTIFICATES T | O RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 4 | 45 |
| II. CURRENT EMPLOY | YMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plan | nts) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any Facility | | I_{j} | I provide contractual services to the Facility | |
| Please provide the following | information about each Facility/Plant that you o | perate. Use addt | ional pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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. | | | d. Op | Operator Certification Number: 2663 | | |
|---|---|--------------------------------|---|---|--|---|
| | ase enter you're current address on the lines below and, if necessary | ary, | Certification(s) shows below will expire or | | // | |
| C | correct the City, state and ZIP Code. Pl | IP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | _ | requirements b result in an | y the exp | submit renewal iration date will al late fees as ction V. |
| I. CERTIFICA | ATES TO RENEW: | | | | | aining Units |
| Certification Ty | pe Category | | | Class | | equired |
| TEMPORARY | WATER DIS | TRIBUTION | | 1 | 24 | 1 |
| II. CURRENT I | EMPLOYMENT INFORMATIO | N | | | | |
| Employer's Name: | _ | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate | e: | | I am employed | by the Fa | cility owner |
| I am currently not operating any Facility | | | I pr | ovide contractual s | ervices to | the Facility |
| Please provide the | following information about each Fac | ility/Plant that you operate. | Use addtio | nal pages as neede | ed. | |
| Facility / Plant Na | me | | Class P | DWIS (Water) N | IPDES (W | astewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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. DAVID SORIERO Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly. | | rned. (| Operator Certification Number: 266 | | 2665 | |
|---|----------------------------------|----------------------------------|------------------------------------|--|--------------|--------------------------------------|
| | | | essary, | Certification(s) shown below will expire on: The fee to renew these certifications: \$50 | | 4/1/2022 |
| | | ode. Please print legibly. | | | | \$50 |
| | | | | Failure to comp requirements by result in an a describ | the exp | iration date will al late fees as |
| | TES TO RENEW: | | | | Ti | raining Units |
| Certification Type | oe Cate | gory | | Class | Re | equired |
| OPERATOR | WAS | TEWATER COLLECTION | | 2 | 16 | õ |
| II. CURRENT E | MPLOYMENT INFORM | ATION | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Facilitie | s (or Plants) that you currently | operate: | | I am employed b | by the Fa | cility owner |
| I am currently not operating any Facility | | I | provide contractual se | rvices to | the Facility | |
| Please provide the | following information about ea | ch Facility/Plant that you operc | ite. Use addi | tional pages as needed | l. | _ |
| Facility / Plant Nan | ne | | Class | PDWIS (Water) NI | PDES (W | /astewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a | two page form. Both pages must be completed and ret | urned. Ope | erator Certifcation Nu | mber: 2668 |
|---|---|-------------------|---|--|
| RANRICK WILLIAMS Please enter you're current address on the lines below and, if nece correct the City, state and ZIP Code. Please print legibly. | | ecessary, | Certification(s) sl below will expir | |
| | | | The fee to renew certifica | (51) |
| | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICAT | ES TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | | А | 24 |
| 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 open | rating any Facility | I pro | ovide contractual serv | ices to the Facility |
| Please provide the foll | lowing information about each Facility/Plant that you ope | rate. Use addtior | ıal pages as needed. | |
| Facility / Plant Name | | Class Pl | DWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one of a two page form. Both pages must be completed and returned. STEVEN M. WAIN Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | Operator Certification | Number: 2671 | |
|--|-------------------------------------|-------------------------------------|-------------------------------|--|
| | | • | Certification(s below will ex | / ///////// |
| | | Please print legibly. | The fee to rene certif | ew these fications: \$100 |
| | | | requirements b | uplete or submit renewal y the expiration date will additional late fees as bed in Section V. |
| I. CERTIFICA | TES TO RENEW: | | | Training Units |
| Certification Typ | e Categor | y | Class | Required |
| TEMPORARY | WATER T | REATMENT | 1 | 24 |
| TEMPORARY | WASTEW | ATER TREATMENT | 3 | 45 |
| II. CURRENT E | MPLOYMENT INFORMATI | ON | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | (or Plants) that you currently open | ate: | I am employed | by the Facility owner |
| I am currently not of | perating any Facility | | I provide contractual s | ervices to the Facility |
| Please provide the f | ollowing information about each F | acility/Plant that you operate. Use | addtional pages as neede | rd. |
| Facility / Plant Nam | 2 | Clas | ss PDWIS (Water) N | IPDES (Wastewater) |
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Page 2

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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708



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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 2789 | | |
|--|--|------------------------|---|-----------------------|--|
| SCOTT MEUSHAW Please enter you're current address on the lines below correct the City, state and ZIP Code. Please print legit | | | Certification(s) s below will exp | | |
| | | y. | The fee to renew these certifications: \$50 | | |
| | | | Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. | | |
| I. CERTIFICA | ATES TO RENEW: | | 46561166 | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATI | ER | 2 | 0 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not | operating any Facility | Ιp | rovide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that y | ou operate. Use addtie | onal pages as needed. | | |
| Facility / Plant Nar | ne | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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 | e of a two page form. Both pages must be completed and return | rned. Op | erator Certifcation Nu | ımber: 2817 |
|--|--|-----------------|--|-----------------------|
| | Please enter you're current address on the lines below and, if nec | essary, | Certification(s) s below will exp | |
| correct the City, state and ZIP Code. Please print legib | | | The fee to renew certification | 450 |
| | | | Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V. | |
| | ATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | :: | | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not | t operating any Facility | I pr | ovide contractual serv | vices to the Facility |
| Please provide the | e following information about each Facility/Plant that you opera | ate. Use addtio | nal pages as needed. | |
| Facility / Plant Na | ame | Class P | DWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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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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- 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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- 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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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. | Operator Certification Number: 2855 | | |
|---|---|-------------|--|---|--|
| JAMISON DURRANCE Please enter you're current address on the lines below a correct the City, state and ZIP Code. Please print legib | enter you're current address on the lines below and, if neces | ssary, | Certification(s) sh below will expir | // | |
| | t the City, state and ZIP Code. Please print legibly. | | The fee to renew to certificate | 950 | |
| | | | requirements by the result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. | |
| I. CERTIFICATES | S TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 4 | 45 | |
| 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 operating any Facility | | Ιj | provide contractual services to the Facility | | |
| Please provide the follow | wing information about each Facility/Plant that you operate | e. Use addt | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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. Operator Certification Number: 3007 | | |
|---|---|---|--|--|
| WILLIAM S. BLACK, JR. Please enter you're current address on the lines be correct the City, state and ZIP Code. Please print | enter you're current address on the lines below and, if neces | ssary, | Certification(s) sho below will expire | |
| | the City, state and ZIP Code. Please print legibly. | | The fee to renew th certificati | 624 |
| | | | requirements by the result in an addi | e or submit renewal e expiration date will itional late fees as in Section V. |
| I. CERTIFICATES | S TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 3 | 45 |
| II. CURRENT EMPI | LOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed by the | he Facility owner |
| I am currently not operating any Facility | | Ιŗ | provide contractual services to the Facility | |
| Please provide the follow | wing information about each Facility/Plant that you operate | e. Use addti | onal pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NPDE | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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: 3009 | | |
|---|---|-------------|---|--|--|
| | ease enter you're current address on the lines below and, if necessar | ry, | Certification(s) s below will exp | | |
| | 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 he expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICA | <u>ΓES TO RENEW:</u> | | | Training Units | |
| Certification Typ | e Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 3 | 45 | |
| 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 operating any Facility I provide contractual services to | | | vices to the Facility | | |
| Please provide the fe | ollowing information about each Facility/Plant that you operate. U | Use addtion | nal pages as needed. | | |
| Facility / Plant Name | e (| Class Pl | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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 | per: 3074 |
|--|--|--|-----------------------|
| • | ou're current address on the lines below and, if necessary | Certification(s) shows below will expire | |
| correct the Cit | ty, state and ZIP Code. Please print legibly. | The fee to renew the certification | \$100 |
| | | Failure to complete requirements by the result in an addit described in | expiration date will |
| I. CERTIFICATES TO | RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | 2 | 16 |
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |
| II. CURRENT EMPLOYM | IENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (or Plants) | that you currently operate: | I am employed by th | e Facility owner |
| I am currently not operating any Facility I provide contractual services to the | | | es to the Facility |
| Please provide the following inf | formation about each Facility/Plant that you operate. Us | se addtional pages as needed. | |
| Facility / Plant Name | C | class PDWIS (Water) NPDE | S (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- I 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 a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 3242 | | |
|---|---|------------|--|--|--|
| | se enter you're current address on the lines below and, if necessar | ry, | Certification(s) shown below will expire on: 4/1/202 | | |
| | ect the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | requirements by t | ete or submit renewal he expiration date will ditional late fees as I in Section V. | |
| I. CERTIFICATI | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT EMI | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (o | or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not oper | ating any Facility | I pr | ovide contractual serv | ices to the Facility | |
| Please provide the follo | owing information about each Facility/Plant that you operate. U | Jse addtio | nal pages as needed. | | |
| Facility / Plant Name | | Class P | DWIS (Water) NPD | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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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: 3263 | | |
|--|---|------------|--|---|--|
| WILLIAM GREEN Please enter you're current address on the lines belocorrect the City, state and ZIP Code. Please print leg | nter you're current address on the lines below and, if necess | sary, | Certification(s) shown below will expire on: 4/1/2 | | |
| | he City, state and ZIP Code. Please print legibly. | | The fee to renew to certificate | \$50 | |
| | | | requirements by the result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. | |
| I. CERTIFICATES | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 1 | 24 | |
| II. CURRENT EMPLO | DYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Pl | lants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating | g any Facility | Ιp | rovide contractual serv | ices to the Facility | |
| Please provide the following | ng information about each Facility/Plant that you operate. | Use addtio | onal pages as needed. | | |
| Facility / Plant Name | | Class 1 | PDWIS (Water) NPD | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

| This is page one of a two page form. Both pages must be completed and returned. | | ned. Op | Operator Certification Number: 3272 | | |
|--|---|-----------------------|---|-----------------------|--|
| | nter you're current address on the lines below and, if nece | essary, | Certification(s) shown below will expire on: 4/1/2022 | | |
| correct t | he City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | | ete or submit renewal | |
| | | | requirements by the expiration da result in an additional late fees described in Section V. | | |
| I. CERTIFICATES | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 3 | 45 | |
| II. CURRENT EMPLO | OYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or P | lants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility I provide contractual services to the F | | vices to the Facility | | | |
| Please provide the following | ng information about each Facility/Plant that you operat | e. Use addtio | onal pages as needed. | _ | |
| Facility / Plant Name | | Class I | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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 return BRANDON MCNEAL Please enter you're current address on the lines below and, if nece correct the City, state and ZIP Code. Please print legibly. | | urned. (| Operator Certifcation N | Tumber: 3385 | | |
|--|--------------------------------------|---|-------------------------|---------------------------------|---|---|
| | | address on the lines below and, if necessary, | ecessary, | Certification(s) below will exp | // | |
| | | de. Please print legibly. | | The fee to renew certific | v these cations: \$50 | |
| | | | | requirements by result in an ac | olete or submit renewa the expiration date w dditional late fees as ed in Section V. | |
| | ATES TO RENEW: | | | | Training Units | S |
| Certification Ty | pe Categ | jory | | Class | Required | |
| OPERATOR | WATE | R TREATMENT | | 4 | 30 | |
| II. CURRENT I | EMPLOYMENT INFORMA | ATION | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently of | perate: | | I am employed b | by the Facility owner | |
| I am currently not | operating any Facility | | I | provide contractual ser | rvices to the Facility | |
| Please provide the | following information about eac | h Facility/Plant that you ope | erate. Use add | tional pages as needed. | _ | |
| Facility / Plant Nar | ne | | Class | PDWIS (Water) NP | PDES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

| This is page one | e of a two page form. Both pages must be completed and return | ed. Operator Certification Number | r: 3411 |
|---|---|--|--------------------------------------|
| MEGHAN PFALLER Please enter you're current address on the lines below and, if no | | Certification(s) shown below will expire on | |
| | correct the City, state and ZIP Code. Please print legibly. | The fee to renew these certifications | X 1 (1)(1) |
| | | Failure to complete or requirements by the expression in an addition | xpiration date will nal late fees as |
| I CERTIFIC | CATES TO RENEW: | described in S | |
| Certification T | | | Training Units Required |
| OPERATOR | WATER TREATMENT | 4 | 30 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | А | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | |
| Employer's Name | e: | Phone #: | |
| Number of Facili | ities (or Plants) that you currently operate: | I am employed by the | Facility owner |
| I am currently no | ot operating any Facility | I provide contractual services | to the Facility |
| Please provide th | he following information about each Facility/Plant that you operate | e. Use addtional pages as needed. | _ |
| Facility / Plant Na | ame | Class PDWIS (Water) NPDES (| (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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|----------------------------------|---|
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| Last 4 digits of Social Security Number | Email Address | |

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 3421 | | |
|---|---|-------------|--|---|--|
| | er you're current address on the lines below and, if nece | essary, | Certification(s) sh below will expir | | |
| correct the | e City, state and ZIP Code. Please print legibly. | | The fee to renew t | \$50 | |
| | | | requirements by the result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. | |
| I. CERTIFICATES T | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT EMPLO | YMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plan | nts) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | | provide contractual services to the Facility | | |
| Please provide the following | g information about each Facility/Plant that you operat | e. Use addt | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

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

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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: 3454 | | |
|---|---|---------------------------------|--|--|--|
| ROBERT T BENSEL III 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 below will e | | |
| | | orint legibly. | The fee to renew these certifications: \$50 | | |
| | | | requirements b | nplete or submit renewal by the expiration date will additional late fees as abed in Section V. | |
| I. CERTIFIC | ATES TO RENEW: | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| OPERATOR | WASTEWATER (| COLLECTION | 2 | 16 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed | by the Facility owner | |
| I am currently not operating any Facility | | | I provide contractual services to the Facility | | |
| Please provide the | e following information about each Facility/F | Plant that you operate. Use ada | ltional pages as neede | | |
| Facility / Plant Na | me | Class | PDWIS (Water) N | NPDES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- 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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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 | | rned. | Operator Certification Number: 3477 | | |
|--|---|--------------|---|--|--|
| ANDREW MICHAEL SELIG Please enter you're | enter you're current address on the lines below and, if nec | cessary, | Certification(s) sho below will expire | | |
| correct | t the City, state and ZIP Code. Please print legibly. | | The fee to renew the certification | 450 | |
| | | | — requirements by the result in an add | e or submit renewal e expiration date will itional late fees as in Section V. | |
| I. CERTIFICATES | S TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT EMPI | LOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed by t | he Facility owner | |
| I am currently not operat | ing any Facility | I | provide contractual service | ces to the Facility | |
| Please provide the follow | wing information about each Facility/Plant that you opera | ate. Use add | tional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPDE | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a | two page form. Both pages must be completed and retu | ırned. Ope | erator Certifcation Nu | mber: 3492 |
|--|--|-------------------|---------------------------------------|--|
| RANDY S WILKERSON Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly. | | ecessary, | Certification(s) s below will expi | |
| | | | The fee to renew certification | (51) |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICAT | ES TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | | Α | 24 |
| 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 open | rating any Facility | I pro | ovide contractual serv | rices to the Facility |
| Please provide the foll | lowing information about each Facility/Plant that you oper | rate. Use addtioi | nal pages as needed. | |
| Facility / Plant Name | | Class Pl | DWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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 Nur | mber: 3523 |
|--|---|-------------|---|---|
| | er you're current address on the lines below and, if nece | essary, | Certification(s) sh below will expin | |
| correct the | e City, state and ZIP Code. Please print legibly. | | The fee to renew t | \$50 |
| | | | — requirements by the result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. |
| I. CERTIFICATES T | O RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| II. CURRENT EMPLOY | YMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plan | nts) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating | any Facility | I | provide contractual servi | ices to the Facility |
| Please provide the following | ; information about each Facility/Plant that you operat | e. Use addi | tional pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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|----------------------------------|---|
| 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 a two page form. Both pages must be completed and returned DYLAN THOMAS HIGHTMAN Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly. | | Ор | erator Certifcation | Number: | 3547 | |
|--|---|-------------------------------|---------------------|--|---------------------|--|
| | | | ry, | Certification(s) shown below will expire on: 4/1/2 | | 4/1/2022 |
| | | ase print legibly. | | The fee to ren certi | ew these fications: | \$50 |
| | | | | requirements b | y the exp | submit renewal piration date will al late fees as ection V. |
| I. CERTIFICA | TES TO RENEW: | | | | Т | raining Units |
| Certification Ty | oe Category | | | Class | R | Required |
| OPERATOR | WATER TREA | ATMENT | | 3 | 3 | 80 |
| II. CURRENT E | MPLOYMENT INFORMATION | V | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Facilitie | s (or Plants) that you currently operate: | | | I am employed | d by the F | acility owner |
| I am currently not operating any Facility | | I pr | ovide contractual s | services to | o the Facility | |
| Please provide the | following information about each Facil | ity/Plant that you operate. U | se addtio | nal pages as neede | ed. | |
| Facility / Plant Nan | e | (| Class P | DWIS (Water) N | NPDES (V | Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

| | | | erator Certification Number: 3700 | | |
|--|---|---------|--------------------------------------|---|--|
| ROBERT SCOTT BARNHART Please enter you're current address on the lines below and, if necessary, | | | Certification(s) s below will exp | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | \$100 | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| <u>I. CERTIFICATES TO RENEV</u> Certification Type | <u>V:</u> Category | | Class | Training Units Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 7 | 16 | |
| OPERATOR | WATER TREATMENT | | 1 | 16 | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| OPERATOR | WATER TREATMENT | | 5GW | 16 | |
| OPERATOR | WASTEWATER TREATMENT | | 4 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | | 6 | 16 | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | |
| SUPERINTENDENT | WATER TREATMENT | | 4 | 7 | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 4 | 7 | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 5 | 7 | |
| II. CURRENT EMPLOYMENT IN | FORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants) that you c | currently operate: | | I am employed by | y the Facility owner | |
| I am currently not operating any Facility | \Box | I prov | vide contractual ser | vices to the Facility | |
| Please provide the following information | about each Facility/Plant that you operate. Use a | addtion | al pages as needed. | | |
| Facility / Plant Name | Class | | WIS (Water) NP | | |
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III. CONTINUING EDUCATION:

Page 2

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

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

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|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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 Certification Number: 4035 | | |
|---|--|-----------------------|------------------------------------|---|--|
| RACHEL L KO | Please enter you're current address on the lines below a | | Certification(s below will ex | | |
| correct the City, state and ZIP Code. Please print legibly. | | ly. | The fee to rene certif | ew these ications: \$100 | |
| | | | requirements b | 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 | ype Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | ON | 2 | 16 | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | e: | | Phone #: | | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed | by the Facility owner | |
| I am currently not | t operating any Facility | I | provide contractual s | ervices to the Facility | |
| Please provide th | ne following information about each Facility/Plant that | you operate. Use addi | tional pages as neede | d. | |
| Facility / Plant Na | ame | Class | PDWIS (Water) N | PDES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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 Nun | nber: 4058 |
|-----------------------------------|--|---|--|
| • | ou're current address on the lines below and, if necessary | Certification(s) sho below will expire | |
| correct the Cit | y, state and ZIP Code. Please print legibly. | The fee to renew the certification | \$100 |
| | | requirements by the result in an add | e or submit renewal e expiration date will itional late fees as in Section V. |
| I. CERTIFICATES TO | RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | 2 | 16 |
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |
| II. CURRENT EMPLOYM | ENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (or Plants) | that you currently operate: | I am employed by t | he Facility owner |
| I am currently not operating any | Facility | I provide contractual service | ces to the Facility |
| Please provide the following infe | ormation about each Facility/Plant that you operate. Us | e addtional pages as needed. | |
| Facility / Plant Name | Cl | ass PDWIS (Water) NPDI | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. WILLIE CHAPMON Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | rned. | Operator Certification Number: 4178 | | |
|--|---|---------------|--|---|--|
| | | cessary, | Certification(s) s below will exp | | |
| | | | The fee to renew certification | \$50 | |
| | | | | ete or submit renewal the expiration date will | |
| | | | result in an ad | ditional late fees as d in Section V. | |
| I. CERTIFICATES | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT EMPLO | DYMENT 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 any Facility | | I_{1} | provide contractual services to the Facility | | |
| Please provide the following | g information about each Facility/Plant that you oper | ate. Use addt | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one | of a two page form. Both pages must be completed and return | ned. Operator | Certification N | Number: 4441 |
|---|--|--------------------------------|---------------------------------|--|
| BARRY T MASON 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) below will ex | | |
| | | Т | The fee to renev certific | w these cations: \$50 |
| | | | quirements by result in an a | olete or submit renewal the expiration date will additional late fees as ed in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | : | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | I | am employed l | by the Facility owner |
| I am currently not operating any Facility | | | contractual se | rvices to the Facility |
| Please provide the | e following information about each Facility/Plant that you operate | e. Use addtional po | iges as needed | 1. |
| Facility / Plant Na | nme | Class PDWIS | S (Water) NI | PDES (Wastewater) |
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Page 2

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| Last 4 digits of Social Security Number | Email Address | |

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| This is page one | of a two page form. Both pages must be completed and retu | rned. Op | erator Certifcation N | umber: 4466 |
|---|--|-----------------|---------------------------------|--|
| WINFIELD MCKELL Please enter you're current address on the lines below and, if neces | | cessary, | Certification(s) below will exp | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these sations: \$50 |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | : | | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed b | y the Facility owner |
| I am currently not operating any Facility | | | ovide contractual ser | vices to the Facility |
| Please provide the | e following information about each Facility/Plant that you opera | ate. Use addtio | nal pages as needed. | |
| Facility / Plant Na | ame | Class P | DWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

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| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 4750 | | |
|---|---|----------------|---|-----------------------|--|
| JOHN JOSEPH THOMPSON III Please enter you're current address on the lines below and, | | ecessary, | Certification(s) sl below will expi | | |
| correct the City, state and ZIP Code. Please p | he City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | |
| | | | | ete or submit renewal | |
| | | | requirements by the expiration da result in an additional late feed described 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 Pl | lants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | I_{j} | I provide contractual services to the Facility | | |
| Please provide the following | ng information about each Facility/Plant that you ope | rate. Use addt | ional pages as needed. | _ | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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. BRADLEY J. ROSS Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly. | | d and returned. | Operator Certification N | umber: 4788 |
|--|---|-------------------------|--|--|
| | | | Certification(s) shown below will expire on: 4/1/202 | |
| | | ibly. | The fee to renew certific | \$50 |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| | ES TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | INDUSTRIAL WASTEWA | ATER | 2 | 0 |
| 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 operating any Facility | | | I provide contractual ser | vices to the Facility |
| Please provide the fo | llowing information about each Facility/Plant the | ut you operate. Use add | dtional pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned | | ned. O | Operator Certification Number: 4814 | | |
|--|--|-----------------------|---|--|--|
| JON M THOMPSON Please enter you're curre | enter you're current address on the lines below and, if nece | essary, | Certification(s) so below will expi | | |
| 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 d in Section V. | |
| I. CERTIFICATES | S TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT EMPI | LOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or I | Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility I provide contractual services t | | vices to the Facility | | | |
| Please provide the follow | ving information about each Facility/Plant that you opera | te. Use addti | onal pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
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| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a tw | o page form. Both pages must be completed and return | ed. Ope | erator Certifcation Nu | mber: 4855 |
|--|--|----------------|--|--|
| JOVAN C. DEGROAT Please enter you're current address on the lines below and, if r correct the City, state and ZIP Code. Please print legibly. | | ssary, | Certification(s) sl below will expi | |
| | | | The fee to renew certification | (51) |
| | | | requirements by t | 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 |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 |
| II. CURRENT EMPL | OYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or F | Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operation | ng any Facility | I pro | ovide contractual serv | rices to the Facility |
| Please provide the follow | ing information about each Facility/Plant that you operate | e. Use addtior | nal pages as needed. | |
| Facility / Plant Name | | Class Pl | DWIS (Water) NPD | DES (Wastewater) |
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| This is page one | of a two page form. Both pages must be completed and return | ned. Operator Certification Number | r: 4881 |
|---|--|---|--|
| AMANDA J. FUCHSLUGER Please enter you're current address on the lines below and, if no | | Certification(s) shows below will expire on | |
| C | correct the City, state and ZIP Code. Please print legibly. | The fee to renew these certifications | X 1 ()() |
| | | Failure to complete o requirements by the execution an addition | xpiration date will onal late fees as |
| I CERTIFIC | ATES TO RENEW: | described in S | |
| Certification Ty | | | Training Units Required |
| OPERATOR | WATER TREATMENT | 4 | 30 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | А | 16 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | I am employed by the | Facility owner |
| I am currently not | operating any Facility | I provide contractual services | to the Facility |
| Please provide the | following information about each Facility/Plant that you operate | e. Use addtional pages as needed. | |
| Facility / Plant Nar | me | Class PDWIS (Water) NPDES | (Wastewater) |
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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I hereby affirm that I understand all information provided on this application. I also certify the following:

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708



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| This is page one of a two page form. Both pages must be completed and returned. | | rned. | Operator Certification Number: 4957 | | |
|---|---|--|---|--|--|
| | ter you're current address on the lines below and, if nec | essary, | Certification(s) sl below will expir | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew these certifications: \$50 | | |
| | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. | |
| I. CERTIFICATES | ΓΟ RENEW: | | 400011000 | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| II. CURRENT EMPLO | YMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Pla | ants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | provide contractual services to the Facility | | | |
| Please provide the following | g information about each Facility/Plant that you opera | ate. Use addt | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks 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 | f a two page form. Both pages must be completed and retur | ned. Ope | erator Certifcation Nu | ımber: 5028 |
|---|--|------------------------|--------------------------------------|---|
| WILLIAM R GANLEY, JR. Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly. | | essary, | Certification(s) s below will exp | |
| | | | The fee to renew certification | (51) |
| | | | 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 Typ | pe Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 1 | 16 |
| OPERATOR | WATER TREATMENT | | 5 | 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 operating any Facility | | ovide contractual serv | vices to the Facility | |
| Please provide the fe | following information about each Facility/Plant that you opera | ite. Use addtioi | nal pages as needed. | |
| Facility / Plant Nam | ne | Class Pl | DWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a tw | vo page form. Both pages must be completed and retur | rned. Op | erator Certifcation Nu | mber: 5033 |
|---|---|-----------------|---|--|
| GEORGE A. LEWIS Please enter you're current address on the lines below and, if necessaries correct the City, state and ZIP Code. Please print legibly. | | essary, | Certification(s) sl below will expir | |
| | | | The fee to renew certifica | (51) |
| | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as l 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 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 | ing any Facility | I pr | ovide contractual serv | rices to the Facility |
| Please provide the follow | wing information about each Facility/Plant that you opera | ite. Use addtio | nal pages as needed. | |
| Facility / Plant Name | | Class P | DWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. | | d. Ope | rator Certifcation N | lumber: 5284 | |
|--|-------------------------------|--|---------------------------------|-----------------------------------|---|
| JAMES WELLER, JR. Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | ary, | Certification(s) below will exp | | |
| | | | The fee to renev | w these cations: \$100 | |
| | | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFIC | CATES TO RENEW | <u>:</u> | | | Training Units |
| Certification 7 | Гуре | Category | | Class | Required |
| OPERATOR | | INDUSTRIAL WASTEWATER | | 2 | 0 |
| OPERATOR | | WATER TREATMENT | | 1 | 16 |
| OPERATOR | | WATER TREATMENT | | 4 | 30 |
| OPERATOR | | WATER TREATMENT | | 5GW | 16 |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | | WASTEWATER TREATMENT | | Α | 16 |
| TEMPORARY | | WASTEWATER TREATMENT | | 6 | 24 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | |
| Employer's Nam | e: | | | Phone #: | |
| Number of Facil | ities (or Plants) that you cu | rrently operate: | | I am employed b | by the Facility owner |
| I am currently no | ot operating any Facility | | I pro | vide contractual ser | rvices to the Facility |
| Please provide th | he following information at | bout each Facility/Plant that you operate. | Use addtion | al pages as needed. | |
| Facility / Plant N | Jame | | Class PE | OWIS (Water) NP | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Last 4 digits of Social Security Number | Email Address | |

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 5292 | | |
|---|--|---------------|---|---|--|
| • | nter you're current address on the lines below and, if nec | essary, | Certification(s) s below will exp | // | |
| correct the City, state and ZIP Code. Please print legib | | | The fee to renew these certifications: \$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 Type | Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT EMPLO | DYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Pla | ants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not operating any Facility | | Ιp | rovide contractual ser | vices to the Facility | |
| Please provide the followin | ng information about each Facility/Plant that you opera | te. Use addti | onal pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one of a two page form. Both pages must be completed and returned. | | l. Ope | Operator Certification Number: 5665 | | |
|---|--|-------------|--|---|--|
| CHRISTOPHER T. GOFF Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly. | | ıry, | Certification(s) si below will expi | | |
| | | | The fee to renew certification | 150 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICAT | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| 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 operating any Facility | | | provide contractual services to the Facility | | |
| Please provide the foli | lowing information about each Facility/Plant that you operate. U | Use addtion | al pages as needed. | | |
| Facility / Plant Name | | Class PI | OWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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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 two page form. Both pages must be completed and returned. | | l. Operator Certification Number | 5842 | |
|--|---|---|------------------|--|
| WILLIAM E MILLER, JR. 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) shown below will expire on | | |
| | | The fee to renew these certifications | \$100 | |
| | | Failure to complete or requirements by the ex | | |
| | | result in an addition described in S | nal late fees as | |
| I. CERTIFICA | ATES TO RENEW: | - | Training Units | |
| Certification Ty | pe Category | | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | 2 (| 0 | |
| OPERATOR | WATER TREATMENT | 1 : | 16 | |
| OPERATOR | WASTEWATER TREATMENT | 3 | 30 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | I am employed by the I | Facility owner | |
| I am currently not o | operating any Facility | I provide contractual services t | to the Facility | |
| Please provide the | following information about each Facility/Plant that you operate. | Use addtional pages as needed. | | |
| Facility / Plant Nar | ne | Class PDWIS (Water) NPDES (| Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

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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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- 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 a two page form. Both pages must be completed and return | | ned. Operator Certification Number: 5951 | | |
|--|---|--|--|--|
| ROBERT NATARIAN Please enter you're curr | ease enter you're current address on the lines below and, if nece | ssary, | Certification(s) sho below will expire | |
| co | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew the certification | 450 |
| | | | — requirements by the result in an addit | e or submit renewal expiration date will tional late fees as n Section V. |
| I. CERTIFICA | TES TO RENEW: | | | Training Units |
| Certification Typ | oe Category | | Class | Required |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 |
| II. CURRENT E | MPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by the | ne Facility owner |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | |
| Please provide the f | ollowing information about each Facility/Plant that you operate | e. Use add | tional pages as needed. | |
| Facility / Plant Nam | e | Class | PDWIS (Water) NPDE | S (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

V. LATE FEES AND REINSTATEMENT

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- 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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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: 6086 | | |
|--|---|-----------------|---|-----------------------|--|
| AARON DEMPSTER LEE Please enter you're current address on the lines below ar correct the City, state and ZIP Code. Please print legibly | | ecessary, | Certification(s) s below will exp | | |
| | | | 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. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | rpe Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 2 | 16 | |
| II. CURRENT I | 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 | operating any Facility | I pr | ovide contractual ser | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you oper | ate. Use addtio | nal pages as needed. | | |
| Facility / Plant Nar | me | Class P | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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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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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: 6373 | | |
|--|--|------------------|---|-----------------------|--|
| KEVIN C JOHNSON, SR Please enter you're current address on the lines below a correct the City, state and ZIP Code. Please print legible | | necessary, | Certification(s) s below will exp | | |
| | | | 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. CERTIFICA | TES TO RENEW: | | 40001100 | Training Units | |
| Certification Typ | pe Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 1 | 16 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | s (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not o | perating any Facility | I pı | ovide contractual ser | vices to the Facility | |
| Please provide the j | following information about each Facility/Plant that you ope | rate. Use addtio | onal pages as needed. | | |
| Facility / Plant Nam | ne | Class F | PDWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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 Nu | Operator Certification Number: 6620 | | |
|--|--|--|--|--|--|
| BRADLEY C. YEAKLE 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) sl below will expi | | | |
| | | The fee to renew certification | \$100 | | |
| | | requirements by t | ete or submit renewal he expiration date will ditional late fees as I in Section V. | | |
| I. CERTIFICATES TO | O RENEW: | | Training Units | | |
| Certification Type | Category | Class | Required | | |
| OPERATOR | WATER TREATMENT | 2 | 16 | | |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 | | |
| OPERATOR | WASTEWATER TREATMENT | Α | 16 | | |
| SUPERINTENDENT | WASTEWATER TREATMENT | 5 | 7 | | |
| SUPERINTENDENT | WASTEWATER TREATMENT | А | 7 | | |
| II. CURRENT EMPLOY | MENT INFORMATION | | | | |
| Employer's Name: | | Phone #: | | | |
| Number of Facilities (or Plants | s) that you currently operate: | I am employed by | the Facility owner | | |
| I am currently not operating ar | ny Facility | I provide contractual serv | rices to the Facility | | |
| Please provide the following in | nformation about each Facility/Plant that you operate. Use a | addtional pages as needed. | | | |
| Facility / Plant Name | Clas | ss PDWIS (Water) NPD | DES (Wastewater) | | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708



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| This is page one | of a two page form. Both pages must be completed and retur | ned. Op | erator Certifcation Nu | ımber: 6657 |
|---|--|------------------------|--------------------------------------|---|
| MATTHEW V LIDIE Please enter you're current address on the lines below and, if neces correct the City, state and ZIP Code. Please print legibly. | | essary, | Certification(s) s below will exp | |
| | | | The fee to renew certification | \$ 100 |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | /pe Category | | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Faciliti | les (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any Facility | | ovide contractual serv | vices to the Facility | |
| Please provide the | g following information about each Facility/Plant that you opera | te. Use addtio | nal pages as needed. | |
| Facility / Plant Nat | me | Class P | DWIS (Water) NPI | DES (Wastewater) |
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| | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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

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

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|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one | of a two page form. Both pa | nges must be completed and retur | ned. O _I | perator Certification Nu | ımber: | 6867 |
|---------------------|---------------------------------|--|---------------------|--|---------|------------------------------------|
| | | ent address on the lines below and, if necessa | essary, | Certification(s) s below will expi | | 4/1/2022 |
| correct the City, s | correct the City, state and ZII | Code. Please print legibly. | | The fee to renew certification | | \$50 |
| | | | | Failure to comple requirements by t result in an ad described | he expi | ration date will I late fees as |
| | ATES TO RENEW: | | | | | aining Units |
| Certification Ty | ype Ca | ategory | | Class | Re | quired |
| SUPERINTENDE | NT W | ASTEWATER TREATMENT | | 5 | 7 | |
| SUPERINTENDE | NT W | ASTEWATER TREATMENT | | Α | 7 | |
| II. CURRENT | EMPLOYMENT INFOR | RMATION | | | | |
| Employer's Name: | : | | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you curren | tly operate: | | I am employed by | the Fac | cility owner |
| I am currently not | operating any Facility | | I p | rovide contractual serv | ices to | the Facility |
| Please provide the | e following information about | each Facility/Plant that you opera | te. Use addtio | onal pages as needed. | | |
| Facility / Plant Na | me | | Class I | PDWIS (Water) NPI | DES (W | astewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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

| This is page one of a two page form. Both pages must be completed and returned. | | | perator Certifcation N | umber: 6901 | |
|--|--|-------------------|---|--|--|
| ORLANDO J. THIESS Please enter you're current address on the lines below and, if no correct the City, state and ZIP Code. Please print legibly. | | ecessary, | Certification(s) below will exp | | |
| | | | The fee to renew these certifications: \$50 | | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as ed in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| 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 pı | rovide contractual ser | vices to the Facility | |
| Please provide the | r following information about each Facility/Plant that you ope | erate. Use addtio | onal pages as needed. | | |
| Facility / Plant Na | me | Class F | PDWIS (Water) NP | DES (Wastewater) | |
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Page 2

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| Name and Certification Number of | • |
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| Operator in Responsible Charge: | |

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|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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

| This is page one of a two page form. Both pages must be completed and returned. JORDAN E. JOHNSON Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | Operator Certification N | Operator Certification Number: 6902 | | |
|---|--|--------------------------------------|--|--|--|
| | | Certification(s) s below will exp | | | |
| | | The fee to renew certific | \$100 | | |
| | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as ed in Section V. | | |
| I. CERTIFICATES TO | RENEW: | | Training Units | | |
| Certification Type | Category | Class | Required | | |
| TEMPORARY | WASTEWATER COLLECTION | 2 | 24 | | |
| TEMPORARY | WATER DISTRIBUTION | 1 | 24 | | |
| II. CURRENT EMPLOYM | ENT INFORMATION | | | | |
| Employer's Name: | | Phone #: | | | |
| Number of Facilities (or Plants) | that you currently operate: | I am employed by | y the Facility owner | | |
| I am currently not operating any Facility | | I provide contractual ser | vices to the Facility | | |
| Please provide the following info | ormation about each Facility/Plant that you operate. U | Ise addtional pages as needed. | | | |
| Facility / Plant Name | (| Class PDWIS (Water) NP | DES (Wastewater) | | |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one of | a two page form. Both pages must be completed and ret | urned. Op | erator Certifcation Nu | ımber: 7216 |
|--|--|------------------|---------------------------------------|---|
| HORACE J KENNEDY Please enter you're current address on the lines below | | ecessary, | Certification(s) s below will expi | |
| cor | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | |
| | | | requirements by t | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| | <u>ΓES TO RENEW:</u> | | | Training Units |
| Certification Type | e Category | | Class | Required |
| SUPERINTENDENT | WATER TREATMENT | | 1 | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 1 | 7 |
| II. CURRENT EM | APLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any Facility | | I pr | ovide contractual serv | vices to the Facility |
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| Facility / Plant Name | | Class P | DWIS (Water) NPI | DES (Wastewater) |
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Page 2

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| Last 4 digits of Social Security Number | Email Address | |

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

| This is page one of a two page form. Both pages must be completed and returned. | | . Op | Operator Certification Number: 7309 | | |
|---|---|------------|--|---|--|
| | se enter you're current address on the lines below and, if necessar | ry, | Certification(s) sh below will expir | | |
| correct the City, state and ZIP Code. Please print leg | ect the City, state and ZIP Code. Please print legibly. | | The fee to renew to certificate | \$50 | |
| | | | requirements by the result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. | |
| I. CERTIFICAT | ES TO RENEW: | | 400011004 | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 4 | 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 operating any Facility | | I pı | I provide contractual services to the Facility | | |
| Please provide the following | lowing information about each Facility/Plant that you operate. U | Jse addtio | nal pages as needed. | | |
| Facility / Plant Name | | Class F | PDWIS (Water) NPD | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. | | turned. | Operator Certification Number: 7315 | | |
|---|---|-----------------|---|--|--|
| • | you're current address on the lines below and, if | necessary, | Certification(s) shown below will expire on: 4/1/2022 | | |
| correct the Ci | ity, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | | ete or submit renewal he expiration date will | |
| | | | result in an additional late fees described in Section V. | | |
| I. CERTIFICATES TO | RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT EMPLOYN | MENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants) |) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | | |
| Please provide the following in | formation about each Facility/Plant that you op | erate. Use addt | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

| OPERATOR WASTEWATER TREATMENT 5 30 | Please enter you're current address on the lines below and, if necessar | | d. Ope | Operator Certification Number: 7384 | | | |
|---|---|-----------------------------------|---------------------------------------|-------------------------------------|-----------------------------|-------------|---------------------------------------|
| Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. I. CERTIFICATES TO RENEW: Certification Type Category Class Required OPERATOR WASTEWATER TREATMENT OPERATOR WASTEWATER TREATMENT OPERATOR WASTEWATER TREATMENT SUPERINTENDENT WASTEWATER TREATMENT Training Units Required OPERATOR WASTEWATER TREATMENT A 16 SUPERINTENDENT WASTEWATER TREATMENT THE rec to renew these certifications: \$\$100\$ Training Units Required 16 OPERATOR Phone #: **In CURRENT EMPLOYMENT INFORMATION** **Employer's Name: **Phone #: **In am employed by the Facility owner** I am employed by the Facility owner in a memployed by the Facility owner in a memployed by the Facility owner in an employed by | | | | ary, | 1/1/ | | 4/1/2022 |
| Training Units Certification Type Category Class CPERATOR WATER TREATMENT OPERATOR WASTEWATER TREATMENT OPERATOR WASTEWATER TREATMENT SUPERINTENDENT WASTEWATER TREATMENT SUPERINTENDENT WASTEWATER TREATMENT SUPERINTENDENT WASTEWATER TREATMENT Training Units Required OPERATOR OPERATOR WASTEWATER TREATMENT SUPERINTENDENT WASTEWATER TREATMENT To the superior of a su | | | Code. Please print legibly. | | | | \$100 |
| Certification Type Category Class Required OPERATOR OPERATOR WASTEWATER TREATMENT OPERATOR WASTEWATER TREATMENT OPERATOR WASTEWATER TREATMENT A 16 SUPERINTENDENT WASTEWATER TREATMENT The contract of the facilities (or Plants) that you currently operate: If am currently not operating any Facility Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed. | | | | | requirements result in a | by the exp | oiration date will al late fees as |
| OPERATOR WASTEWATER TREATMENT OPERATOR WASTEWATER TREATMENT OPERATOR WASTEWATER TREATMENT A 16 SUPERINTENDENT WASTEWATER TREATMENT The superior of Facilities (or Plants) that you currently operate: I am currently not operating any Facility Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed. | | | | | | | _ |
| OPERATOR WASTEWATER TREATMENT 5 30 OPERATOR WASTEWATER TREATMENT A 16 SUPERINTENDENT WASTEWATER TREATMENT 5 7 II. CURRENT EMPLOYMENT INFORMATION Employer's Name: Phone #: Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner I am currently not operating any Facility I provide contractual services to the Facility Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed. | Certification T | /pe Cat | egory | | Class | R | equired |
| OPERATOR WASTEWATER TREATMENT 5 SUPERINTENDENT WASTEWATER TREATMENT 5 II. CURRENT EMPLOYMENT INFORMATION Employer's Name: Phone #: Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner I am currently not operating any Facility I provide contractual services to the Facility Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed. | OPERATOR | WA | TER TREATMENT | | 2 | 1 | 6 |
| SUPERINTENDENT WASTEWATER TREATMENT 5 7 II. CURRENT EMPLOYMENT INFORMATION Employer's Name: Phone #: Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner I am currently not operating any Facility I provide contractual services to the Facility Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed. | OPERATOR | WA | STEWATER TREATMENT | | 5 | 3 | 0 |
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| Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed. | Number of Facilit | les (or Plants) that you currentl | y operate: | | I am employe | d by the Fa | acility owner |
| | I am currently not | operating any Facility | | I pro | ovide contractual | services to | the Facility |
| Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater) | Please provide the | e following information about e | each Facility/Plant that you operate. | Use addtion | nal pages as need | led. | |
| | Facility / Plant Na | me | | Class P | DWIS (Water) | NPDES (V | Vastewater) |
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Page 2

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| | er you're current address on the lines below and, if nece | l, if necessary, | Certification(s) shelow will expire | | |
| correct the | e City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | |
| | | | requirements by the result in an add | ete or submit renewal the expiration date will ditional late fees as I in Section V. | |
| I. CERTIFICATES T | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 2 | 16 | |
| II. CURRENT EMPLOY | YMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
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Page 2

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|---|---|-------------------|--|--|
| MICHAEL L. LAIRD Please enter you're current address on the lines below and, if necess | | | Certification(s) si below will expi | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certification | \$ 1000 |
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| Facility / Plant Na | nme | Class I | PDWIS (Water) NPI | 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. MARVIN COBB Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly. | | rned. | Operator Certification Number: 7869 | | 869 | |
|---|--------------------------------|-----------------------------------|-------------------------------------|---|---------------------|-------------------------------|
| | | | cessary, | Certification(s) shown below will expire on: 4/1/2 | | /1/2022 |
| | | Code. Please print legibly. | | The fee to renew certific | w these cations: \$ | 50 |
| | | | | Failure to comp requirements by result in an a describe | the expira | tion date will ate fees as |
| I. CERTIFICA | ATES TO RENEW: | | | | Trai | ning Units |
| Certification Ty | pe Ca | itegory | | Class | Requ | uired |
| OPERATOR | W | ASTEWATER TREATMENT | | 5 | 30 | |
| II. CURRENT E | EMPLOYMENT INFOR | MATION | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you curren | tly operate: | | I am employed b | y the Facili | ity owner |
| I am currently not o | operating any Facility | | I | provide contractual ser | rvices to the | e Facility |
| Please provide the | following information about | each Facility/Plant that you oper | ate. Use addi | tional pages as needed. | • | |
| Facility / Plant Nan | ne | | Class | PDWIS (Water) NP | DES (Wast | tewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

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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: 8042 | | |
|---|---|--------------------------------|---|--|--|
| | Please enter you're current address on the line | | Certification(below will of | | |
| correct the City, state and ZIP Code. Please print legibly | | rint legibly. | The fee to renew these certifications: \$50 | | |
| | | | requirements l result in an | nplete or submit renewal by the expiration date will additional late fees as ibed in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | rpe Category | | Class | Required | |
| OPERATOR | WASTEWATER C | OLLECTION | 2 | 16 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed | d by the Facility owner | |
| I am currently not operating any Facility | | | provide contractual | services to the Facility | |
| Please provide the | following information about each Facility/P | lant that you operate. Use add | ltional pages as need | ed. | |
| Facility / Plant Na | me | Class | PDWIS (Water) | NPDES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one | of a two page form. Both pages must be completed and return | ed. Opera | tor Certification N | umber: 8086 |
|--|--|------------------|--------------------------------------|--|
| GEOFF MILAN THOMAS Please enter you're current address on the lines below and, if n correct the City, state and ZIP Code. Please print legibly. | | ssary, | Certification(s) s below will exp | |
| | | | The fee to renew certific | 150 |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| | ATES TO RENEW: | | _ | Training Units |
| Certification Ty | ype Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | | Α | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | : | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed b | y the Facility owner |
| I am currently not operating any Facility | | | de contractual ser | vices to the Facility |
| Please provide the | e following information about each Facility/Plant that you operate | e. Use addtional | pages as needed. | |
| Facility / Plant Na | me | Class PDV | VIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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| This is page one of a two page form. Both pages must be completed and returned. | | Operator Certification Num | ber: 8406 |
|--|---|---|---|
| JUSTIN F. MYERS 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) sho below will expire | |
| | | The fee to renew th certification | \$100 |
| | | requirements by the result in an addi | e or submit renewal e expiration date will tional late fees as in Section V. |
| I. CERTIFICATES | S TO RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | 2 | 16 |
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |
| OPERATOR | INDUSTRIAL WASTEWATER | 5 | 30 |
| OPERATOR | WATER TREATMENT | 2 | 16 |
| OPERATOR | WATER TREATMENT | 4 | 30 |
| OPERATOR | WASTEWATER TREATMENT | 4 | 30 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | А | 16 |
| II. CURRENT EMPI | LOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (or | Plants) that you currently operate: | I am employed by the | ne Facility owner |
| I am currently not operat | ting any Facility | I provide contractual service | es to the Facility |
| Please provide the follow | wing information about each Facility/Plant that you operate. Us | e addtional pages as needed. | _ |
| Facility / Plant Name | Cl | lass PDWIS (Water) NPDE | S (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks 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 retu | rned. O | perator Certifcation Nu | ımber: 8488 |
|--|---|----------------|---------------------------------------|---|
| IAN FRASER | Please enter you're current address on the lines below and, if necessary, | | Certification(s) s below will expi | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 150 |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| | CATES TO RENEW: | | | Training Units |
| Certification T | Гуре Category | | Class | Required |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 2 | 0 |
| 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 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 oper | ate. Use addti | onal pages as needed. | |
| Facility / Plant N | ame | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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|----------------------------------|---|
| Operator in Responsible Charge: | |

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 8501 | | |
|--|--|---------------------|---|-----------------------|--|
| GREGORY S. BURBAGE Please enter you're current address on the lines below an correct the City, state and ZIP Code. Please print legibly | | f necessary, | Certification(s) s below will exp | /1 / 1 / / / / / | |
| | | | The fee to renew these certifications: \$50 | | |
| | | | Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. | | |
| I. CERTIFICATE | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | |
| II. CURRENT EMP | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or | r Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not opera | ating any Facility | I p | rovide contractual ser | vices to the Facility | |
| Please provide the follo | owing information about each Facility/Plant that you | operate. Use addtio | onal pages as needed. | | |
| Facility / Plant Name | | Class I | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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I hereby affirm that I understand all information provided on this application. I also certify the following:

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

| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708



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| This is page one of a two page form. Both pages must be completed and returned. | | turned. Op | Operator Certification Number: 8629 | | |
|---|--|-------------------|---|--------------------|--|
| | ease enter you're current address on the lines below and, if r | necessary, | Certification(s) sh below will expin | | |
| correct the City, state and ZIP Code. Please print legi | | | The fee to renew these certifications: \$50 | | |
| | | | Failure to complete or submit renewal | | |
| | | | requirements by the expiration date wiresult in an additional late fees as described in Section V. | | |
| I. CERTIFICA | TES TO RENEW: | | | Training Units | |
| Certification Typ | e Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 2 | 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 operating any Facility | | I p | I provide contractual services to the Facility | | |
| Please provide the f | following information about each Facility/Plant that you ope | erate. Use addtio | onal pages as needed. | _ | |
| Facility / Plant Nam | e | Class I | PDWIS (Water) NPD | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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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 | of a two page form. Both pages must be completed and retu | rned. Op | erator Certifcation Nu | mber: 8644 |
|---|---|-----------------|--|--|
| OZIE FAUNTLEROY Please enter you're current address on the lines below | | cessary, | Certification(s) si below will expi | |
| c | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | | А | 24 |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not of | operating any Facility | I pr | ovide contractual serv | rices to the Facility |
| Please provide the | following information about each Facility/Plant that you oper | ate. Use addtio | nal pages as needed. | |
| Facility / Plant Nar | me | Class P | DWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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- No course can be used more than one time for any three-year renewal period.
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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 Certification Number: 8665 | | |
|---|---|----------------|--|--|--|
| | 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 certification | 950 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFICATES | | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 3 | 30 | |
| 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 operating any Facility | | Ι | I provide contractual services to the Facility | | |
| Please provide the follow | wing information about each Facility/Plant that you op | erate. Use add | tional pages as needed. | _ | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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: 8681 | | |
|---|---|------------|--|---|--|
| | enter you're current address on the lines below and, if necessary | ary, | Certification(s) shown below will expire on: The fee to renew these certifications: \$50 | | |
| correct | the City, state and ZIP Code. Please print legibly. | | | | |
| | | | requirements by the result in an add | ete or submit renewal the expiration date will ditional late fees as I in Section V. | |
| I. CERTIFICATES | S TO RENEW: | | described | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 2 | 16 | |
| II. CURRENT EMPL | OYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or I | Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | I p | provide contractual services to the Facility | | |
| Please provide the follow | ving information about each Facility/Plant that you operate. | Use addtio | onal pages as needed. | | |
| Facility / Plant Name | | Class I | PDWIS (Water) NPD | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
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| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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 Nu | mber: 8803 |
|---|--------------------------------|--------------------------------------|--|--------------------------------------|--|
| DAVID A. KENNEDY Please enter you're current address on the lines below and, if nece correct the City, state and ZIP Code. Please print legibly. | | cessary, | Certification(s) sl below will expi | | |
| | | IP Code. Please print legibly. | | The fee to renew certifica | \$50 |
| | | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| | ATES TO RENEW: | | | | Training Units |
| Certification Ty | ype | Category | | Class | Required |
| TEMPORARY | , | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | , | WASTEWATER TREATMENT | | А | 24 |
| II. CURRENT | EMPLOYMENT INFO | RMATION | | | |
| Employer's Name | : | | | Phone #: | |
| Number of Facilit | ies (or Plants) that you curre | ently operate: | | I am employed by | the Facility owner |
| I am currently not operating any Facility | | ΙĮ | provide contractual serv | ices to the Facility | |
| Please provide the | e following information abo | ut each Facility/Plant that you oper | ate. Use addti | onal pages as needed. | |
| Facility / Plant Na | ime | | Class | PDWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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. | | | eturned. | Operator Certification Number: 8871 | | |
|---|---|-------------------------------------|--|---|--|--|
| JAY MABE | Please enter you're current address on the lines below and, if necessary, | | necessary, | Certification(s) below will exp | | |
| correct the City, state | | nd ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFI | CATES TO RENEW | <u>.</u> | | | Training Units | |
| Certification | Type | Category | | Class | Required | |
| OPERATOR | | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURREN | T EMPLOYMENT INF | ORMATION | | | | |
| Employer's Nan | ne: | | | Phone #: | | |
| Number of Faci | lities (or Plants) that you cu | rrently operate: | | I am employed b | y the Facility owner | |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | | | |
| Please provide | the following information a | bout each Facility/Plant that you o | perate. Use add | tional pages as needed. | | |
| Facility / Plant 1 | Name | | Class | PDWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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 one of a two page form. Both pages must be completed and returned. | | ed. Ope | Operator Certification Number: 9617 | | | |
|--|---------------------------------|---------------------------------------|--------------------------------------|--|---|--|
| JAMES R. ZELL Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | sary, | Certification(s) s below will exp | | | |
| | | | The fee to renew certific | | | |
| | | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFIC | ATES TO RENEW: | | | describe | | |
| Certification Ty | _ | ategory | | Class | Training Units Required | |
| OPERATOR | W | ASTEWATER COLLECTION | | 2 | 16 | |
| OPERATOR | W | ATER TREATMENT | | 2 | 16 | |
| OPERATOR | W | ASTEWATER TREATMENT | | 5 | 30 | |
| OPERATOR | W | ASTEWATER TREATMENT | | Α | 16 | |
| II. CURRENT | EMPLOYMENT INFOR | MATION | | | | |
| Employer's Name | : | | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you curren | tly operate: | | I am employed by | y the Facility owner | |
| I am currently not | operating any Facility | | I pro | I provide contractual services to the Facility | | |
| Please provide the | e following information about | each Facility/Plant that you operate. | . Use addtion | al pages as needed. | | |
| Facility / Plant Na | me | | Class PI | OWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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 | | | Operator Certification Number: 9644 | | |
|--|---|-----------------|--|---|--|
| | e enter you're current address on the lines below and, if n | ecessary, | Certification(s) s below will exp | | |
| correc | et the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | \$50 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICATE | S TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT EMP | LOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or | r Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | | |
| Please provide the follo | wing information about each Facility/Plant that you ope | erate. Use addi | tional pages as needed. | _ | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- 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

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 | |

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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: 9715 | | |
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| | er you're current address on the lines below and, if neces | Certification(s) shows below will expire or | | | |
| correct the City, state and ZIP Code. Please print legible | | | 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 d in Section V. | |
| I. CERTIFICATES T | O RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 3 | 30 | |
| II. CURRENT EMPLO | YMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plan | nts) that you currently 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 the following | ; information about each Facility/Plant that you operate | e. Use addtior | nal pages as needed. | | |
| Facility / Plant Name | | Class PI | DWIS (Water) NPD | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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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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: 9845 | | |
|---|---|--------------|--|--|--|
| | nter you're current address on the lines below and, if nece | ssary, | Certification(s) si below will expi | | |
| correct t | the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. | |
| I. CERTIFICATES | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| II. CURRENT EMPLO | OYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or P | lants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating | ng any Facility | I p | rovide contractual serv | rices to the Facility | |
| Please provide the following | ing information about each Facility/Plant that you operate | e. Use addti | onal pages as needed. | _ | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date |
|---|---------------|------|
| Last 4 digits of Social Security Number | Email Address | |

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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: 9981 | | |
|--|---|--------------------------------|-------------------------------------|---|--|
| MATTHEW J. LAZOR Please enter you're current address on the lines below and, if necorrect the City, state and ZIP Code. Please print legibly. | | | Certification below will | n(s) shown described and 4/1/2022 | |
| | | rint legibly. | The fee to re | renew these striffications: \$50 | |
| | | | requirements | omplete or submit renewal s by the expiration date wil an additional late fees as cribed in Section V. | |
| | ATES TO RENEW: | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| TEMPORARY | WASTEWATER T | REATMENT | 5 | 45 | |
| TEMPORARY | WASTEWATER T | REATMENT | А | 24 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone | #: | |
| Number of Facility | ies (or Plants) that you currently operate: | | I am employ | yed by the Facility owner | |
| I am currently not | operating any Facility | _ | I provide contractua | al services to the Facility | |
| Please provide the | e following information about each Facility/F | rlant that you operate. Use ac | ddtional pages as nee | eded. | |
| Facility / Plant Na | me | Class | PDWIS (Water) | NPDES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number of | • |
|----------------------------------|---|
| Operator in Responsible Charge: | |

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- 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