

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	e of a two page form. Both pages must be c	Operator Certification Number: 0044		
JEFF WHITA	Please enter you're current address on the lin		Certification(below will o	
	correct the City, state and ZIP Code. Please	print legibly.	The fee to ren certi	new these \$50
			requirements result in an	mplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ⁻	Type Category		Class	Required
OPERATOR	WASTEWATER	TREATMENT	А	16
OPERATOR	WASTEWATER	TREATMENT	5	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	2:		Phone #:	
Number of Facil	ties (or Plants) that you currently operate:		I am employed	d by the Facility owner
I am currently no	t operating any Facility	_	I provide contractual	services to the Facility
Please provide th	ne following information about each Facility	Plant that you operate. Use ad	dtional pages as need	led.
Facility / Plant N	ame	Class	PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- 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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VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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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	lease enter you're current address on the lines below and, if necessar	ıry,	Certification(s) s below will exp	
с	orrect 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.
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		5AS	16
II. CURRENT E	CMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
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Certification Ty	rpe Category		Class	Required
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Last 4 digits of Social Security Number

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BENJAMIN A.	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 Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 1	Гуре Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	I p	rovide contractual serv	ices to the Facility
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JONATHAN	Please enter you're current address on the lines below and, if necessary		essary,	Certification(s) sl below will expi	
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
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I. CERTIFIC	CATES TO RENEW:	<u>.</u>			Training Units
Certification	Туре	Category		Class	Required
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OPERATOR		WASTEWATER TREATMENT		А	16
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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: 0539		
	Please enter you're current	address on the lines below and, if no	ecessary,	Certification(s) sh below will expin		
c	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew t certificat	\$50	
				— requirements by the result in an additional content of the result in the res	te or submit renewal ne expiration date will litional late fees as in Section V.	
I. CERTIFICA	ATES TO RENEW:				Training Units	
Certification Ty	pe	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
II. CURRENT I	EMPLOYMENT INF	ORMATION				
Employer's Name:				Phone #:		
Number of Faciliti	es (or Plants) that you cur	rently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility		Ι	provide contractual servi	ces to the Facility	
Please provide the	following information ab	out each Facility/Plant that you ope	rate. Use add	tional pages as needed.		
Facility / Plant Nar	ne		Class	PDWIS (Water) NPD	ES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number

Email Address

Date

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

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

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This is page one of a tw	vo page form. Both pages must be completed and returne	perator Certifcation Number: 0542		
	enter you're current address on the lines below and, if necess	sary,	Certification(s) sl below will expi	
correct	t the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICATES				Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
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
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Last 4 digits of Social Security Number

Email Address

Date

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This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certification Number: 0619		
SHA'DONNA	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
	correct the 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 he expiration date will ditional late fees as l in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification 7	Гуре Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	I pı	covide contractual serv	ices to the Facility
Please provide th	he following information about each Facility/Plant that you operate. Us	e addtio	onal pages as needed.	
Facility / Plant N	lame Cl	lass F	PDWIS (Water) NPD	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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	lease enter you're current address on the lines below and, if necessa	ıry,	Certification(s) s below will expi	
с	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			Failure to complete or submit re requirements by the expiration da result in an additional late fee described in Section V.	
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT E	CMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	operating any Facility	I p	rovide contractual serv	vices to the Facility
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This is page one of a two	o page form. Both pages must be completed and returned.	Op	Operator Certification Number: 0651		
	enter you're current address on the lines below and, if necessary	у,	Certification(s) below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$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 RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or P	Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operation	ng any Facility	I pı	ovide contractual ser	vices to the Facility	
Please provide the follow	ing information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.		
Facility / Plant Name	Cl	Class P	DWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 0672		
	lease enter you're current	address on the lines below and, if	necessary,	Certification(below will e		2023
correct the City, state and ZIP Code. Please print legibly.				The fee to ren certi	new these \$50 ifications:	
				requirements h result in an	Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V.	
	TES TO RENEW:	-			Training	
Certification Typ	be	Category		Class	Required	b
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
II. CURRENT E	MPLOYMENT INF	ORMATION				
Employer's Name:				Phone #:		
Number of Facilitie	s (or Plants) that you cur	rently operate:		I am employed	d by the Facility ov	wner
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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

This is page on	Operator Certification Number: 0690					
KEVIN M SMITH Please enter you're current address on the lines below and, if necessa			ssary,	Certification below will	n(s) shown expire on:	5/1/2023
correct the City, state and ZIP Code. Please print legibly.			The fee to rec	enew these tifications:	\$100	
				requirements result in a	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.	
<u>I. CERTIFIC</u>	CATES TO RENEW	<u>.</u>			٦	raining Units
Certification 7	Гуре	Category		Class	F	Required
OPERATOR		WASTEWATER COLLECTION		2	1	.6
OPERATOR		WATER DISTRIBUTION		1	1	.6
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone #	#:	
Number of Facili	ities (or Plants) that you cu	rrently operate:		I am employ	ed by the F	acility owner
I am currently not operating any Facility			Ιŗ	I provide contractual services to the Facility		
Please provide ti	he following information al	bout each Facility/Plant that you operate	e. Use addt	ional pages as nee	ded.	
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)



III. CONTINUING EDUCATION:

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

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

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

V. LATE FEES AND REINSTATEMENT

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

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

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

Last 4 digits of Social Security Number

Email Address

Date

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 returned.	Deerator Certifcation Number: 0743			
VERIC BROWN	y,	Certification(s) below will ex	5/1//0/2		
со	prrect the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these \$50 cations:	
			 Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. 		
	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EN	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			provide contractual services to the Facility		
Please provide the fo	ollowing information about each Facility/Plant that you operate. Us	se addtio	nal pages as needed	d	
Facility / Plant Name	e C	Class P	DWIS (Water) N	PDES (Wastewater)	



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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. Op				perator Certifcation Number: 0892		
DANIEL COVINGTON Please enter you're current address on the lines below			cessary,	Certification(s) below will ex		
	correct the City, state and ZIP Code. Please print legibly.			The fee to rene certifi	w these \$100	
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units	
Certification T	Гуре	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION		2	16	
OPERATOR		WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	2:			Phone #:		
Number of Facili	ties (or Plants) that you cu	rrently operate:		I am employed	by the Facility owner	
I am currently not operating any Facility I provide contractual service			ervices to the Facility			
Please provide th	ne following information al	pout each Facility/Plant that you operc	ate. Use addt	ional pages as needed	<i>d.</i>	
Facility / Plant N	ame		Class	PDWIS (Water) N	PDES (Wastewater)	



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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

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This is page one o	f a two page form. Both pages must be completed and returne	Operator Certifcation Number: 0942			
JAMES LAMONT SAVOY Please enter you're current address on the lines below and, if neces			Certification(s) sh below will expire	5/1//1/3	
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	\$50	
			requirements by the requirements of the result in an additional content of the result in the	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	pe Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	perating any Facility	I	provide contractual serv	ices to the Facility	
Please provide the j	following information about each Facility/Plant that you operate	. Use addt	ional pages as needed.		
Facility / Plant Nam	ne	Class	PDWIS (Water) NPD	ES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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	Please enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will expi		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	Ι	provide contractual serv	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate.	Use add	tional pages as needed.		
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WILLIAM BROWN Please enter you're current address on the lines below and, if neces			Certification(s) below will exp	
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these \$50
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Certification Ty	pe Category		Class	Required
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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

This is page one of a two page form. Both pages must be completed and returned.		Operator Certifcation Number: 10027		
	Please enter you're current address on the lines below and, if neces	sary,	Certification(s) below will exp	
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT F	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not o	operating any Facility	Ιŗ	provide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate	e. Use addti	onal pages as needed.	
Facility / Plant Nar	ne	Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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	lease enter you're current	address on the lines below and, if nec	essary,	Certification below will	n(s) shown l expire on:	5/1/2023
cc	prrect the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100
				 Failure to complete or submit re- requirements by the expiration d result in an additional late feed described in Section V. 		oiration date will al late fees as
I. CERTIFICA	TES TO RENEW:				т	raining Units
Certification Typ	be	Category		Class	R	equired
SUPERINTENDENT	Г	WATER TREATMENT		2	7	
OPERATOR		WATER TREATMENT		2	1	6
II. CURRENT E	MPLOYMENT INFO	ORMATION				
Employer's Name:				Phone #	#:	
Number of Facilities	s (or Plants) that you cur	rently operate:		I am employ	ed by the Fa	acility owner
I am currently not o	perating any Facility		I pr	ovide contractua	l services to	the Facility
Please provide the f	following information ab	out each Facility/Plant that you oper	ite. Use addtio	onal pages as nee	eded.	
Facility / Plant Nam	le		Class P	DWIS (Water)	NPDES (W	Vastewater)



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

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CASEY D CLIN	E Please enter you're current address on the I	ines below and, if necessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Pleas	ty, state and ZIP Code. Please print legibly.	The fee to renew certific	\$50	
			requirements by 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	
OPERATOR	INDUSTRIAL V	VASTEWATER	2	0	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility		I provide contractual service	vices to the Facility	
Please provide the	following information about each Facilit	y/Plant that you operate. Use ad	ldtional pages as needed.		
Facility / Plant Nat	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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	lease enter you're current address on the lines below and, if necessa	ary,	Certification(s) below will ex			
CC	orrect the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these \$50 cations:		
			requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Typ	be Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	s (or Plants) that you currently operate:		I am employed	by the Facility owner		
I am currently not o	perating any Facility	I pro	ovide contractual se	rvices to the Facility		
Please provide the j	following information about each Facility/Plant that you operate.	Use addtion	nal pages as needed	<i>l.</i>		
Facility / Plant Nam	ne	Class Pl	DWIS (Water) NI	PDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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DONALD SH	IILLING		Certification(s) shown		5/1/2023
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	/,	below will e	xpire on:	5/1/2025
	correct the City, state and ZIP Code. Please print legioly.		The fee to rene certi	ew these fications:	\$50
			requirements b result in an	y the exp	submit renewal biration date will al late fees as ection V.
I. CERTIFI	CATES TO RENEW:			т	raining Units
Certification	Type Category		Class	R	equired
TEMPORARY	WASTEWATER TREATMENT		5	4	5
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone #:		
Number of Facil	lities (or Plants) that you currently operate:		I am employed	by the F	acility owner
I am currently n	ot operating any Facility	I pro	ovide contractual s	ervices to	the Facility
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Facility / Plant N	Name Cl.	lass PI	OWIS (Water) N	IPDES (V	Wastewater)



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	ease enter you're current address on the lines below and, if nece	essary,	Certification(s) sl below will expi		
cc	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
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I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	De Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	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	
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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 10051			
	ter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will expi			
correct th	e City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50		
			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.			
I. CERTIFICATES	<u>FO 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	provide contractual services to the Facility			
Please provide the following	g information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.			
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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DESTINY MUS	SSER		Certification(s)	
	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	у,	below will ex	pire on:
	correct the City, state and ZIP Code. Please print legioly.		The fee to renev certifi	w these \$50 cations:
			requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
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 b	by the Facility owner
I am currently not	operating any Facility	I pro	ovide contractual se	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtior	nal pages as needea	!.
Facility / Plant Na	cl	Class PI	OWIS (Water) NF	PDES (Wastewater)



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		requirements by result in an a		olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATI				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
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	
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	se enter you're current address on the lines below and, if neces	sary,	Certification(s) below will exp		
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these \$50	
			Failure to complete or submit renews requirements by the expiration date w result in an additional late fees as described in Section V.		
	ES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER COLLECTION		2	7	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:		I am employed b	by the Facility owner	
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	Please enter you're current address on the lines below and, if neces	sary,	Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
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I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
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			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WATER TREATMENT		3	45		
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a	two page form. Both pages must be completed and returned	perator Certifcation Number: 10375		
BRADLEY HARTMAN Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.			Certification(s) s below will exp	
			The fee to renew certifica	\$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. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
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	Ιp	rovide contractual serv	vices to the Facility
Please provide the foll	lowing information about each Facility/Plant that you operate.	Use addtie	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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	of a two page form. Both pages must be completed and returne	Operator Certifcation Number: 10388		
RICHARD A ANDERSON Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.			Certification(s) below will ex	
			The fee to rene certifi	w these \$50
			Failure to complete or submit ren 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
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT F	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed	by the Facility owner
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Facility / Plant Nar	ne	Class I	PDWIS (Water) NI	PDES (Wastewater)



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This is page one of a	a two page form. Both pages must be completed and returne	ed. Operator C	perator Certification Number: 10470		
		rtification(s) sho below will expire			
con	Th	e fee to renew th certification	\$50		
		requ	Failure to complete or submit representation of the expiration da result in an additional late fees described in Section V.		
	<u>'ES TO RENEW:</u>			Training Units	
Certification Type	e Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:	I an	n employed by tl	ne Facility owner	
I am currently not operating any Facility			provide contractual services to the Facility		
Please provide the fo	llowing information about each Facility/Plant that you operate	. Use addtional pag	ges as needed.		
Facility / Plant Name		Class PDWIS	(Water) NPDE	S (Wastewater)	



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This is page one	e of a two page form. Both pages must be completed and retu	erator Certifcation Number: 10480			
DOUGLAS ST	Please enter you're current address on the lines below and, if ne	cessary,	Certification(s) shown below will expire on: 5/1/2023 The fee to renew these certifications: \$100		
	correct the City, state and ZIP Code. Please print legibly.				
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees a described in Section V.		
	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
OPERATOR	WASTEWATER TREATMENT		А	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	x		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility			rovide contractual services to the Facility		
Please provide th	e following information about each Facility/Plant that you oper	rate. Use addtion	nal pages as needed.		
Facility / Plant Na	ame	Class Pl	OWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page	Opera	Operator Certifcation Number: 10489			
MICHAEL JOSEPH SIEMER Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) s below will exp		
			The fee to renew certific	\$100	
			 Failure to complete or submit renerequirements by the expiration date result in an additional late fees a described in Section V. 		
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) t	that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any	Facility	I prov	ide contractual ser	vices to the Facility	
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Facility / Plant Name	Cla	lass PD	WIS (Water) NP	DES (Wastewater)	



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MATTHEW	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) s below will exp		
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				Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Nar	ne:			Phone #:	
Number of Fact	ilities (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner
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This is page one	of a two page form. Both p	ages must be completed and return	ed. Op	erator Certifcation Nun	nber: 10494	
	-	rent address on the lines below and, if necessary,	ssary,	Certification(s) she below will expire	e on: 5/1/2023	
			The fee to renew th certificat	\$50		
				requirements by th result in an add	te or submit renewal e expiration date will itional late fees as in Section V.	
I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	ype C	ategory		Class	Required	
TEMPORARY	V	ASTEWATER TREATMENT		А	24	
TEMPORARY	V	ASTEWATER TREATMENT		5	45	
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you current	ntly operate:		I am employed by t	he Facility owner	
I am currently not	operating any Facility		I pi	provide contractual services to the Facility		
Please provide th	e following information abou	t each Facility/Plant that you operate	e. Use addtic	onal pages as needed.		
Facility / Plant Na	ame		Class F	PDWIS (Water) NPDI	ES (Wastewater)	



III. CONTINUING EDUCATION:

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

Last 4 digits of Social Security Number

Email Address

Date

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

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This is page on	e of a two page form. Both	a pages must be completed and retur	ned. O	perator Certifcatio	on Number:	10504
LOUIS ADOLFO Please enter you're current address or		address on the lines below and, if nec	essary,	Certification below will	n(s) shown l expire on:	5/1/2023
correct	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100
				Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V.		piration date will al late fees as
I. CERTIFIC	CATES TO RENEW:				г	raining Units
Certification 1	Гуре	Category		Class		Required
OPERATOR		WASTEWATER COLLECTION		2	1	.6
OPERATOR		WATER DISTRIBUTION		1	1	.6
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone #	#:	
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employed by the Facility owner		
I am currently no	ot operating any Facility]	I p	rovide contractual services to the Facility		
Please provide th	he following information ab	out each Facility/Plant that you opera	te. Use addti	onal pages as nee	eded.	
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)



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MOLLY DECKERS Please enter you're current address on the lines below and, if necess			Certification(s) below will exp		
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		
	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		1	0	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed b	y the Facility owner	
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Facility / Plant Nat	ne	Class I	PDWIS (Water) NP	DES (Wastewater)	



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	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) below will exp		5/1/2023
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	w these cations:	\$50
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
	ATES TO RENEW:				aining Units
Certification Ty	vpe Category		Class	Re	equired
OPERATOR	WATER DISTRIBUTION		1	16	5
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed b	by the Fa	cility owner
I am currently not	operating any Facility	I pr	ovide contractual set	rvices to	the Facility
Please provide the	following information about each Facility/Plant that you operate. U	Jse addtio	nal pages as needed	!.	
Facility / Plant Nat	me C	Class P	DWIS (Water) NP	PDES (W	astewater)



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	Please enter you're current address on the lines below and, if n	ecessary,	Certification(s) s below will exp	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	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	rpe Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
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This is page one of	a two page form. Both pages must be completed and returned.	Op	erator Certifcation N	umber: 10712	
	ease 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. P	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
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	<u>TES TO RENEW:</u>			Training Units	
Certification Type	e Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
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Employer's Name:			Phone #:		
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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

This is page one o	of a two page form. Both pages must be completed and returned.	Op	erator Certifcation N	umber: 1091	
	lease enter you're current address on the lines below and, if necessary,	у,	Certification(s) below will exp	5/1//11/3	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
	ATES TO RENEW:			Training Units	
Certification Typ	pe Category		Class	Required	
SUPERINTENDEN	T WATER TREATMENT		1	7	
II. CURRENT E	CMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by the Facility owner		
I am currently not o	operating any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the j	following information about each Facility/Plant that you operate. U	se addtio	onal pages as needed.		
Facility / Plant Nam	ne C	Class P	PDWIS (Water) NP	DES (Wastewater)	



III. 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.
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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

Last 4 digits of Social Security Number

Email Address

Date

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ALEXANDER	CASTLE-SMITH Please enter you're current address on the lines below and, if necessary	cessary,	Certification(s) sho below will expire			
correct the City, state an	ZIP Code. Please print legibly.		The fee to renew th certificati	\$100		
				 requirements by the result in an additional sectors in an additional sectors in a sector sector sector sectors in a sector sector	e or submit renewal e expiration date will tional late fees as in Section V.	
	CATES TO RENEW:	_			Training Units	
Certification 7	Гуре	Category		Class	Required	
TEMPORARY		WASTEWATER COLLECTION		2	24	
TEMPORARY		WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone #:		
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employed by t	he Facility owner	
I am currently no	ot operating any Facility		Ιp	rovide contractual services to the Facility		
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JUSTIN SHARPE Please enter you're current address on the lines below and, if necessar			cessary,	Certification(s) below will exp			
correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
	ATES TO RENEW:				Training Units		
Certification Ty	/pe Ca	tegory		Class	Required		
OPERATOR	IN	DUSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFOR	MATION					
Employer's Name:				Phone #:			
Number of Faciliti	ies (or Plants) that you current	ly operate:		I am employed b	y the Facility owner		
I am currently not	operating any Facility		I	provide contractual ser	ovide contractual services to the Facility		
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This is page one	of a two page form. Both pages must be completed and returned	d. Op	erator Certifcation Nu	umber: 1112
DON D. COLEN	MAN		Certification(s) s	hown 5/1/2023
	Please enter you're current address on the lines below and, if necess	sary,	below will exp	ire on: 5/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
		requirements by th result in an add		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 TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
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JAMES CHIAN	Please enter you're current address on the lines below and, if necessary,	ý,	Certification(s) below will ex	
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Certification T	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		1	24
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ELIZABETH LA	ANZA		Certification(s)	
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	΄,	below will exp	oire on: 5/1/2025
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* AN INCOMPLETE APPLICATION WILL BE RETURNED *



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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 Number: 11148			
GARY D PHILL			Certification(s) shown 5/1/20		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	,	below will exp	pire on:	
C	correct the City, state and ZIP Code. Please print legioly.		The fee to renew certific	v these \$50 cations:	
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V		
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	/pe Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not	operating any Facility	I pro	ovide contractual set	rvices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtion	nal pages as needed	1.	
Facility / Plant Nat	me Cla	ass PI	OWIS (Water) NF	PDES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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This is page on	Dperator Certifcation Number: 11225					
JEREMY MON	Please enter you're current address on the lines below and, if necessa	ecessary,	Certification below will	n(s) shown l expire on:	5/1/2023	
correct	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to receive	enew these rtifications:	\$100
				Failure to complete or submit requirements by the expiration result in an additional late for described in Section V.		biration date will al late fees as
I. CERTIFIC	CATES TO RENEW	<u>.</u>			т	raining Units
Certification 1	Гуре	Category		Class		equired
TEMPORARY		WASTEWATER COLLECTION		2	2	4
TEMPORARY		WATER DISTRIBUTION		1	2	4
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone #	#:	
Number of Facili	ities (or Plants) that you cu	rently operate:		I am employ	red by the Fa	acility owner
I am currently no	ot operating any Facility		Ι	provide contractua	l services to	the Facility
Please provide th	he following information al	pout each Facility/Plant that you ope	rate. Use addi	tional pages as nee	eded.	
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (W	Vastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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JEFFREY S KEITHLEY 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) si below will expi	
			The fee to renew these certifications: \$100	
			Failure to complete or s requirements by the expi result in an additiona described in Sec	
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	CMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	operating any Facility	I p	rovide contractual serv	ices to the Facility
Please provide the	following information about each Facility/Plant that you ope	erate. Use addtie	onal pages as needed.	
Facility / Plant Nar	ne	Class 1	PDWIS (Water) NPE	DES (Wastewater)



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This is page one of a two page	Operator Certifcation Nu	umber: 11269		
MARCUS CARSTENS Please enter you're current address on the lines below and, if necessa			Certification(s) s below will exp	5/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
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	Ι	provide contractual service	vices to the Facility
Please provide the following info	ormation 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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JOSHUA STUART Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.			Certification(s) sh below will expir	
			The fee to renew t certificat	\$50
			Failure to complete or submit requirements by the expiration result in an additional late for described in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
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ERIC MCRANGE Please enter you're current address on the lines below and, if necessary			ary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
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	ATES TO RENEW:				Training Units
Certification T	ype Categor	у		Class	Required
TEMPORARY	WATER	DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMAT	ION			
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Number of Facilit	ies (or Plants) that you currently oper	rate:		I am employed by	y the Facility owner
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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

This is page one of	This is page one of a two page form. Both pages must be completed and returned.			umber: 11273
RICHARD ROSE	ETTA		Certification(s) s	
	lease enter you're current address on the lines below and, if necessary	ry,	below will exp	ire on: 3/1/2023
cc	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	TES TO RENEW:			Training Units
Certification Typ	De Category		Class	Required
TEMPORARY	WATER TREATMENT		1	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 operate. U	Jse addtior	nal pages as needed.	
Facility / Plant Nam	c C	Class PI	DWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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

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- 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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- 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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VII. APPLICANT'S STATEMENT

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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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	se enter you're current address on the lines below and, if necess	sary,	Certification(s) sl below will expi		
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described 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 ope	rating any Facility	I pi	rovide contractual serv	ices to the Facility	
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MATTHEW G	Please enter you're curren	t address on the lines below and, if no	ecessary,	Certification below will	n(s) shown l expire on:	5/1/2023	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	\$100		
				Failure to complete requirements by the result in an additi described in		biration date will al late fees as	
I. CERTIFIC	ATES TO RENEW	<u>.</u>			т	raining Units	
Certification T	уре	Category		Class		equired	
TEMPORARY		WASTEWATER COLLECTION		2	2	4	
TEMPORARY		WATER DISTRIBUTION		1	2	4	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	:			Phone 7	#:		
Number of Facilit	ties (or Plants) that you cu	rently operate:		I am employ	ed by the Fa	acility owner	
I am currently not	t operating any Facility		Ι	provide contractua	l services to	the Facility	
Please provide th	e following information al	pout each Facility/Plant that you ope	rate. Use add	tional pages as nee	eded.		
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (W	Vastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Last 4 digits of Social Security Number

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	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) below will exp	
·	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
		Failure to complete or su requirements by the expira result in an additional described in Secti		the expiration date will dditional late fees as
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		7	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
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Facility / Plant Na	me	Class F	PDWIS (Water) NP	DES (Wastewater)



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	Please enter you're current address on the line		Certification below will	5/1//0/3
C	correct the City, state and ZIP Code. Please p	print legibly.	The fee to ren cert	new these \$50
L CEDTIEICATES TO DENEW.		requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	rpe Category		Class	Required
TEMPORARY	INDUSTRIAL WA	STEWATER	7	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #	:
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Facility / Plant Nat	ne	Class	PDWIS (Water)	NPDES (Wastewater)



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

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

This is page on	his is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation N	Number: 11282
GREGORY M	Please enter you're curren	t address on the lines below and, if ne	cessary,	Certification(s) below will ex	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rene certifi	w these \$100 cations:
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification ⁻	Гуре	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
TEMPORARY		WATER DISTRIBUTION		1	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	by the Facility owner
I am currently no	ot operating any Facility		Ι	provide contractual se	ervices to the Facility
Please provide th	he following information al	pout each Facility/Plant that you oper	ate. Use add	tional pages as needed	<i>l.</i>
Facility / Plant N	lame		Class	PDWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

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

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

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

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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Both pages must be completed and returned. Operator Co	ertifcation Number:	11283
Please enter you're current address on the lines below and, if necessary, be	tification(s) shown elow will expire on:	5/1/2023
correct the City, state and ZIP Code. Please print legibly. The	e fee to renew these certifications:	\$50
requi re	ure to complete or a irements by the exp esult in an addition described in Se	oiration date will al late fees as
I. CERTIFICATES TO RENEW:	т	raining Units
Certification Type Category	Class R	equired
TEMPORARY WATER TREATMENT	4 4	5
II. CURRENT EMPLOYMENT INFORMATION		
Employer's Name:	Phone #:	
Number of Facilities (or Plants) that you currently operate:	employed by the Fa	acility owner
I am currently not operating any Facility I provide co	ontractual services to	the Facility
Please provide the following information about each Facility/Plant that you operate. Use additonal page	es as needed.	
Facility / Plant Name Class PDWIS (V	Water) NPDES (W	Vastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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BENJAMIN H	Please enter you're current address on the lines below and, if necessary,	,	Certification(s below will e		5/1/2023
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications		\$50
			requirements b result in an	y the exp	submit renewal biration date will al late fees as ection V.
I. CERTIFIC	CATES TO RENEW:			т	raining Units
Certification ⁻	Type Category		Class	R	equired
TEMPORARY	WATER DISTRIBUTION		1	2	4
II. CURRENT	SEMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:	_	
Number of Facil	ities (or Plants) that you currently operate:		I am employed	by the Fa	acility owner
I am currently no	ot operating any Facility	I pro	ovide contractual s	ervices to	the Facility
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Facility / Plant N	Name Cla	ass Pl	DWIS (Water) N	IPDES (V	Wastewater)



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Last 4 digits of Social Security Number

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ERIK ROSS	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification below will	
	correct the City, state and ZIP Code. Ple	ase print legibly.	The fee to represent the fee t	new these \$50
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
	CATES TO RENEW:			Training Units
Certification ⁻	Type Category		Class	Required
TEMPORARY	WATER DIS	FRIBUTION	1	24
II. CURRENT	EMPLOYMENT INFORMATIO	N		
Employer's Nam	e:		Phone #	:
Number of Facil	ties (or Plants) that you currently operate	:	I am employe	ed by the Facility owner
I am currently no	t operating any Facility		I provide contractual	services to the Facility
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Facility / Plant N	ame	Class	s PDWIS (Water)	NPDES (Wastewater)



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	Please enter you're current address on the li		Certification(s) below will exp	
	correct the City, state and ZIP Code. Please	e print legibly.	The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	/pe Category		Class	Required
TEMPORARY	WATER DISTRI	BUTION	1	24
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L CEDTIEICATES TO DENEW.		Failure to complete or sub requirements by the expirat result in an additional la described in Sectio		he expiration date will ditional late fees as	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	De Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
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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: 11291		
	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	operating any Facility	I pı	covide contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. U	se addtic	onal pages as needed.		
Facility / Plant Na	ume C	Class F	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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	ase enter you're current address on the lines below and, if necessa	ıry,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
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I. CERTIFICAT	<u>TES TO RENEW:</u>			Training Units	
Certification Type	e Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		S	24	
II. CURRENT EN	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 op	erating any Facility	I pi	covide contractual serv	vices to the Facility	
Please provide the fo	llowing 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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	lease enter you're current address on the lines below and, if necessary,	,	Certification(s) s below will expi		
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	TES TO RENEW:			Training Units	
Certification Typ	pe Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
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This is page one of	of a two page form. Both p	Operator Certifcation Nu	mber: 11295			
CHRISTOPHER		Certification(s) sh				
Please enter you're current address on the lines below and, if necess				below will expire	re on: 57 17 2025	
c c	correct the City, state and ZIP Code. Please print legibly.			The fee to renew the certification of the fee to renew the certification of the certification	\$50	
			requirements by result in an a		plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFICA	ATES TO RENEW:				Training Units	
Certification Ty	pe C	ategory		Class	Required	
TEMPORARY	W	ATER TREATMENT		4	45	
II. CURRENT F	EMPLOYMENT INFOR	RMATION				
Employer's Name:				Phone #:		
Number of Faciliti	es (or Plants) that you curren	tly operate:		I am employed by	the Facility owner	
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Please provide the	following information abou	t each Facility/Plant that you ope	erate. Use add	tional pages as needed.		
Facility / Plant Name Class			PDWIS (Water) NPD	ES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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ALEXANDER	POLLARD 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 below will ex	
				The fee to rene certif	ew these \$50 fications:
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I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification 7	Гуре	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ities (or Plants) that you cu	rrently operate:		I am employed	by the Facility owner
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LOREN PRICE Please enter you're current address on the lines below and, i			lecessary,	Certification below will	n(s) shown l expire on:	5/1/2023
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I. CERTIFIC	ATES TO RENEW	• •			т	raining Units
Certification T	уре	Category		Class		equired
TEMPORARY		WASTEWATER COLLECTION		2	2	4
TEMPORARY		WATER DISTRIBUTION		1	2	4
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This is page one of a two page form. Both pages must be completed and returned. Ope				Operator Certifcation	298	
	Please enter you're current a	ddress on the lines below and, if	necessary,	Certification(s below will ex		1/2023
	correct the City, state and Z	IP Code. Please print legibly.		The fee to rene certif	w these \$5 ications:	0
				 Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. 		ion date will te fees as
	ATES TO RENEW:				Train	ing Units
Certification Ty	ype (Category		Class	Requ	ired
TEMPORARY	I	NDUSTRIAL WASTEWATER		6	24	
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name:	:			Phone #:		
Number of Facilit	ies (or Plants) that you curre	ntly operate:		I am employed	by the Facilit	y owner
I am currently not	operating any Facility		Ι	provide contractual se	ervices to the	Facility
Please provide the	e following information abo	ut each Facility/Plant that you op	perate. Use add	tional pages as neede	d.	
Facility / Plant Na	me		Class	PDWIS (Water) N	PDES (Waste	water)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Email Address

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corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			 Failure to complete or submit representation dates requirements by the expiration dates result in an additional late fees described in Section V. 		
I. CERTIFICAT	<u>ES TO RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	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 oper	rating any Facility	I pr	covide contractual serv	vices to the Facility	
Please provide the foll	lowing information about each Facility/Plant that you operate. U	se addtio	onal pages as needed.		
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corre	et the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.	
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Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
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	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) below will exp		
C	correct the City, state and 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. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		1	24	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner	
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C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
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I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	vpe Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
II. CURRENT I	EMPLOYMENT INFORMATION			
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Please verify your information shown on this application and make any corrections as needed.

This is page on	e of a two page form. Both pages must be completed and p	returned. O _f	perator Certifcation Nu	mber: 11308
NOEL JONES	Please enter you're current address on the lines below and, if necessary,	f necessary,	Certification(s) s 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 da result in an additional late fees described in Section V.	
	CATES TO RENEW:			Training Units
Certification 7	Type Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide th	he following information about each Facility/Plant that you o	operate. Use addtio	onal pages as needed.	
Facility / Plant N	ame	Class I	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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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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VII. APPLICANT'S STATEMENT

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

Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a ty	wo page form. Both pages must be completed and retu	Operator Certification Number: 11309		
	enter you're current address on the lines below and, if ned	cessary,	Certification(s) s below will exp	
correct	t the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			 requirements by t result in an ad 	ete or submit renewal 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
II. CURRENT EMPI	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operat	ting any Facility	I p	provide contractual serv	vices to the Facility
Please provide the follow	wing information about each Facility/Plant that you operation	ate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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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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	ease enter you're current address on the lines below and, if necessa	ary,	Certification(s) below will exp		
co	rrect 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. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not op	perating any Facility	I pi	rovide contractual set	rvices to the Facility	
Please provide the fo	ollowing information about each Facility/Plant that you operate.	Use addtio	onal pages as needed		
Facility / Plant Name	2	Class I	PDWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Last 4 digits of Social Security Number

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CHRISTINA	Please enter you're current address on the lines below and, if necessar	ıry,	Certification(s) below will ex		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			 Failure to complete or submit representation of the expiration date for the submit in an additional late for the submit in the submit for the s		
	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	lities (or Plants) that you currently operate:		I am employed	by the Facility owner	
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Facility / Plant 1	Name	Class P	DWIS (Water) N	PDES (Wastewater)	



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DEMETRIUS	Please enter you're current address on the lines below and, if necessary,	ζ,	Certification(s) below will exp		
correc	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
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I. CERTIFICATES TO RENEW:				Training Units	
Certification 7	Type Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	SEMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner	
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Facility / Plant N	Vame Cl.	lass P	DWIS (Water) NP	DES (Wastewater)	



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	se enter you're current addre	ss on the lines below and, if nece	ssary,	Certification below will	n(s) shown l expire on:	5/1/2023	
corr	ect the City, state and ZIP Co	de. Please print legibly.		The fee to rec	enew these rtifications:	\$100	
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		piration date will al late fees as	
I. CERTIFICAT	<u>ES TO RENEW:</u>				Т	raining Units	
Certification Type	Cate	gory		Class		Required	
TEMPORARY	WAS	EWATER COLLECTION		2	2	4	
TEMPORARY	WAT	ER DISTRIBUTION		1	2	4	
II. CURRENT EM	PLOYMENT INFORM	ATION					
Employer's Name:				Phone #	#:		
Number of Facilities (or Plants) that you currently	operate:		I am employ	ed by the F	acility owner	
I am currently not ope	rating any Facility		I pi	covide contractua	l services to	o the Facility	
Please provide the fol	lowing information about eac	ch Facility/Plant that you operat	e. Use addtio	onal pages as nee	eded.		
Facility / Plant Name			Class I	PDWIS (Water)	NPDES (V	Wastewater)	



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

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

This is page one of a two p	perator Certification Number: 11315				
TIMOTHY CECIL Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.			Certification(s) sl below will expi		
			The fee to renew certifica	\$100	
		Failure to complete or submit requirements by the expiration result in an additional late for described in Section V.		he expiration date will ditional late fees as	
I. CERTIFICATES T	O RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT EMPLOY	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	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. U	se addtion	nal pages as needed.		
Facility / Plant Name	(Class PI	OWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

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

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

Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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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JAMES HAWE	Please enter you're current address on the lines below and, if necessa	ary,	Certification(s) sh below will expin		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew to certificat	\$100	
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification T	Type Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			provide contractual services to the Facility		
Please provide th	he following information about each Facility/Plant that you operate.	Use addti	onal pages as needed.		
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Last 4 digits of Social Security Number

Email Address

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MIRSAD GUSINAC 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) sl below will expi		
				The fee to renew certifica	\$50	
				Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.		
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification 7	Гуре	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ities (or Plants) that you curr	rently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			I pi	provide contractual services to the Facility		
Please provide th	he following information abo	out each Facility/Plant that you opera	te. Use addtic	onal pages as needed.		
Facility / Plant N	ame		Class F	PDWIS (Water) NPD	DES (Wastewater)	
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Last 4 digits of Social Security Number

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JONATHAN	Please enter you're current address on the lines below and, if necessary		necessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50		
				requirements by t result in an ad	mplete or submit renewal by the expiration date will a additional late fees as ibed in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Туре	Category		Class	Required	
TEMPORARY		WATER TREATMENT		4	45	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner	
I am currently n	not operating any Facility	7 _	Ι	provide contractual serv	vices to the Facility	
Please provide	the following information ab	out each Facility/Plant that you op	perate. Use add	tional pages as needed.		
Facility / Plant]	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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MARVIN CURTIS 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) sl below will expi The fee to renew	re on: 5/1/2023	
			certifications: Failure to complete or submit Failure to complete or submit requirements by the expiration result in an additional late described in Section V		
I. CERTIFICATES				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
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Employer's Name:			Phone #:		
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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

This is page one	of a two page form. Both pages must be completed and returned	d. Op	erator Certifcation N	umber: 11321
WILLIE JAMES			Certification(s) s	
	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.	ary,	below will exp	ire on:
	correct the City, state and Zir Code. Flease print legioly.		The fee to renew certific	\$50
		requirements by the result in an addi		ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (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	e following information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.	
Facility / Plant Nat	me	Class P	DWIS (Water) NP	DES (Wastewater)
				_



III. CONTINUING EDUCATION:

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

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

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

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

Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) below will exp		
·	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			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	
OPERATOR	WATER TREATMENT		3	30	
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	
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Please provide the	e following information about each Facility/Plant that you operate. Us	se addtio	nal pages as needed.		
Facility / Plant Na	me Cl	lass Pl	DWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Last 4 digits of Social Security Number

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 11327		
KYLE J SCHAEFFER 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) shown below will expire on: 5/1/		5/1/2023
				The fee to represent the fee to represent the terms of t	new these	\$100
				Failure to complete or submit requirements by the expiration result in an additional late described in Section V		iration date will l late fees as
I. CERTIFIC	ATES TO RENEW	<u>.</u>			Tr	aining Units
Certification T	уре	Category		Class	Re	equired
TEMPORARY		WASTEWATER COLLECTION		2	24	Ļ
TEMPORARY		WATER DISTRIBUTION		1	24	ļ
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	:			Phone #	:	
Number of Facilit	ies (or Plants) that you cur	rrently operate:		I am employe	d by the Fa	cility owner
I am currently not	operating any Facility		Ι	provide contractual services to the Facility		
Please provide th	e following information al	pout each Facility/Plant that you oper	ate. Use ada	tional pages as need	led.	
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (W	astewater)



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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

Last 4 digits of Social Security Number

Email Address

Date

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LUKE WELLEN 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) 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. CERTIFIC	ATES TO RENEW:				Training Units	
Certification Ty	уре	Category		Class	Required	
TEMPORARY		WASTEWATER COLLECTION		2	24	
TEMPORARY		WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am employed b	y the Facility owner	
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	ase enter you're current address on the lines below and, if nec	cessary,	Certification(s) sh below will expir		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew the certificat	\$50	
			 requirements by th result in an add 	te or submit renewal e expiration date will itional late fees as in Section V.	
	<u>'ES TO RENEW:</u>			Training Units	
Certification Type	e Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	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	
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	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will expi	
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Certification Ty	ype Category		Class	Required
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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

This is page one	Operator Certifcation Number: 11366				
	Please enter you're current address on the lines below and, if necessar	ıry,	Certification(s below will ex		5/1/2023
correct the City, state and ZIP Code. Please print legibly.			The fee to ren certi	ew these fications:	\$50
			requirements k result in an	by the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFICA	ATES TO RENEW:			т	raining Units
Certification Ty	/pe Category		Class	R	equired
TEMPORARY	WASTEWATER COLLECTION		2	2	4
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	d by the Fa	cility owner
I am currently not	operating any Facility	I pr	ovide contractual	services to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Use addtio	nal pages as need	ed.	
Facility / Plant Nat	me	Class P	DWIS (Water) N	NPDES (V	Vastewater)



III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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	se enter you're current address on the lines below and, if necess	sary,	Certification(s) sl below will expi		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICAT	<u>ES TO RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
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 oper	rating any Facility	Ιp	provide contractual services to the Facility		
Please provide the foll	lowing 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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Last 4 digits of Social Security Number

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BRENDAN M	Please enter you're current address on the lines below and, if necessary,	necessary,	Certification(s) sho below will expire				
correct the City, state and ZIP Code. Please print legibly.				The fee to renew th certificati	\$50		
				requirements by th result in an add	e or submit renewal e expiration date will itional late fees as in Section V.		
I. CERTIFIC	CATES TO RENEW				Training Units		
Certification T	Гуре	Category		Class	Required		
TEMPORARY		WASTEWATER TREATMENT		5	45		
TEMPORARY		WASTEWATER TREATMENT		А	24		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	2:			Phone #:			
Number of Facili	ties (or Plants) that you cur	rrently operate:		I am employed by t	he Facility owner		
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Facility / Plant N	ame		Class	PDWIS (Water) NPDE	ES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

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ANTHONY E	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		1	24
II. CURRENT	T EMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant N	Name	Class PE	OWIS (Water) NP	DES (Wastewater)



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MARK JACKSON Ple	ase enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will expl		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICAT	TES TO RENEW:			Training Units	
Certification Type	e Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
II. CURRENT EN	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
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Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

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

CARLOS RAMIREZ RIVERA Please enter you're current address on the lines below and, if necessary,			Operator Certification Number: 11377		
			Certification(s) s below will expi		
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		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 Facility owner	
I am currently not operating any Facility I provide contractual services to the Fac			vices to the Facility		
Please provide the	e following information about each Facility/Plant that you opera	te. Use addti	ional pages as needed.		
Facility / Plant Nat	me	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. 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

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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

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of	of a two page form. Both pages must be completed and returne	ed. Op	erator Certifcation 1	Number: 11378
MICHAEL BROCKMEYER Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.			Certification(s) below will ex	
			The fee to rene certifi	w these \$50
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURRENT E	CMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not o	operating any Facility	I pr	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	<i>d</i> .
Facility / Plant Nan	ne	Class P	DWIS (Water) N	PDES (Wastewater)



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Email Address

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LACEY ALDERTON 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 ex		
				The fee to renew certifi	w these \$100 cations:	
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units	
Certification 1	Гуре	Category		Class	Required	
TEMPORARY		WASTEWATER COLLECTION		2	24	
TEMPORARY		WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	2:			Phone #:		
Number of Facili	ties (or Plants) that you cu	rently operate:		I am employed l	by the Facility owner	
I am currently not operating any Facility			provide contractual se	rvices to the Facility		
Please provide th	ne following information al	pout each Facility/Plant that you operc	ate. Use addt	ional pages as needed	l	
Facility / Plant N	ame		Class	PDWIS (Water) NI	PDES (Wastewater)	



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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	1161
DOUGLAS EHRISMAN Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	5/1/2023
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100
		1 1/ 1

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

	uescribeu în Section v.		
I. CERTIFICATES TO I		Training Units	
Certification Type	Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	А	16
SUPERINTENDENT	WASTEWATER TREATMENT	S	У
SUPERINTENDENT	WASTEWATER TREATMENT	А	7
OPERATOR	WASTEWATER TREATMENT	S	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	4	30
SUPERINTENDENT	WASTEWATER TREATMENT	4	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:		Phone	#:	
Number of Facilities (or Plants) that you currently operate:		I am employ	yed by the Facility owner	\Box
I am currently not operating any Facility]	I provide contractua	al services to the Facility	
Please provide the following information about each Facility/Plant that you operation	ate. Use add	dtional pages as nee	eded.	
Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)	
				·



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JOHN C. GANNON, JR. Please enter you're current address on the lines below and, if nec correct the City, state and ZIP Code. Please print legibly.			Certification below will	n(s) shown l expire on: 5/1/2023		
		e print legibly.	The fee to re	enew these \$100		
			requirements result in a	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.		
	ATES TO RENEW:			Training Units		
Certification T	ype Category		Class	Required		
OPERATOR	WATER TREAT	TMENT	3	30		
OPERATOR	WASTEWATE	R TREATMENT	5	30		
OPERATOR	WASTEWATE	R TREATMENT	А	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone 7	#:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employ	ed by the Facility owner		
I am currently not operating any Facility I provide contractual services to the Fa			l services to the Facility			
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Facility / Plant Na	ame	Class	PDWIS (Water)	NPDES (Wastewater)		



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This is page one of a two page f	ed. Ope	Operator Certifcation Number: 1324		
THOMAS E. KLAVERWEIDEN Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) shown	
			below will expi	ire on: 5/1/2025
correct the City,	, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100
			Failure to complete or submit r requirements by the expiration result in an additional late for described in Section V.	
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Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER COLLECTION		2	7
SUPERINTENDENT	WATER DISTRIBUTION		1	7
II. CURRENT EMPLOYME	ENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) th	nat you currently operate:		I am employed by	the Facility owner
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 1467		
5	I're current address on the lines below and, if I	necessary,	Certification(s) sl below will expi		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$100	
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES TO F				Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WATER TREATMENT		4	7	
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
II. CURRENT EMPLOYME	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) th	nat you currently operate:		I am employed by	the Facility owner	
I am currently not operating any F	Facility	Ι	provide contractual services to the Facility		
Please provide the following info	rmation about each Facility/Plant that you op	erate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- 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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VII. APPLICANT'S STATEMENT

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1583			
	ease enter you're current a	ddress on the lines below and, if n	ecessary,	Certificatior below will	n(s) shown expire on:	5/1/2023
cor	rect the City, state and Z	IP Code. Please print legibly.		The fee to rec	enew these tifications:	\$100
				 Failure to complete or submit reprint to complete or submit reprit to complete or submit reprint to complete or s		piration date will al late fees as
I. CERTIFICA	TES TO RENEW:				т	raining Units
Certification Type	e (Category		Class		equired
TEMPORARY	١	WASTEWATER COLLECTION		2	2	4
TEMPORARY	N N	WATER DISTRIBUTION		1	2	4
II. CURRENT EN	IPLOYMENT INFO	RMATION				
Employer's Name:				Phone #	<i>#</i> :	
Number of Facilities	(or Plants) that you curre	ently operate:		I am employ	ed by the F	acility owner
I am currently not op	erating any Facility]	Ι	provide contractua	l services to	o the Facility
Please provide the fo	llowing information abo	- ut each Facility/Plant that you ope	erate. Use add	tional pages as nee	ded.	
Facility / Plant Name	;		Class	PDWIS (Water)	NPDES (V	Wastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number

Email Address

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. Op			Operator Certifcation Number: 1633		
	r you're current address on the lines below and, if necess	sary,	Certification(s) si below will expi	5/1/2024	
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			Failure to complete or submit r requirements by the expiration result in an additional late fe described in Section V.		
I. CERTIFICATES TO	O RENEW:			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
SUPERINTENDENT	WASTEWATER TREATMENT		А	7	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plant	ts) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating a	ny Facility	I pr	provide contractual services to the Facility		
Please provide the following	information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Last 4 digits of Social Security Number

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This is page one of a two page form. Both pages must be completed and returned.			rator Certifcation	Number:	1713	
DERK SMOTHE	-		Certification(s) shown		5/1/2023	
	lease enter you're current address on the lines below and, if necessary orrect the City, state and ZIP Code. Please print legibly.	у,	below will e	xpire on:	5,1,2025	
			The fee to rene certi	ew these fications:	\$50	
			Failure to complete or subn requirements by the expirati result in an additional lat described in Section		oiration date will al late fees as	
I. CERTIFICA	ATES TO RENEW:			т	raining Units	
Certification Ty	pe Category		Class	R	equired	
TEMPORARY	WASTEWATER COLLECTION		2	2	4	
II. CURRENT E	CMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	l by the Fa	acility owner	
I am currently not o	operating any Facility	I pro	provide contractual services to the Facility			
Please provide the	following information about each Facility/Plant that you operate. Us	se addtion	al pages as neede	ed.		
Facility / Plant Nan	ne C	Class PI	OWIS (Water) N	NPDES (V	Vastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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	lease enter you're current address on the lines below and, if necessary	у,	Certification(s) below will ex		5/1/2023
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certifi	w these ications:	\$50
			Failure to complete or sub requirements by the expirat result in an additional la described in Section		iration date will I late fees as
	TES TO RENEW:			Tr	aining Units
Certification Typ	be Category		Class	Re	equired
SUPERINTENDEN	T INDUSTRIAL WASTEWATER		5	7	
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Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed	by the Fa	cility owner
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Please provide the j	following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed	d.	
Facility / Plant Nam	ne Cl	lass F	PDWIS (Water) N	PDES (W	astewater)



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	Please enter you're current address on the lines below and, if necessar	ıry,	y, Certification(s) shown below will expire on		/2023	
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these \$50 cations:	I	
		requirements by the result in an addi		the expiratio	e or submit renewal e expiration date will itional late fees as in Section V.	
I. CERTIFICATES TO RENEW:				Trainiı	ng Units	
Certification Ty	ype Category		Class	Requir	ed	
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	by the Facility	owner	
I am currently not	operating any Facility	I pr	provide contractual services to the Facility			
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Facility / Plant Nat	me	Class P	DWIS (Water) NF	DES (Wastew	vater)	



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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

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one of a two page form. Both pages must be completed and returned. Ope			Operator Certifcation Number: 2147		
	lease enter you're current address on the lines below and, if necessary	certification(s) shown ry, below will expire on			
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
		Failure to complete or so requirements by the expi result in an additional described in Sec		the expiration date will ditional late fees as	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER TREATMENT		5RO	16	
II. CURRENT E	CMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	I pro	provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you operate. Us	se addtion	nal pages as needed.		
Facility / Plant Nan	ne Cl	Class PI	OWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- 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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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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Last 4 digits of Social Security Number

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 2177		
	Please enter you're current address on the lines below		Certification(s) sh below will expir		
	correct the City, state and ZIP Code. Please print legit	bly.	The fee to renew the certificat	\$50	
			— requirements by th result in an add	te or submit renewal le expiration date will litional late fees as in Section V.	
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WASTEWATER TREATM	ENT	5	30	
OPERATOR	WASTEWATER TREATM	ENT	А	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	1	provide contractual servi	ces to the Facility	
Please provide th	e following information about each Facility/Plant that	t you operate. Use add	ltional pages as needed.		
Facility / Plant Na	ume	Class	PDWIS (Water) NPD	ES (Wastewater)	
_					



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Name and Certification Number of Operator in Responsible Charge:

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	enter you're current address on the lines below and, if nece	ssary,	Certification(s) s below will exp		
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
II. CURRENT EMPL	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or l	Plants) that you currently operate:		I am employed by the Facility owner		
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	ase enter you're current address on the lines below and,	if necessary,	Certification(s) sl below will expi		
con	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100	
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICAT	<u>'ES TO RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not ope	erating any Facility	Ij	provide contractual services to the Facility		
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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 2503		
	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) s below will exp		
·	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
		requirements by th result in an add		te or submit renewal ne expiration date will litional late fees as in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner	
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This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	2508
CONNIE M. LUFFMAN Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	5/1/2023
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100

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

		uescribeu în Section v.		
I. CERTIFICATES TO		Training Units		
Certification Type	Category	Class	Required	
SUPERINTENDENT	WASTEWATER TREATMENT	S	У	
OPERATOR	WASTEWATER TREATMENT	4	30	
OPERATOR	WASTEWATER TREATMENT	5	30	
OPERATOR	WASTEWATER TREATMENT	А	16	
OPERATOR	WASTEWATER TREATMENT	S	16	
SUPERINTENDENT	WASTEWATER TREATMENT	5	7	
SUPERINTENDENT	WASTEWATER TREATMENT	А	7	

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:	Phone #:
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner
I am currently not operating any Facility	I provide contractual services to the Facility
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- 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

Last 4 digits of Social Security Number

Email Address

Date

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	erator Certifcation Number: 2579			
	ease enter you're current address on the lines below and, if necess	sary,	Certification(s) below will exp	5/1//0/2	
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these \$50 cations:	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	TES TO RENEW:		-	Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility			provide contractual services to the Facility		
Please provide the fo	ollowing information about each Facility/Plant that you operate.	Use addtiond	al pages as needed	!	
Facility / Plant Name	2	Class PD	WIS (Water) NF	PDES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- 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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This is page one	of a two page form. Both pages must be completed and returned.	Operator Certifcation Number: 2830			
	Please enter you're current address on the lines below and, if necessar	·y,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	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	t operating any Facility	I pi	rovide contractual ser	vices to the Facility	
Please provide th	e following information about each Facility/Plant that you operate. U	se addtio	onal pages as needed.		
Facility / Plant Na	ame C	Class I	PDWIS (Water) NP	DES (Wastewater)	



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

This is page one	Operator Certifcation Number: 2872				
	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) below will ex		5/1/2023
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifi	w these cations:	\$50
		requi		ailure to complete or submit rene puirements by the expiration dat result in an additional late fees described in Section V.	
I. CERTIFIC	ATES TO RENEW:			т	raining Units
Certification Ty	ype Category		Class	R	equired
OPERATOR	WASTEWATER COLLECTION		2	1	6
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed l	by the Fa	cility owner
I am currently not	operating any Facility	I pr	ovide contractual se	rvices to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Jse addtio	nal pages as needed	1.	
Facility / Plant Na	ime C	Class P	DWIS (Water) NI	PDES (V	/astewater)



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Email Address

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 p	age form. Both pages must be completed and returne	Operator Certifcation Number: 3037		
ERIC MARTIN JONES			Certification(s) sl	
	er you're current address on the lines below and, if necess	sary,	below will expi	re on: 5/1/2025
correct the 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 he expiration date will ditional late fees as l in Section V.
I. CERTIFICATES T				Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
SUPERINTENDENT	WASTEWATER TREATMENT		А	7
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 a	any Facility	I pi	rovide contractual serv	ices to the Facility
Please provide the following	information about each Facility/Plant that you operate.	. Use addtic	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NPD	ES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Ope				Derator Certifcation Number: 3083		
DONALD RAY COX JR				Certification(s) sho		
Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.			cessary,	below will expire	e on: 57172025	
				The fee to renew th certificati	\$50	
				 requirements by th result in an add 	e or submit renewal e expiration date will itional late fees as in Section V.	
	TES TO RENEW:	<u>-</u>			Training Units	
Certification Type	e	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
II. CURRENT EN	APLOYMENT INFO	ORMATION				
Employer's Name:				Phone #:		
Number of Facilities	(or Plants) that you cur	rently operate:		I am employed by t	he Facility owner	
I am currently not op	erating any Facility		Ιŗ	provide contractual servio	es to the Facility	
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Facility / Plant Name			Class	PDWIS (Water) NPDE	ES (Wastewater)	



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This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 3118		
EVERETT H KENNEDY III 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 ex		
				The fee to renev certifi	w these \$50 cations:	
				requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.	
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Certification Ty	уре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
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Employer's Name:	:			Phone #:		
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I am currently not	operating any Facility		I	provide contractual services to the Facility		
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Facility / Plant Na	me		Class	PDWIS (Water) NI	PDES (Wastewater)	



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

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one	e of a two page form. Both pages must be completed and returned.	Operato	or Certifcation	Number:	3259
ELISA FESER	Please enter you're current address on the lines below and, if necessary,		Certification(s below will e		5/1/2023
correct the City, state and ZIP Code. Please print legibly.		,	The fee to ren certi	ew these fications:	\$50
			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		iration date will al late fees as
	CATES TO RENEW:				raining Units
Certification T	Type Category		Class	R	equired
TEMPORARY	WATER TREATMENT		G	7	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:	Ι	am employed	l by the Fa	cility owner
I am currently no	t operating any Facility	I provid	e contractual s	services to	the Facility
Please provide th	he following information about each Facility/Plant that you operate. Use a	addtional p	pages as need	ed.	
Facility / Plant N	ame Clas	ss PDW	IS (Water) N	NPDES (V	Vastewater)



III. 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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This is page one o	f a two page form. Both pages must be completed and returned	I. Op	erator Certifcation	Number:	3304
RONALD CLAPPER Please enter you're current address on the lines below and, if necessa			Certification(s) shown below will expire on: 5/1		5/1/2023
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	ew these fications:	\$50
			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		iration date will al late fees as
I. CERTIFICA	ATES TO RENEW:			Т	raining Units
Certification Ty	pe Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	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 Fa	cility owner
I am currently not o	operating any Facility	I pr	ovide contractual s	ervices to	the Facility
Please provide the	following information about each Facility/Plant that you operate. U	Use addtio	nal pages as neede	ed.	
Facility / Plant Nan	ne	Class P	DWIS (Water) N	IPDES (W	/astewater)



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This is page one of	of a two page form. Both pages must be completed and returned	. Op	erator Certifcation	Number:	3354
	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s below will ex		5/1/2023
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	ew these fications:	\$50
			 Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V. 		oiration date will al late fees as
I. CERTIFICA	ATES TO RENEW:			т	raining Units
Certification Ty	pe Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:	_	
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CLARE G WIEDMAIER JR Please enter you're current address on the lines below and, if necessary,			Operator Certification Number: 3367		
			Certification(s) sl below will expi	5/1//1/3	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	/pe Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	Ιŗ	provide contractual serv	ices to the Facility	
Please provide the	following information about each Facility/Plant that yo	u operate. Use addti	ional pages as needed.		
Facility / Plant Nat	me	Class	PDWIS (Water) NPD	ES (Wastewater)	



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JOSHUA SAWYERS Please enter you're current address on the lines below and, if necessary			Certification(s) shown below will expire on: 5/		5/1/2023
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	w these ications:	\$50
			Failure to complete or sub requirements by the expirat result in an additional la described in Section		biration date will al late fees as
I. CERTIFIC	ATES TO RENEW:			Т	raining Units
Certification Ty	ype Category		Class	R	equired
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
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This is page one of a two	o page form. Both pages must be completed and returned	I. Operator Certi	Operator Certifcation Number: 3448			
EDWARD L BRIDWEL Please e		, Certification(s) shown below will expire or				
correct	The fee	e to renew th certificati	\$100			
		requirer	Failure to complete or submit representation of the submit is an additional late fees described in Section V.			
I. CERTIFICATES	TO RENEW:			Training Units		
Certification Type	Category	Cla	ass	Required		
SUPERINTENDENT	WATER TREATMENT	1		7		
SUPERINTENDENT	WASTEWATER TREATMENT	5		7		
SUPERINTENDENT	WASTEWATER TREATMENT	А		7		
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Employer's Name:		Ph	none #:			
Number of Facilities (or P	Plants) that you currently operate:	I am en	I am employed by the Facility owner			
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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

Last 4 digits of Social Security Number

Email Address

Date

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 mu	st be completed and returned.	Op	erator Certifcation N	lumber:	3453
MATTHEW BURTON Please enter you're current address on the lines below and, if			у,	Certification(s) shown below will expire on: 5,		5/1/2023
	correct the City, state and ZIP Code.	Please print legibly.		The fee to renew certific	v these cations:	\$50
				Failure to complete or submi requirements by the expiratio result in an additional late described in Section		iration date will al late fees as
I. CERTIFIC	ATES TO RENEW:				Т	raining Units
Certification T	ype Category	/		Class	R	equired
TEMPORARY	WATER T	REATMENT		1	24	1
II. CURRENT	EMPLOYMENT INFORMATI	ON				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you currently oper	ate:		I am employed b	y the Fa	cility owner
I am currently not	operating any Facility		I pr	provide contractual services to the Facility		
Please provide the	e following information about each F	acility/Plant that you operate. Us	se addtio	nal pages as needed		
Facility / Plant Na	me	С	lass P	DWIS (Water) NP	DES (W	/astewater)



III. CONTINUING EDUCATION:

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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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This is page one	of a two page form. Both pages must be completed and returned.	Operator Certifcation Number: 3556			
	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) sl below will expi		
correct t	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. 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 p	provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you operate. U	se addti	onal pages as needed.		
Facility / Plant Na	ame C	Class	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one o	f a two page form. Both pages must be complete	d and returned.	Operator Certification	Number: 3776
DEON CLARK Please enter you're current address on the lines below and, if necessa			Certification(s below will e	
correct the City, state and ZIP Code. Please print legibly.		ibly.	The fee to rend certif	ew these \$50 ications:
			requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	TES TO RENEW:			Training Units
Certification Typ	be Category		Class	Required
OPERATOR	WASTEWATER COLLEC	TION	2	16
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not o	perating any Facility]	provide contractual s	ervices to the Facility
Please provide the j	following information about each Facility/Plant the	nt you operate. Use add	ltional pages as neede	<i></i>
Facility / Plant Nam	ne	Class	PDWIS (Water) N	PDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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			Certification(s) sl below will expi		
			The fee to renew certifica	\$50	
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
	<u>'ES TO RENEW:</u>			Training Units	
Certification Type	e Category		Class	Required	
SUPERINTENDENT	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 ope	erating any Facility	Ιp	provide contractual services to the Facility		
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Name and Certification Number of Operator in Responsible Charge:

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			Certification(s) sl below will expi			
			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 l in Section V.		
I. CERTIFICATES TO	RENEW:			Training Units		
Certification Type	Category		Class	Required		
SUPERINTENDENT	WASTEWATER TREATMENT		А	7		
SUPERINTENDENT	WASTEWATER TREATMENT		5	7		
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		
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ROBERT BUCK Please enter you're current address on the lines below and, if necessa			Certification(s below will e	5/1//0/2	
correct the City, state and ZIP Code. Please print legibly.			The fee to ren certi	ew these \$50 fications:	
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Certification Ty	ype Category		Class	Required	
SUPERINTENDE	NT WASTEWATER COLLE	CTION	2	7	
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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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 pag	perator Certifcation Number: 4294			
	you're current address on the lines below and, if necessa	ary,	Certification(s) sl below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$100
		require		ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICATES TO				Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants	s) that you currently operate:		I am employed by	the Facility owner
I am currently not operating an	ny Facility	I pi	rovide contractual serv	rices to the Facility
Please provide the following in	nformation about each Facility/Plant that you operate.	Use addtio	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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	ease enter you're current address on the lines below and, if necessa	ıry,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50
			Failure to complete or submi requirements by the expiration result in an additional late described in Section	
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	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 op	perating any Facility	I pi	covide contractual serv	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.	
Facility / Plant Name	e	Class F	PDWIS (Water) NPI	DES (Wastewater)



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	lease enter you're current address on the lines below and, if necessa	ury,	Certification(s) s below will exp		
cc	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by result in an ac	o complete or submit renewal ents by the expiration date will in an additional late fees as lescribed in Section V.	
	TES TO RENEW:			Training Units	
Certification Typ	category		Class	Required	
SUPERINTENDEN	T WATER TREATMENT		4	7	
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 pr	ovide contractual ser	vices to the Facility	
Please provide the j	following information about each Facility/Plant that you operate. U	Use addtio	nal pages as needed.		
Facility / Plant Nam	ne de la companya de	Class P	DWIS (Water) NP	DES (Wastewater)	
				_	



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This is page one	perator Certifcation Number: 4706				
]	THONY SLATTERY Please enter you're current address on the lines below and, if necessary	ry,	Certification(s) sho below will expire		5/1/2023
C	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$50
			Failure to complete or submit renews requirements by the expiration date w result in an additional late fees as described in Section V.		
	ATES TO RENEW:				raining Units
Certification Ty	/pe Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed	by the Fa	acility owner
I am currently not	operating any Facility	I pro	ovide contractual s	ervices to	the Facility
Please provide the	following information about each Facility/Plant that you operate. U	Use addtion	nal pages as neede	ed.	
Facility / Plant Nat	me C	Class Pl	DWIS (Water) N	IPDES (V	Wastewater)



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	Please enter you're current	e current address on the lines below and, if necessa	essary,	Certification(s) sh below will expin	
correct the City, state and ZIP Code. Please print legibly.				The fee to renew t certificat	\$50
				Failure to complete or sub requirements by the expirat result in an additional la described in Section	
	ATES TO RENEW:				Training Units
Certification Ty	/pe	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		А	24
TEMPORARY		WASTEWATER TREATMENT		5	45
II. CURRENT I	EMPLOYMENT INFO	ORMATION			
Employer's Name:				Phone #:	
Number of Faciliti	es (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
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This is page one of	f a two page form. Both	perator Certifcation Number: 6102			
MARK E MELLENDICK Please enter you're current address on the lines below and, if necessary,				Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.				The fee to rene certifi	w these \$50
				Failure to complete or submit requirements by the expiration result in an additional late described in Section V	
I. CERTIFICA	TES TO RENEW:				Training Units
Certification Typ	be	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		А	16
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Employer's Name:				Phone #:	
Number of Facilitie	s (or Plants) that you curr	ently operate:		I am employed	by the Facility owner
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Date

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

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

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 6452		
HARRY S RIN	Please enter you're current address on the lines below and,	if necessary,	Certification(below will e		
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	these \$100	
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section		
	CATES TO RENEW:			Training Units	
Certification [•]	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed	d by the Facility owner	
I am currently no	ot operating any Facility	I pro	provide contractual services to the Facility		
Please provide t	he following information about each Facility/Plant that you	operate. Use addtion	al pages as need	ed.	
Facility / Plant N	lame	Class PI	OWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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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5	're current address on the lines below and, if necessary,	if necessary,	Certification(s) s below will exp	
correct the City, s	state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EMPLOYMEN	NT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that	t you currently operate:		I am employed by	y the Facility owner
I am currently not operating any Fa	cility	Ι	provide contractual service	vices to the Facility
Please provide the following inform	nation about each Facility/Plant that you	operate. Use add	tional pages as needed.	
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	u're current address on the lines below and, if necessary, , state and ZIP Code. Please print legibly.	Certification below will			
correct the City, sta		The fee to ren cert	new these \$100		
		requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.		
I. CERTIFICATES TO REM	NEW:		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	5	30		
SUPERINTENDENT	WASTEWATER TREATMENT	5	7		
OPERATOR	WATER TREATMENT	1	16		
II. CURRENT EMPLOYMENT	FINFORMATION				
Employer's Name:		Phone #	:		
Number of Facilities (or Plants) that y	you currently operate:	I am employe	ed by the Facility owner		
I am currently not operating any Facil	lity	I provide contractual	rovide contractual services to the Facility		
Please provide the following informa	tion about each Facility/Plant that you operate. Use	e addtional pages as need	led.		
Facility / Plant Name	Cla	ass PDWIS (Water)	NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) below will exp	
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
II. CURRENT F	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner
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FRANZ EDER	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex		5/1/2023
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these ications:	\$50
			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		ration date will l late fees as
I. CERTIFICATES TO RENEW:					aining Units
Certification T	Type Category		Class	Re	equired
OPERATOR	WATER TREATMENT		4	30)
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Employer's Name	e:		Phone #:		
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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	umber: 7303
	lease enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	5/1//1/3
cc	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			Failure to complete or subi requirements by the expirat result in an additional la described in Sectio	
I. CERTIFICATES TO RENEW:				Training Units
Certification Typ	pe Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	perating any Facility	I pi	rovide contractual serv	vices to the Facility
Please provide the j	following information about each Facility/Plant that you operate.	. Use addtio	onal pages as needed.	
Facility / Plant Nam	ne	Class I	PDWIS (Water) NPI	DES (Wastewater)
				-



III. CONTINUING EDUCATION:

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

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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

Last 4 digits of Social Security Number

Email Address

Date

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	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner
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Facility / Plant Na	ame	Class F	PDWIS (Water) NP	DES (Wastewater)



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Last 4 digits of Social Security Number

Email Address

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	nter you're current address on the lines below and, if necessa	ıry,	Certification(s) si below will expi		
correct th	he City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
		requirements by the e result in an addition		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	
TEMPORARY	WASTEWATER TREATMENT		А	24	
TEMPORARY	WASTEWATER TREATMENT		5	45	
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	g any Facility	I pr	provide contractual services to the Facility		
Please provide the following	ng information about each Facility/Plant that you operate. U	Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NPD	DES (Wastewater)	



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This is page one	e of a two page form. Bot	h pages must be completed and retur	ned. O	perator Certifcatio	on Number:	7732
DALE A. BAKE	Please enter you're curren	nt address on the lines below and, if necessary, d ZIP Code. Please print legibly.	essary,	Certification below will	n(s) shown l expire on:	5/1/2023
	correct the City, state and			The fee to rec	enew these tifications:	\$100
				Failure to complete or su requirements by the expir result in an additional described in Sect		piration date will al late fees as
I. CERTIFIC	ATES TO RENEW	<u>.</u>			г	raining Units
Certification T	уре	Category		Class	F	Required
OPERATOR		WATER TREATMENT		4	3	0
OPERATOR		WASTEWATER TREATMENT		5	3	0
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	:			Phone #	#:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner
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Please provide th	e following information al	pout each Facility/Plant that you opera	te. Use addti	onal pages as nee	eded.	
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)



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RONALD A. FIS	SH Please enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	vpe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT I	EMPLOYMENT INFORMATION			
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	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) sl below will expi	
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Certification Ty	pe Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
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Employer's Name:			Phone #:	
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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

This is page on	e of a two page form. Bot	h pages must be completed and return	ed. O	perator Certifcatio	on Number:	8554
ROY TURNE	Please enter you're curren	t address on the lines below and, if neces	ssary,	Certification below will	n(s) shown expire on:	5/1/2023
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rec	enew these tifications:	\$100
				requirements result in a	by the exp	submit renewal piration date will al late fees as ection V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			г	raining Units
Certification 7	Гуре	Category		Class		Required
OPERATOR		WASTEWATER COLLECTION		2	1	.6
OPERATOR		WATER DISTRIBUTION		1	1	.6
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone #	#:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employ	ed by the F	acility owner
I am currently no	ot operating any Facility		Ιp	provide contractua	l services to	o the Facility
Please provide ti	he following information al	bout each Facility/Plant that you operate	e. Use addti	onal pages as nee	ded.	
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (V	Wastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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

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BRIAN C. LEW	BRIAN C. LEWIS Please enter you're current address on the lines below and, if n correct the City, state and ZIP Code. Please print legibly.			Certification(s) below will exp	bire on: 5/1/2023
	5,	1 8 7		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. CERTIFIC	CATES TO RENEW:				Training Units
Certification 1	Гуре	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ities (or Plants) that you curr	ently operate:		I am employed b	y the Facility owner
I am currently no	ot operating any Facility]	Ιp	provide contractual ser	vices to the Facility
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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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	lease enter you're current	address on the lines below and, if	necessary,	Certification below will		5/1/2023
correct the City, state and ZIP Code. Please print legibly.				The fee to re cer	new these tifications:	\$100
				requirements result in a	Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.	
I. CERTIFICA	TES TO RENEW:				Tr	aining Units
Certification Typ	be	Category		Class		quired
OPERATOR		WATER TREATMENT		2	16	i
OPERATOR		WASTEWATER COLLECTION		2	16	;
II. CURRENT E	MPLOYMENT INFO	ORMATION				
Employer's Name:				Phone #	:	
Number of Facilitie	s (or Plants) that you curr	ently operate:		I am employe	ed by the Fa	cility owner
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Facility / Plant Nam	ne		Class	PDWIS (Water)	NPDES (W	astewater)



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Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	8980
RANDY SCOTT GAVER Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	5/1/2023
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100

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

		uescribe	uescribeu în Section v.			
I. CERTIFICATES TO R	RENEW:		Training Units			
Certification Type	Category	Class	Required			
SUPERINTENDENT	WASTEWATER TREATMENT	5	7			
SUPERINTENDENT	WASTEWATER TREATMENT	А	7			
SUPERINTENDENT	WASTEWATER TREATMENT	3	7			
SUPERINTENDENT	WATER TREATMENT	2	7			
OPERATOR	WASTEWATER TREATMENT	А	16			
OPERATOR	WASTEWATER TREATMENT	5	30			
OPERATOR	WATER TREATMENT	2	16			

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:	Phone #:	
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner	
I am currently not operating any Facility	I provide contractual services to the Facility	
Please provide the following information about each Facility/Plant that you	operate. Use addtional pages as needed.	
Facility / Plant Name	Class PDWIS (Water) NPDES (Wastewater)	



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This is page one of a two page for	Operator Certifcation N	umber: 9097		
	'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	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO R	ENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EMPLOYME	NT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) th	at you currently operate:		I am employed by	y the Facility owner
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This is page one	erator Certification 1	Number:	9978		
	Please enter you're current address on the lines below and, if necessa	ıry,	Certification(s) show below will expire of		5/1/2023
(correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these ications:	\$50
			Failure to complete or subm requirements by the expiration result in an additional lat described in Section		iration date will Il late fees as
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Certification Ty	vpe Category		Class	Re	equired
OPERATOR	WATER DISTRIBUTION		1	16	5
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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *



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

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

This is page one of a two page form. Both pages must be completed and returned. Oper				erator Certification N	Number: 9990
	Please enter you're current addres		sary,	Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.		de. Please print legibly.		The fee to rener certifi	w these \$100 cations:
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ed in Section V.
	ATES TO RENEW:				Training Units
Certification Ty	/pe Categ	Jory		Class	Required
OPERATOR	WAST	EWATER COLLECTION		2	16
OPERATOR	WATE	R DISTRIBUTION		1	16
SUPERINTENDE	NT WAST	EWATER COLLECTION		2	7
II. CURRENT	EMPLOYMENT INFORMA	ATION			
Employer's Name:				Phone #:	
Number of Facilit	ies (or Plants) that you currently o	perate:		I am employed	by the Facility owner
I am currently not	operating any Facility		I pro	ovide contractual se	rvices to the Facility
Please provide the	e following information about eac	h Facility/Plant that you operate.	Use addtion	nal pages as needed	<i>l</i> .
Facility / Plant Na	me		Class Pl	OWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx



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PAUL LAYMA	Please enter you're current	address on the lines below and, if neces	ssary,	Certification below will		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re cer	new these tifications	\$50
				Failure to complete or submit r requirements by the expiration or result in an additional late fe described in Section V.		piration date will nal late fees as
I. CERTIFIC	CATES TO RENEW:				-	Fraining Units
Certification ⁻	Гуре	Category		Class		Required
OPERATOR		WASTEWATER TREATMENT		А	-	16
OPERATOR		WASTEWATER TREATMENT		5	3	30
II. CURRENT	EMPLOYMENT INFO	DRMATION				
Employer's Nam	e:			Phone #	#:	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employe	ed by the H	Facility owner
I am currently no	ot operating any Facility		I pi	ovide contractual	l services t	to the Facility
Please provide th	he following information ab	 out each Facility/Plant that you operate	e. Use addtio	onal pages as nee	ded.	
Facility / Plant N	lame		Class F	PDWIS (Water)	NPDES (Wastewater)



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