

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 pa	ge form. Both pages must be completed and returned.	Operator Certifcation N	Number: 0074
	COTT A. BROWN Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		shown pire on: 5/1/2024 w these cations: \$100
		requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO			Training Units
Certification Type	Category	Class	Required
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WASTEWATER COLLECTION	2	16
II. CURRENT EMPLOY	MENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plant	s) that you currently operate:	I am employed l	by the Facility owner
I am currently not operating an	ny Facility	I provide contractual se	rvices to the Facility
Please provide the following i	nformation about each Facility/Plant that you operate. U	se addtional pages as needed	l
Facility / Plant Name	C	Class PDWIS (Water) NI	PDES (Wastewater)



#### III. CONTINUING EDUCATION:

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

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

# **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

# **V. LATE FEES AND REINSTATEMENT**

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

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

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	0101
JOHN REX BOWMAN Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	5/1/2024
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100
	Failure to complete or requirements by the exp result in an addition described in Se	biration date will al late fees as

7		
<u>V :</u>		Training Units
Category	Class	Required
INDUSTRIAL WASTEWATER	5	30
WATER TREATMENT	4	30
WASTEWATER TREATMENT	4	30
WASTEWATER TREATMENT	5	30
WASTEWATER TREATMENT	А	16
WASTEWATER TREATMENT	S	16
	INDUSTRIAL WASTEWATER WATER TREATMENT WASTEWATER TREATMENT WASTEWATER TREATMENT WASTEWATER TREATMENT	CategoryClassINDUSTRIAL WASTEWATER5WATER TREATMENT4WASTEWATER TREATMENT4WASTEWATER TREATMENT5WASTEWATER TREATMENTA

#### **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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Name and Certification Number of Operator in Responsible Charge:

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 Date

 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 necessa	ary,	Certification below will	n(s) shown l expire on:	5/1/2024	
cc	prrect the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$50	
			requirements result in a	s by the exp	submit renewal piration date will al late fees as action V.	
	TES TO RENEW:				raining Units	
Certification Typ	De Category		Class	R	equired	
OPERATOR	WASTEWATER COLLECTION		2	1	6	
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities	s (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner	
I am currently not o	perating any Facility	I prov	vide contractua	l services to	the Facility	
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Facility / Plant Nam	le	Class PD	WIS (Water)	NPDES (V	Vastewater)	



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	ease enter you're current address on the lines below and, if necessary,	ζ,	Certification below will	n(s) shown l expire on:	5/1/2024
со	prrect the City, state and ZIP Code. Please print legibly.		The fee to receive	enew these rtifications:	\$50
			requirements result in a	s by the exp	submit renewal piration date will al late fees as ection V.
	TES TO RENEW:		-		raining Units
Certification Typ	e Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #	#:	
Number of Facilities	s (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner
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Facility / Plant Name	e Cla	lass PE	OWIS (Water)	NPDES (V	Vastewater)



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ROBERT LIM	IERICK Please enter you're current address on the lines below and, if necessar	ry,	Certification below will	n(s) shown l expire on:	5/1/2024
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications: <b>\$50</b>		\$50	
			requirements result in a	s by the exp	submit renewal biration date will al late fees as ection V.
	CATES TO RENEW:				raining Units
Certification <sup>-</sup>	Type Category		Class	R	equired
SUPERINTEND	ENT WATER TREATMENT		4	7	
II. CURRENT	<b>FEMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone	#:	
Number of Facil	ities (or Plants) that you currently operate:		I am employ	red by the Fa	acility owner
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Facility / Plant N	Name C	Class PD	OWIS (Water)	NPDES (V	Vastewater)



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AUSTIN COTINGAME Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		ary,	Certification(s) shown below will expire on: 5/1/2024 The fee to renew these certifications: \$50		
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I. CERTIFICATES TO				Training Units	
Certification Type	Category		Class	Required	
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II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed b	by the Facility owner	
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- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one of a two page	Operator Certification Nur	Operator Certifcation Number: 10022		
	u're current address on the lines below and, if necessary	Certification(s) sh below will expire	5/1//0///	
correct the City	, state and ZIP Code. Please print legibly.	The fee to renew the certificat	\$100	
		requirements by th result in an add	te or submit renewal e expiration date will itional late fees as in Section V.	
I. CERTIFICATES TO I			<b>Training Units</b>	
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	hat you currently operate:	I am employed by	the Facility owner	
I am currently not operating any l	Facility	I provide contractual servi	ces to the Facility	
Please provide the following info	prmation about each Facility/Plant that you operate. Us	se addtional pages as needed.		
Facility / Plant Name	CI	lass PDWIS (Water) NPD	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.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- . Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

# **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

This is page on	e of a two page form. Bot	th pages must be completed and retu	irned. O	perator Certifcatio	on Number:	10051
JAMES JOAC	Please enter you're curren	nt address on the lines below and, if ne	ecessary,	Certification below will	n(s) shown expire on:	5/1/2024
	correct the City, state and	I ZIP Code. Please print legibly.		The fee to recer	enew these tifications:	\$50
				requirements result in a	by the exp	submit renewal piration date will al late fees as petion V.
	CATES TO RENEW	/ • •				raining Units
Certification	Туре	Category		Class	R	equired
SUPERINTEND	ENT	WASTEWATER TREATMENT		5	7	
SUPERINTEND	ENT	WASTEWATER TREATMENT		А	7	
II. CURRENT	<b>FEMPLOYMENT INF</b>	FORMATION				
Employer's Nam	ne:			Phone #	<b>#:</b>	
Number of Facil	ities (or Plants) that you cu	arrently operate:		I am employe	ed by the Fa	acility owner
I am currently no	ot operating any Facility		Ιŗ	provide contractual	l services to	the Facility
Please provide t	he following information a	bout each Facility/Plant that you oper	rate. Use addti	ional pages as nee	ded.	
Facility / Plant N	Vame		Class	PDWIS (Water)	NPDES (V	Vastewater)



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Name and Certification Number of Operator in Responsible Charge:

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 Date

 Last 4 digits of Social Security Number
 Email Address

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

This is page of	This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1		
MICHAEL V	Please enter you're current address on the lines below and, if necessa	ary,	Certification below will	. ,	5/1/2024	
	correct the City, state and ZIP Code. Please print legibly.			new these tifications:	\$50	
			requirements result in a	by the exp	submit renewal iration date will al late fees as ction V.	
	ICATES TO RENEW:				raining Units	
Certification	n Type Category		Class	Re	equired	
OPERATOR	INDUSTRIAL WASTEWATER		7	16	5	
II. CURREN	<b>NT EMPLOYMENT INFORMATION</b>					
Employer's Na	ime:		Phone #	ŧ:		
Number of Fac	cilities (or Plants) that you currently operate:		I am employe	ed by the Fa	cility owner	
I am currently	not operating any Facility	I pro	ovide contractual	l services to	the Facility	
Please provide	e the following information about each Facility/Plant that you operate.	Use addtion	nal pages as nee	ded.		
Facility / Plant	Name	Class Pl	DWIS (Water)	NPDES (W	astewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page	form. Both pages must be completed and returned	ed. Ope	erator Certification N	umber: 10202
	pu're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	5/1/2024
correct the City	y, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ad	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO				Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURRENT EMPLOYM	ENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed by	y the Facility owner
I am currently not operating any	Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the following info	prmation about each Facility/Plant that you operate.	Use addtion	nal pages as needed.	
Facility / Plant Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned. CHARLES WHETSTONE Please enter you're current address on the lines below and, if necessary,			Operator Certification Number: 10248				
			, Certification(s) shown below will expire on: 5,				
correct the City, state and ZIP Code. Please print legibly.			The fee to re	enew these rtifications:	\$50		
			requirements result in a	s by the exp	submit renewal viration date will al late fees as ction V.		
	TES TO RENEW:				raining Units		
Certification Type	e Category		Class	R	equired		
TEMPORARY	WASTEWATER TREATMENT		1	2	4		
II. CURRENT EM	IPLOYMENT INFORMATION						
Employer's Name:			Phone	#:			
Number of Facilities (	(or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner		
I am currently not ope	erating any Facility	Facility I provide contractual services to the Facility			the Facility		
Please provide the fol	llowing information about each Facility/Plant that you operate. Us	se addtion	al pages as nee	eded.			
Facility / Plant Name	Cl	lass PD	WIS (Water)	NPDES (V	Vastewater)		



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This is page one of a two p	age form. Both pages must be completed and return	ed. Op	erator Certifcation	Number: 10275	
EDWARD E RICKMERS Please enter you're current address on the lines below and, if necessary,			Certification(s) shown below will expire on: <b>5/1</b>		
correct the City, state and ZIP Code. Please print legibly.			The fee to rend certif	ew these fications: <b>\$50</b>	
			<ul> <li>requirements b result in an</li> </ul>	uplete or submit renewal by the expiration date will additional late fees as bed in Section V.	
I. CERTIFICATES T				<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		3	30	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	nts) that you currently operate:		I am employed	by the Facility owner	
I am currently not operating a	rrently not operating any Facility I provide contractual services to the Facilit			ervices to the Facility	
Please provide the following	information about each Facility/Plant that you operate	e. Use addtic	onal pages as neede	ed.	
Facility / Plant Name		Class F	PDWIS (Water) N	IPDES (Wastewater)	



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# **V. LATE FEES AND REINSTATEMENT**

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

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

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one of	a two page form. Both pages must be completed and returned.	Opera	ator Certifcatio	on Number:	10280	
	ase enter you're current address on the lines below and, if necessary,	,	Certification below wil	5/1/2024		
correct the City, state and ZIP Code. Please print legibly.			The fee to rece	enew these rtifications:	\$50	
			requirements result in a	s by the exp	submit renewal piration date will al late fees as ection V.	
	TES TO RENEW:				raining Units	
Certification Type	e Category		Class	R	equired	
TEMPORARY	WATER TREATMENT		4	4	5	
II. CURRENT EN	IPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Facilities	(or Plants) that you currently operate:		I am employ	red by the Fa	acility owner	
I am currently not op	currently not operating any Facility I provide contractual services to the Facility			the Facility		
Please provide the fo	llowing information about each Facility/Plant that you operate. Use	e addtiona	l pages as nee	eded.		
Facility / Plant Name	Cla	ass PDV	WIS (Water)	NPDES (W	Wastewater)	



#### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Date

 Last 4 digits of Social Security Number
 Email Address

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

This is page on	e of a two page form. Both pages must be completed and returned.	Ope	erator Certifcatio	on Number:	1035
RALPH BOND Please enter you're current address on the lines below and, if necessary			Certification below will	5/1/2024	
correct the City, state and ZIP Code. Please print legibly.			The fee to receive	\$50	
			requirements result in a	s by the exp	submit renewal piration date will al late fees as ection V.
	CATES TO RENEW:				raining Units
Certification 1	Гуре Category		Class	R	equired
OPERATOR	WASTEWATER COLLECTION		2	1	6
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone	#:	
Number of Facili	ities (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner
I am currently no	ot operating any Facility	I provide contractual services to the Facility			o the Facility
Please provide th	he following information about each Facility/Plant that you operate. U	se addtion	nal pages as nee	eded.	
Facility / Plant N	Tame C	Class Pl	DWIS (Water)	NPDES (V	Wastewater)



#### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Date

 Last 4 digits of Social Security Number
 Email Address

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

This is page one of a two page	form. Both pages must be completed and return	ed. Oj	perator Certification	Number: <b>1040</b>
WAYNE GLEASON Please enter you're current address on the lines below and, if necessary			Certification(s below will ex	5/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	ew these <b>\$50</b>
			plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFICATES TO	<u>RENEW:</u>			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EMPLOYM	ENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) t	that you currently operate:		I am employed	by the Facility owner
I am currently not operating any	Irrently not operating any Facility I provide contractual services to the Facili			ervices to the Facility
Please provide the following info	ormation about each Facility/Plant that you operate	e. Use addti	onal pages as neede	<i>d</i> .
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

This is page o	one of a two page form. Both pages must be completed and returned	d. Operator	Certifcatio	on Number:	10473
STANLEY Z	Please enter you're current address on the lines below and, if necessary		Certification(s) shown below will expire on:		5/1/2024
correct the City, state and ZIP Code. Please print legibly.		TI		enew these rtifications:	\$50
		req	uirements result in a	s by the exp	submit renewal iration date will al late fees as ction V.
	ICATES TO RENEW:				raining Units
Certification	Type Category		Class	R	equired
TEMPORARY	INDUSTRIAL WASTEWATER		5	45	5
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nat	me:		Phone	#:	
Number of Fac	ilities (or Plants) that you currently operate:	I a	m employ	ved by the Fa	cility owner
I am currently r	I am currently not operating any Facility I provide contractual services to the Faci			the Facility	
Please provide	the following information about each Facility/Plant that you operate.	Use addtional pa	iges as nee	eded.	
Facility / Plant	Name	Class PDWIS	(Water)	NPDES (W	/astewater)



#### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certifcation Number: <b>10479</b>			
COLIN WEAV	Please enter you're curren	nt address on the lines below and, if necessary,	ecessary,	Certification(s) below will exp	5/1/2024		
correct the Cit	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$100</b>		
				requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFIC	CATES TO RENEW				Training Units		
Certification 7	Гуре	Category		Class	Required		
OPERATOR		WATER TREATMENT		2	16		
OPERATOR		WASTEWATER TREATMENT		5	30		
OPERATOR		WASTEWATER TREATMENT		А	16		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	e:			Phone #:			
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employed b	by the Facility owner		
I am currently no	ot operating any Facility		I pr	ovide contractual ser	rvices to the Facility		
Please provide th	he following information al	out each Facility/Plant that you oper	rate. Use addtio	nal pages as needed			
Facility / Plant N	lame		Class P	DWIS (Water) NP	DES (Wastewater)		



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This is page one of a two pag	ge form. Both pages must be completed and returned	l. Opera	ator Certifcation N	lumber: 10481		
	you're current address on the lines below and, if necessar	ıry,	Certification(s) shown below will expire on: <b>5/1</b>			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$			
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO				Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
TEMPORARY	WATER DISTRIBUTION		1	24		
II. CURRENT EMPLOYN	MENT 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	y Facility	I prov	vide contractual ser	rvices to the Facility		
Please provide the following in	nformation about each Facility/Plant that you operate. U	Use addtiona	ıl pages as needed			
Facility / Plant Name	(	Class PD'	WIS (Water) NP	PDES (Wastewater)		



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# **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

# **V. LATE FEES AND REINSTATEMENT**

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

# VII. APPLICANT'S STATEMENT

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation N	Number: 10486
	enter you're current address on the lines below and, if nece	essary,	Certification(s) below will ex	5/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	w these <b>\$50</b> cations:
			olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
			-	Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or F	Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not operation	ng any Facility	I pi	ovide contractual se	rvices to the Facility
Please provide the follow	ing information about each Facility/Plant that you operat	e. Use addtic	onal pages as needed	 !.
Facility / Plant Name		Class F	PDWIS (Water) NI	PDES (Wastewater)



### III. CONTINUING EDUCATION:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

This is page on	e of a two page form. Both pages must be completed and returned.	Ope	rator Certifcati	on Number:	10487
BRIAN RUBY	Please enter you're current address on the lines below and, if necessary	ζ,	Certificatio below wil	n(s) shown ll expire on:	5/1/2024
correct the City, state and ZIP Code. Please print legibly.  I. CERTIFICATES TO RENEW:			The fee to r ce	enew these ortifications:	\$50
			requirement result in a	s by the exp	submit renewal biration date will al late fees as ection V.
					raining Units
Certification <sup>-</sup>	Type Category		Class	R	equired
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENI	<b>EMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone	#:	
Number of Facil	ities (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner
I am currently no	ot operating any Facility	I pro	vide contractua	al services to	the Facility
Please provide th	he following information about each Facility/Plant that you operate. Us	e addtion	nal pages as ne	eded.	
Facility / Plant N	Jame Cl.	lass PI	OWIS (Water)	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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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

his is page one of a two page form. Both pages must be completed and returned.			perator Certifcation N	Number: 10492
	r you're current address on the lines below and, if nece	essary,	Certification(s) below will exp	5/1/2020
correct the City, state and ZIP Code. Please print legibly.  I. CERTIFICATES TO RENEW:			The fee to renew certific	w these <b>\$50</b> cations:
			olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
				Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	ts) that you currently operate:		I am employed b	by the Facility owner
I am currently not operating a	any Facility	I pi	rovide contractual se	rvices to the Facility
Please provide the following	information about each Facility/Plant that you operation	e. Use addtio	onal pages as needed	 !.
Facility / Plant Name		Class H	PDWIS (Water) NF	PDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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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	r: <b>10495</b>
BROOKS C MITCHELL       Certification(s) shown         Please enter you're current address on the lines below and, if necessary,       below will expire on	5/1/2020
correct the City, state and ZIP Code. Please print legibly. The fee to renew these certification	\$50
Failure to complete or requirements by the er result in an addition described in a	xpiration date will mal late fees as
	Training Units
Certification Type Category Class	Required
TEMPORARY WATER TREATMENT 4	45
II. CURRENT EMPLOYMENT INFORMATION	
Employer's Name: Phone #:	
Number of Facilities (or Plants) that you currently operate: I am employed by the	Facility owner
I am currently not operating any Facility I provide contractual services	to the Facility
Please provide the following information about each Facility/Plant that you operate. Use addtional pages as needed.	
Facility / Plant NameClassPDWIS (Water)NPDES	(Wastewater)



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

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This is page one of a two	o page form. Both pages must be completed and return	ed. Operator Certifca	tion Number: <b>10498</b>
	enter you're current address on the lines below and, if neces		ion(s) shown vill expire on: <b>5/1/2024</b>
correct	the City, state and ZIP Code. Please print legibly.		certifications: <b>\$50</b>
I. CERTIFICATES TO RENEW:		requiremen result in	complete or submit renewal nts by the expiration date will n an additional late fees as escribed in Section V.
			Training Units
Certification Type	Category	Class	s Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
II. CURRENT EMPL	OYMENT INFORMATION		
Employer's Name:		Phon	e #:
Number of Facilities (or P	Plants) that you currently operate:	I am emple	oyed by the Facility owner
I am currently not operating	ng any Facility	I provide contract	ual services to the Facility
Please provide the follow	ing information about each Facility/Plant that you operate	. Use addtional pages as n	eeded.
Facility / Plant Name		Class PDWIS (Water)	) NPDES (Wastewater)



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	ou're current address on the lines below and, if nece	essary,	Certification(s below will e	5/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to ren certi	ew these fications: <b>\$50</b>
			uplete or submit renewal by the expiration date will additional late fees as bed in Section V.	
				Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPLOYM	ENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed	by the Facility owner
I am currently not operating any	Facility	Ιp	provide contractual s	services to the Facility
Please provide the following info	prmation about each Facility/Plant that you opera	te. Use addti	onal pages as need	ed.
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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one of a two page	e form. Both pages must be completed and return	ned. Op	erator Certifcation N	umber: <b>11021</b>	
•	ou're current address on the lines below and, if nece	ssary,	Certification(s) below will exp	5/1/2020	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$50</b>		
			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				<b>Training Units</b>	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		1	24	
TEMPORARY	WATER TREATMENT		5	24	
II. CURRENT EMPLOYM	IENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any	/ Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the following inf	formation about each Facility/Plant that you operat	e. Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)	



### III. CONTINUING EDUCATION:

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 Date

 Last 4 digits of Social Security Number
 Email Address

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

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This is page one of a two	page form. Both pages must be completed and returne	ed. Op	erator Certifcation	Number: 11177
CODY DOBSON Please en	nter you're current address on the lines below and, if necess	sary,	Certification(s below will e	5/1/2020
correct the City, state and ZIP Code. Please print legibly.  I. CERTIFICATES TO RENEW:			The fee to ren certi	ew these fications: <b>\$50</b>
			nplete or submit renewal by the expiration date will additional late fees as bed in Section V.	
				Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
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
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 Date

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 Email Address

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

This is page on	This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1143		
RODGER D. K	Please enter you're curren	t address on the lines below and, if	necessary,	Certification(s) sh below will expin	5/1/2020	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew t certificat		
				requirements by the result in an additional content of the result in the resul	te or submit renewal ne expiration date will litional late fees as in Section V.	
I. CERTIFIC	CATES TO RENEW				Training Units	
Certification 7	Гуре	Category		Class	Required	
OPERATOR		WATER TREATMENT		1	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ities (or Plants) that you cu	rently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility		Ιı	provide contractual services to the Facility		
Please provide th	he following information al	pout each Facility/Plant that you of	perate. Use addt	ional pages as needed.		
Facility / Plant N	lame		Class	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 of	one of a two page form. Both pages must be completed and returne	d. Operator Certification Number	er: 1178
CHALLICE GUNTHER Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. I. CERTIFICATES TO RENEW:		certification(s) show below will expire of The fee to renew thes certification	se \$50
		Failure to complete of requirements by the of result in an additi described in	or submit renewal expiration date will onal late fees as
			Training Units
Certification	n Type Category	Class	Required
OPERATOR	WASTEWATER COLLECTION	2	16
II. CURREN	NT EMPLOYMENT INFORMATION		
Employer's Na	ame:	Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:	I am employed by the	Facility owner
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Facility / Plant	t Name	Class PDWIS (Water) NPDES	(Wastewater)



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	ou're current address on the lines below and, if necessary ty, state and ZIP Code. Please print legibly.	y, Certification(s) sho	5/1//11//			
concer the en	y, state and Zir Code. I lease print regioty.	The fee to renew th certification	\$100			
L CEDTIEICATES TO DENEW-		requirements by the result in an addi	e or submit renewal e expiration date will tional late fees as n Section V.			
I. CERTIFICATES TO			Training Units			
Certification Type	Category	Class	Required			
TEMPORARY	WATER DISTRIBUTION	1	24			
TEMPORARY	WASTEWATER COLLECTION	2	24			
II. CURRENT EMPLOYM	IENT INFORMATION					
Employer's Name:		Phone #:				
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This is page one	of a two page form. Both pages must be completed and returned.	Ope	rator Certifcatio	on Number:	12029	
	Please enter you're current address on the lines below and, if necessary,	ζ,	Certificatior below will	n(s) shown l expire on:	5/1/2024	
correct the City, state and ZIP Code. Please print legibly.			The fee to receive	enew these tifications:	\$50	
			requirements result in a	s by the exp	submit renewal viration date will al late fees as ction V.	
					raining Units	
Certification Ty	/pe Category		Class	R	equired	
TEMPORARY	WATER DISTRIBUTION		1	2	4	
II. CURRENT I	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner	
I am currently not	operating any Facility	I pro	vide contractua	l services to	the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtior	nal pages as nee	eded.		
Facility / Plant Nat	me Cla	lass PI	OWIS (Water)	NPDES (W	Vastewater)	



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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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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

## VII. APPLICANT'S STATEMENT

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

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one of a two p	bage form. Both pages must be completed and return	ed. Op	perator Certifcation N	Number: 12030
ERNEST LEWIS Please enter you're current address on the lines below and, if nece correct the City, state and ZIP Code. Please print legibly.		ssary,	Certification(s) below will exp	5/1/2020
			The fee to renew certific	w these <b>\$50</b> cations:
			- requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES T			-	Training Units
Certification Type	Category		Class	Required
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 b	by the Facility owner
I am currently not operating any Facility I provide contractual services to the F			rvices to the Facility	
Please provide the following	information about each Facility/Plant that you operate	e. Use addtio	onal pages as needed	 !.
Facility / Plant Name		Class H	PDWIS (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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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one	of a two page form. Both pages must be completed and returned.	Ope	erator Certifcati	on Number:	12031
MATT TAYLOR Please enter you're current address on the lines below and, if n correct the City, state and ZIP Code. Please print legibly.		sary, Certification(s) shows below will expire		. ,	5/1/2024
			The fee to r ce	enew these ertifications:	\$50
			requirement result in a	s by the exp	submit renewal biration date will al late fees as ection V.
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
TEMPORARY	WATER DISTRIBUTION		1	2	4
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employ	yed by the Fa	acility owner
I am currently not operating any Facility I provide contractual services to th			the Facility		
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtion	nal pages as ne	eded.	
Facility / Plant Na	me Cla	lass PI	OWIS (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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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

This is page o	one of a two page form. Both pages must be completed and return	ed. Ope	erator Certifcatio	on Number:	12032
MATTHEW	WAGENFER Please enter you're current address on the lines below and, if neces	sary,	Certification below will	n(s) shown l expire on:	5/1/2024
	correct the City, state and ZIP Code. Please print legibly.		The fee to re cer	enew these rtifications:	\$50
			requirements result in a	s by the exp	submit renewal iration date will al late fees as ction V.
	ICATES TO RENEW:				raining Units
Certification	n Type Category		Class	R	equired
TEMPORARY	WASTEWATER COLLECTION		2	24	1
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Na	me:		Phone #	#:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employe	ed by the Fa	cility owner
I am currently not operating any Facility I provide contractual services to the I			the Facility		
Please provide	the following information about each Facility/Plant that you operate	. Use addtion	nal pages as nee	eded.	
Facility / Plant	Name	Class Pl	DWIS (Water)	NPDES (W	/astewater)
					_



### III. CONTINUING EDUCATION:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one	of a two page form. Both pages must be completed and returned.	Oper	rator Certifcatio	on Number:	12034
EVZTON PRESLEY 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) shown below will expire on:		5/1/2024	
			The fee to re	enew these rtifications:	\$50
			requirements result in a	s by the exp	submit renewal piration date will al late fees as ection V.
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
TEMPORARY	WATER TREATMENT		1	2	4
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone a	#:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner
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Facility / Plant Na	ume Cla	ass PE	OWIS (Water)	NPDES (V	Vastewater)



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

This is page one of a two pag	e form. Both pages must be completed and returned.	Operator Certifcation Nun	nber: 12035		
	vou're current address on the lines below and, if necessary	y, Certification(s) sho	5/1/2020		
correct the City, state and ZIP Code. Please print legibly.		The fee to renew th certificati	\$100		
		requirements by th result in an add	e or submit renewal e expiration date will itional late fees as in Section V.		
I. CERTIFICATES TO			Training Units		
Certification Type	Category	Class	Required		
TEMPORARY	WASTEWATER COLLECTION	2	24		
TEMPORARY	WATER TREATMENT	2	24		
II. CURRENT EMPLOYN	IENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants)	) that you currently operate:	I am employed by t	he Facility owner		
I am currently not operating any Facility		I provide contractual servio	I provide contractual services to the Facility		
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Facility / Plant Name	С	Class PDWIS (Water) NPDI	ES (Wastewater)		



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

This is page or	ne of a two page form. Both pages must be completed and return	ed. Operator Certification	on Number: 12036
JASON DAB	Please enter you're current address on the lines below and, if neces	Certification sary, below will	n(s) shown l expire on: <b>5/1/2024</b>
correct the City, state and ZIP Code. Please print legibly.		The fee to receive	enew these <b>\$50</b>
		requirements result in a	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
	CATES TO RENEW:		Training Units
Certification	Type Category	Class	Required
TEMPORARY	WATER DISTRIBUTION	1	24
II. CURREN	T EMPLOYMENT INFORMATION		
Employer's Nan	ne:	Phone	#:
Number of Faci	lities (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 t			l services to the Facility
Please provide	the following information about each Facility/Plant that you operate	e. Use addtional pages as nee	eded.
Facility / Plant 1	Name	Class PDWIS (Water)	NPDES (Wastewater)



### III. CONTINUING EDUCATION:

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

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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

- 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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## VII. APPLICANT'S STATEMENT

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 12037			
	Please enter you're current address on the lines below and, if necessary,	sary,	Certification(s) below will exp	5/1/2024			
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$100</b>		
				<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration dat result in an additional late fees</li> <li>described in Section V.</li> </ul>			
	CATES TO RENEW:				<b>Training Units</b>		
Certification 7	Гуре	Category		Class	Required		
TEMPORARY		WASTEWATER TREATMENT		5	45		
TEMPORARY		WASTEWATER TREATMENT		А	24		
TEMPORARY		WATER TREATMENT		4	45		
TEMPORARY		INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	e:			Phone #:			
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employed b	by the Facility owner		
I am currently no	ot operating any Facility		I pro	ovide contractual ser	rvices to the Facility		
Please provide th	he following information ab	pout each Facility/Plant that you operate	. Use addtio	nal pages as needed	•		
Facility / Plant N	lame		Class Pl	DWIS (Water) NP	DES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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	Operator Certification Number: 12039			
CHRISTOPHER THOM. Please en	AS ARNOLD ter you're current address on the lines below and, if necessary	, Certification below will	5/1/2024			
correct th	e City, state and ZIP Code. Please print legibly.	The fee to ren cert	new these fications: <b>\$50</b>			
L CEDTIEICATES TO DENEW.		requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ibed in Section V.			
I. CERTIFICATES		-	Training Units			
Certification Type	Category	Class	Required			
TEMPORARY	WASTEWATER TREATMENT	А	24			
TEMPORARY	WASTEWATER TREATMENT	5	45			
II. CURRENT EMPLO	DYMENT INFORMATION					
Employer's Name:		Phone #	:			
Number of Facilities (or Pla	ants) that you currently operate:	I am employe	d by the Facility owner			
I am currently not operating	g any Facility	I provide contractual	services to the Facility			
Please provide the followin	g information about each Facility/Plant that you operate. Us	se addtional pages as need	led.			
Facility / Plant Name	C	lass PDWIS (Water)	NPDES (Wastewater)			



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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one of a two pa	Operator Certifcation Number: 12040				
	you're current address on the lines below and, if ne	cessary,	Certificatio below wil	n(s) shown l expire on:	5/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to r ce	enew these rtifications:	\$50
L CEDTIEICATES TO DENEW.			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		
I. CERTIFICATES TO					raining Units
Certification Type	Category		Class	R	equired
TEMPORARY	WATER TREATMENT		G	7	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities (or Plants	s) that you currently operate:		I am employ	ved by the Fa	cility owner
I am currently not operating an	ny Facility	Ι	provide contractua	al services to	the Facility
Please provide the following i	nformation about each Facility/Plant that you oper	ate. Use addi	tional pages as neo	eded.	
Facility / Plant Name		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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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

This is page one of a two page	perator Certifcation Number: 12041			
	you're current address on the lines below and, if necess	sary,	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
				lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO				<b>Training Units</b>
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		3	45
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants	s) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating ar	ny Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the following is	nformation about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)



### III. CONTINUING EDUCATION:

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 Email Address

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

This is page one of a two page	I. Operator Certifcation Nu	Operator Certification Number: 12044			
	ou're current address on the lines below and, if necessa	certification(s) sl ary, below will expi	5/1/2024		
correct the City	y, state and ZIP Code. Please print legibly.	The fee to renew certifica	\$100		
I. CERTIFICATES TO RENEW:		requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
	<u>RENEW:</u>		<b>Training Units</b>		
Certification Type	Category	Class	Required		
TEMPORARY	WATER TREATMENT	3	45		
TEMPORARY	WASTEWATER TREATMENT	3	45		
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants)	that you currently operate:	I am employed by	the Facility owner		
I am currently not operating any	Facility	I provide contractual serv	rices to the Facility		
Please provide the following info	ormation about each Facility/Plant that you operate. U	Use addtional pages as needed.			
Facility / Plant Name		Class PDWIS (Water) NPD	DES (Wastewater)		



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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	d. Op	erator Certifcatio	on Number:	12045
	Please enter you're current address on the lines below and, if necessa	ary,	Certification below will	n(s) shown l expire on:	5/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to re	enew these rtifications:	\$50
I. CERTIFICATES TO RENEW:			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		
					raining Units
Certification Ty	ype Category		Class	R	equired
TEMPORARY	WASTEWATER TREATMENT		5	4.	5
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone	#:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employ	red by the Fa	acility owner
I am currently not	operating any Facility	I pr	ovide contractua	l services to	the Facility
Please provide the	e following information about each Facility/Plant that you operate.	Use addtio	onal pages as nee	eded.	
Facility / Plant Na	me	Class P	DWIS (Water)	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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- 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**

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## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one of a two	page form. Both pages must be completed and return	ned. Op	erator Certifcation	Number: 12046	
	nter you're current address on the lines below and, if nece he City, state and ZIP Code. Please print legibly.	essary,	Certification(s below will e	5/1/2024	
contect the City, state and Zir Code. I lease print regiony.			The fee to ren certi	ew these <b>\$50</b> fications:	
			Failure to complete or subm requirements by the expiration result in an additional late described in Section		
I. CERTIFICATES				Training Units	
Certification Type	Category		Class	Required	
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	ovide contractual s	services to the Facility	
Please provide the following	ng information about each Facility/Plant that you operat	e. Use addtio	onal pages as need	ed.	
Facility / Plant Name		Class P	DWIS (Water) N	NPDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page on	e of a two page form. Both pages must be completed and returned.	Oper	ator Certifcatio	on Number:	12047
DAVID CONI	Please enter you're current address on the lines below and, if necessary	у,	Certification below will	5/1/2024	
correct the City, state and ZIP Code. Please print legibly.			The fee to receipt	enew these rtifications:	\$50
L CEDTIELCATES TO DENEW.			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
	CATES TO RENEW:				raining Units
Certification 7	Type Category		Class	R	equired
TEMPORARY	WATER TREATMENT		4	4	5
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #	#:	
Number of Facil	ities (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner
I am currently no	ot operating any Facility	I prov	vide contractua	l services to	the Facility
Please provide th	he following information about each Facility/Plant that you operate. Us	se addtiond	al pages as nee	eded.	
Facility / Plant N	Jame Cl	lass PD	WIS (Water)	NPDES (W	Vastewater)



### III. CONTINUING EDUCATION:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

This is page or	ne of a two page form. Both	pages must be completed and return	ed. Op	erator Certifcation	n Number:	12049
ELIZABETH SHEARN Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			ssary,	Certification(s) shown below will expire on: 5,		5/1/2024
				The fee to represent the fee t	new these tifications:	\$50
			Failure to complete o requirements by the o result in an additio described in		biration date will al late fees as	
	<u>CATES TO RENEW:</u> –			-		raining Units
Certification	Туре	Category		Class	R	equired
TEMPORARY		WASTEWATER TREATMENT		5	4	5
TEMPORARY		WASTEWATER TREATMENT		А	2	4
II. CURREN	<b>FEMPLOYMENT INFO</b>	ORMATION				
Employer's Nan	ne:			Phone #	:	
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employe	d by the Fa	acility owner
I am currently n	ot operating any Facility	]	I pr	ovide contractual	services to	the Facility
Please provide i	the following information ab	out each Facility/Plant that you operate	e. Use addtio	onal pages as need	led.	
Facility / Plant M	Name		Class P	PDWIS (Water)	NPDES (V	Wastewater)
_						



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

This is page one	of a two page form. Both page	s must be completed and return	ed. Ope	erator Certifcation	n Number:	12055
ANTHONY MADDOX Please enter you're current address on the lines below and, if correct the City, state and ZIP Code. Please print legibly.			ssary,	Certification below will The fee to ret	expire on: new these	5/1/2024 \$50
I. CERTIFICATES TO RENEW:			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
				- 1		raining Units
Certification Ty	rpe Cate	gory		Class	R	equired
TEMPORARY	WAS	TEWATER TREATMENT		5	4	5
TEMPORARY	WAS	TEWATER TREATMENT		А	2	4
II. CURRENT I	EMPLOYMENT INFORM	ATION				
Employer's Name:				Phone #	:	
Number of Faciliti	es (or Plants) that you currently	operate:		I am employe	ed by the Fa	acility owner
I am currently not	operating any Facility		I pro	ovide contractual	services to	the Facility
Please provide the	following information about ea	ch Facility/Plant that you operate	e. Use addtior	ial pages as need	ded.	
Facility / Plant Nat	me		Class Pl	DWIS (Water)	NPDES (W	Vastewater)



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This is page one of a two page	erator Certifcation Number: 12056				
	ou're current address on the lines below and, if nec	essary,	Certification(s) s below will expi	5/1/2024	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
	EDTIELCATES TO DENEW.		Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
TEMPORARY	WATER TREATMENT		5AS	24	
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) t	hat you currently operate:		I am employed by	the Facility owner	
I am currently not operating any	Facility	I p	rovide contractual serv	vices to the Facility	
Please provide the following info	ormation about each Facility/Plant that you operation	te. Use addtio	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



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 Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one of a two page form. Both page	ges must be completed and ret	urned. O	perator Certifcatio	on Number:	12057
	ddress on the lines below and, if necessary,	ecessary,	Certificatior below will	n(s) shown expire on:	5/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to receive	enew these tifications:	\$50
L CEDTIELCATES TO DENEW.			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		
I. CERTIFICATES TO RENEW:					raining Units
Certification Type Cat	egory		Class	R	equired
TEMPORARY WA	TER TREATMENT		4	4	5
II. CURRENT EMPLOYMENT INFORM	AATION				
Employer's Name:			Phone #	<b>#:</b>	
Number of Facilities (or Plants) that you currently	y operate:		I am employ	ed by the Fa	cility owner
I am currently not operating any Facility		Ιŗ	provide contractua	l services to	the Facility
Please provide the following information about e	each Facility/Plant that you ope	erate. Use addti	ional pages as nee	ded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	Vastewater)



### III. CONTINUING EDUCATION:

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

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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

## **V. LATE FEES AND REINSTATEMENT**

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## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

This is page one	. Oper	Deprator Certification Number: 12058			
ROBERT CASPER 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) shown below will expire on:		5/1/2024
			The fee to rece	enew these ortifications:	\$50
			requirements result in a	submit renewal biration date will al late fees as ection V.	
	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
TEMPORARY	WASTEWATER TREATMENT		5	4	5
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone	#:	
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility				acility owner	
I am currently not operating any Facility I provide contractual services to the Fa					the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Jse addtiond	al pages as neo	eded.	
Facility / Plant Na	ame C	Class PD	WIS (Water)	NPDES (V	Vastewater)



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This is page one of	a two page form. Both pages must be completed and returned	<b>d.</b> Operator Co	Deerator Certification Number: 12060			
		Certification(s) shown below will expire on: 5/1 The fee to renew these certifications: \$50				
co	The					
		requi	Failure to complete or submit requirements by the expiration result in an additional late described in Section			
	TES TO RENEW:				raining Units	
Certification Typ	e Category		Class	R	equired	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT EN	MPLOYMENT INFORMATION					
Employer's Name:			Phone a	#:		
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility				cility owner		
I am currently not operating any Facility I provide contractual services to the Fac					the Facility	
Please provide the fo	ollowing information about each Facility/Plant that you operate.	Use addtional page	es as nee	eded.		
Facility / Plant Name	e	Class PDWIS (	Water)	NPDES (W	/astewater)	



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This is page one of	f a two page form. Both pages must be completed and returned.	erator Certifcation Number: 1439				
JULIE ANN PIPP	EL lease enter you're current address on the lines below and, if necessar	ry,	Certification below will	n(s) shown l expire on:	5/1//11//	
correct the City, state and ZIP Code. Please print legibly.			The fee to re	\$50		
			requirements result in a	submit renewal biration date will al late fees as oction V.		
	TES TO RENEW:				raining Units	
Certification Typ	De Category		Class	R	equired	
OPERATOR	INDUSTRIAL WASTEWATER		5	3	0	
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities	s (or Plants) that you currently operate:	Plants) that you currently operate: I am employed by the Facility owner				
I am currently not op	am currently not operating any Facility I provide contractual services to the Facili					
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Facility / Plant Name Cla			DWIS (Water)	NPDES (V	Vastewater)	



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This is page one of a t	Operator Certifcation Number: 1549					
MATTHEW D. PIELSTICK Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.			Certification below will	5/	5/1/2024	
			The fee to rep cert	new these \$5	0	
			Failure to co requirements result in an descr	ion date will te fees as		
I. CERTIFICATE					ning Units	
Certification Type	Category		Class	Requ	ired	
OPERATOR	WASTEWATER TREATMENT		5	30		
II. CURRENT EMP	LOYMENT INFORMATION					
Employer's Name:			Phone #	:		
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility				ty owner		
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CLYDE L. CHURCH Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.			Certification below will		5/1/2024	
			The fee to rep cert	new these tifications:	\$50	
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	CATES TO RENEW:				ining Units	
Certification T	Type Category		Class	Ree	quired	
TEMPORARY	WASTEWATER TREATMENT		1	24		
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 Email Address

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page or	ne of a two page form. Both pages must be completed and returned.	perator Certifcation Number: 1618				
ANTHONY E	Please enter you're current address on the lines below and, if necessar		Certificatior below will	n(s) shown expire on:	5/1/2020	
correct the City, state and ZIP Code. Please print legibly.			The fee to receive	enew these tifications:	\$50	
			requirements result in a	submit renewal biration date will al late fees as ection V.		
	CATES TO RENEW:				raining Units	
Certification	Type Category		Class	R	equired	
OPERATOR	WATER TREATMENT		4	3	0	
II. CURRENT	<b>FEMPLOYMENT INFORMATION</b>					
Employer's Nam	ne:		Phone #	<b>#:</b>		
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility o				acility owner		
I am currently not operating any Facility I provide contractual services to the Facility					the Facility	
Please provide t	the following information about each Facility/Plant that you operate. U	Jse addtion	al pages as nee	ded.		
Facility / Plant N	Name C	Class PD	OWIS (Water)	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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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
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This is page one of a two page form. Both pages must be completed and returned. Ope	rator Certifcation	Number: 1619	
CARL CLINE Please enter you're current address on the lines below and, if necessary,	Certification(s below will e	5/1/2024	
correct the City, state and ZIP Code. Please print legibly.	The fee to rene certif	ew these <b>\$50</b>	
	Failure to complete or submit requirements by the expiration result in an additional late for described in Section V		
I. CERTIFICATES TO RENEW:		Training Units	
Certification Type Category	Class	Required	
OPERATOR WATER TREATMENT	4	30	
II. CURRENT EMPLOYMENT INFORMATION			
Employer's Name:	Phone #:		
Number of Facilities (or Plants) that you currently operate:	I am employed	by the Facility owner	
am currently not operating any Facility I pro	vide contractual s	ervices to the Facility	
Please provide the following information about each Facility/Plant that you operate. Use addtion	al pages as neede	<i></i>	
Facility / Plant Name Class PI	OWIS (Water) N	PDES (Wastewater)	



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This is page one	of a two page form. Both pages must be completed and returned.	Ope	rator Certifcatio	on Number:	1620
	Please enter you're current address on the lines below and, if necessary	/,	Certification below will	n(s) shown l expire on:	5/1/2024
CERTIFICATES TO RENEW.			The fee to receive	enew these rtifications:	\$50
			Failure to complete or subm requirements by the expirati result in an additional lat described in Section		
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	3	0
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Employer's Name:			Phone	#:	
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Facility / Plant Na	me Cl	lass PI	OWIS (Water)	NPDES (V	Vastewater)



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	lease enter you're current address on the lines below and, if necessary	y,	Certification(s) shown below will expire on: <b>5</b> /		5/1/2024	
co	prrect the City, state and ZIP Code. Please print legibly.		The fee to r ce	renew these ertifications:	\$50	
I. CERTIFICATES TO RENEW:			Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.			
					raining Units	
Certification Typ	category		Class	R	Required	
OPERATOR	WATER TREATMENT		4	3	0	
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
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	VARDS Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.	ry,	Certification(s) sl below will expire		5/1/2024	
	contect the enty, state and Zir Code. I lease print regiony.		The fee to receive	enew these tifications:	\$50	
	CERTIFICATES TO REMEMA			Failure to complete or requirements by the exp result in an addition described in Se		
	ATES TO RENEW:				raining Units	
Certification T	ype Category		Class	R	equired	
TEMPORARY	WASTEWATER COLLECTION		2	2	4	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	::		Phone #	<b>#:</b>		
Number of Facilit	ties (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner	
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JEREMY MOS	Please enter you're curren	t address on the lines below and, if neces	ssary,	Certification(s below will ex		
correct the City, state and ZIP Code. Please print legibly.				The fee to rene certif	ew these <b>\$100</b>	
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	CATES TO RENEW	-			Training Units	
Certification T	Гуре	Category		Class	Required	
OPERATOR		WATER TREATMENT		2	16	
OPERATOR		WATER TREATMENT		5	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	2:			Phone #:		
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## VII. APPLICANT'S STATEMENT

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

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

# \* 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.				Operator Certification Number: 1733			
THOMAS R. C	Please enter you're current	address on the lines below and, i	f necessary,	Certification(s) sh below will expir	5/1/2024		
	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 le expiration date will litional late fees as in Section V.		
I. CERTIFIC	CATES TO RENEW:				<b>Training Units</b>		
Certification T	уре	Category		Class	Required		
OPERATOR		INDUSTRIAL WASTEWATER		2	0		
OPERATOR		INDUSTRIAL WASTEWATER		5	30		
OPERATOR		INDUSTRIAL WASTEWATER		7	16		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	2:			Phone #:			
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed by	the Facility owner		
I am currently no	t operating any Facility		Ι	provide contractual servi	ces to the Facility		
Please provide th	ne following information ab	out each Facility/Plant that you o	operate. Use add	tional pages as needed.			
Facility / Plant Na	ame		Class	PDWIS (Water) NPD	ES (Wastewater)		



### III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

This is page one of a two page	d. Operator C	perator Certifcation Number: 1887		
	CORINNE K CAMERON Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			shown pire on: <b>5/1/2024</b>
concer nie eng, suite and Zin Code. I fease print legiory.			e fee to renev certifi	w these <b>\$100</b> cations:
		Failure requiren resul		
I. CERTIFICATES TO			-	Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WATER TREATMENT		4	7
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EMPLOYM	ENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:	I am	employed	by the Facility owner
I am currently not operating any	Facility	I provide co	ontractual se	ervices to the Facility
Please provide the following infe	ormation about each Facility/Plant that you operate.	Use addtional page	es as needed	<i>l.</i>
Facility / Plant Name		Class PDWIS (	Water) N	PDES (Wastewater)



### III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Date

 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	r Certifcati	2092	
	ase enter you're current address on the lines below and, if necessary,	(		on(s) shown ll expire on:	5/1/2024
cor	rect the City, state and ZIP Code. Please print legibly.	1		renew these ertifications:	\$50
L CEDTIELCATES TO DENEW.			Failure to complete or submit rene requirements by the expiration dat result in an additional late fees a described in Section V.		
	TES TO RENEW:				raining Units
Certification Type	e Category		Class	R	equired
SUPERINTENDENT	WASTEWATER COLLECTION		2	7	
II. CURRENT EN	IPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities	(or Plants) that you currently operate:	Ι	am employ	yed by the F	acility owner
I am currently not op	erating any Facility	I provide	e contractu	al services to	o the Facility
Please provide the fo	llowing information about each Facility/Plant that you operate. Use	addtional p	ages as ne	eded.	
Facility / Plant Name	Clas	ss PDWI	S (Water)	NPDES (V	Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Please ve	erify your information shown on this application and mak	e any corrections as ne	eeded.
This is page one of a two page	form. Both pages must be completed and returned.	Operator Certifcation	on Number: 2095
	u're current address on the lines below and, if necessary,	Certification below wil	n(s) shown l expire on: <b>5/1/2024</b>
correct the City, state and ZIP Code. Please print legibly.		The fee to receive	enew these <b>\$100</b>
		requirements result in a	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
I. CERTIFICATES TO	RENEW:		<b>Training Units</b>
Certification Type	Category	Class	Required
OPERATOR	INDUSTRIAL WASTEWATER	7	16
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
TEMPORARY	WASTEWATER TREATMENT	4	24
II. CURRENT EMPLOYM	ENT INFORMATION		
Employer's Name:		Phone	#:
Number of Facilities (or Plants) t	hat you currently operate:	I am employ	ed by the Facility owner
I am currently not operating any	Facility	I provide contractua	l services to the Facility
Please provide the following info	ormation about each Facility/Plant that you operate. Use	addtional pages as nee	eded.
Facility / Plant Name	Cla	ss PDWIS (Water)	NPDES (Wastewater)



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	se enter you're current address on the lines below and, if necess			n(s) shown l expire on:	5/1/2024
corre	correct the City, state and ZIP Code. Please print legibly.			enew these tifications:	\$50
			Failure to complete or submit requirements by the expiration result in an additional late for described in Section V.		
I. CERTIFICAT					raining Units
Certification Type	Category		Class	Re	equired
TEMPORARY	WATER DISTRIBUTION		1	24	1
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #	#:	
Number of Facilities (	or Plants) that you currently operate:	I an	n employ	ed by the Fa	cility owner
I am currently not open	rating any Facility	I provide c	ontractual	l services to	the Facility
Please provide the foll	owing information about each Facility/Plant that you operate.	Use addtional pag	ges as nee	eded.	
Facility / Plant Name		Class PDWIS	(Water)	NPDES (W	/astewater)



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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 2492			
DEAN A. SERI	Please enter you're current add	lress on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 5/1/202 The fee to renew these certifications: \$100			
	correct the City, state and ZIP	Code. Please print legibly.					
				requirements by th result in an add	ete or submit renewal he expiration date will ditional late fees as h in Section V.		
I. CERTIFICATES TO RENEW:					Training Units		
Certification T	Туре Са	tegory		Class	Required		
OPERATOR	W	ASTEWATER TREATMENT		А	16		
OPERATOR	W	ATER TREATMENT		3	30		
OPERATOR	W	ASTEWATER TREATMENT		5	30		
II. CURRENT	EMPLOYMENT INFOR	MATION					
Employer's Name	2:			Phone #:			
Number of Facili	ties (or Plants) that you current	ly operate:		I am employed by the Facility owner			
I am currently no	t operating any Facility		I pro	ovide contractual serv	ices to the Facility		
Please provide th	ne following information about	each Facility/Plant that you operate	e. Use addtio	nal pages as needed.			
Facility / Plant N	ame		Class P	DWIS (Water) NPD	ES (Wastewater)		



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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.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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## VII. APPLICANT'S STATEMENT

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	2493
CLARENCE R. QUILLEN Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	5/1/2024
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.

		described in Section v.			
I. CERTIFICATES TO I Certification Type	<u>RENEW:</u> Category	Class	Training Units Required		
SUPERINTENDENT	WASTEWATER TREATMENT	А	7		
SUPERINTENDENT	WASTEWATER TREATMENT	5	7		
SUPERINTENDENT	WASTEWATER TREATMENT	4	7		
SUPERINTENDENT	WATER TREATMENT	3	7		
OPERATOR	WASTEWATER TREATMENT	А	16		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WATER TREATMENT	3	30		
OPERATOR	WASTEWATER TREATMENT	4	30		

## **II. CURRENT EMPLOYMENT INFORMATION**

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



### III. CONTINUING EDUCATION:

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

- 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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- . 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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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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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 returned	d. Ope	rator Certifcation N	lumber: 2531	
JEROME F. MONTGOMERY, JR. Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) below will exp The fee to renew certific	pire on: 5/1/2024	
			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		
I. CERTIFICATES TO RENEW:			Class	Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate: I am employed by the Facilities			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 addtion	al pages as needed		
Facility / Plant Name		Class PI	OWIS (Water) NP	PDES (Wastewater)	



### III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

This is page one of a two page form. Both pages must be completed and returned. Op				Operator Certifcation Number: 2636			
MATTHEW C. HAYES, JR. Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) shown below will expire on: 5/				
			The fee to r	renew these ertifications:	\$50		
		Failure to complete or su requirements by the expir- result in an additional described in Secti			piration date will al late fees as		
	TES TO RENEW:				raining Units		
Certification Type	e Category		Class	R	equired		
TEMPORARY	WATER DISTRIBUTION		1	2	4		
II. CURRENT EN	IPLOYMENT INFORMATION						
Employer's Name:			Phone	#:			
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility of			acility owner				
I am currently not operating any Facility I provide contractual services to the			o the Facility				
Please provide the fo	llowing information about each Facility/Plant that you operate. U	se addtional	pages as ne	eded.			
Facility / Plant Name	c C	Class PDW	'IS (Water)	NPDES (V	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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## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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CAROLINE CUSHING Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. Certification(s) shown below will expire on: The force and	ł	
correct the City state and ZIP Code. Please print legibly		
The fee to renew these certifications: \$50		
Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.	will	
I. CERTIFICATES TO RENEW: Training Un	its	
Certification Type Category Class Required		
OPERATOR INDUSTRIAL WASTEWATER 7 16		
II. CURRENT EMPLOYMENT INFORMATION		
Employer's Name: Phone #:		
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility o		
I am currently not operating any Facility I provide contractual services to the F		
Please provide the following information about each Facility/Plant that you operate. Use addtional pages as needed.		
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 Date

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

This is page one o	f a two page form. Both pages must be completed and returned.	Operator Certif	Operator Certifcation Number: 2751			
DANIEL C. JACO P		cation(s) shown	5/1/2020			
C	orrect the City, state and ZIP Code. Please print legibly.	The fee	to renew these certifications	\$50		
		requiren result	Failure to complete or subm requirements by the expiration result in an additional lat described in Section			
	TES TO RENEW:			Training Units		
Certification Ty	pe Category	Cla	ISS	Required		
OPERATOR	WATER TREATMENT	4		30		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:		Ph	one #:			
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility			Facility owner			
I am currently not operating any Facility I provide contractual services to the F			to the Facility			
Please provide the	following information about each Facility/Plant that you operate. Us	e addtional pages a	s needed.			
Facility / Plant Nan	ne Cl	ass PDWIS (Wat	ter) NPDES	(Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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 Date

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This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certifcation Number: <b>3070</b>			
RYAN WAYNE PLAYFAIR 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	n(s) shown l expire on:	5/1/2024		
			The fee to receive	enew these rtifications:	\$50		
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V				
	TES TO RENEW:				raining Units		
Certification Typ	pe Category		Class	R	equired		
OPERATOR	WASTEWATER COLLECTION		2	1	6		
II. CURRENT E	MPLOYMENT INFORMATION						
Employer's Name:			Phone	#:			
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility o			acility owner				
I am currently not operating any Facility I provide contractual services to the F			the Facility				
Please provide the j	following information about each Facility/Plant that you operate. U	Use addtion	al pages as nee	eded.			
Facility / Plant Nam	ne (	Class PD	WIS (Water)	NPDES (W	Wastewater)		



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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.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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## VII. APPLICANT'S STATEMENT

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one of	a two page form. Both pages must be completed and returned.	Operator Certif	perator Certifcation Number: <b>3376</b>			
STAN DIVELBLIS		Certification(s) shown below will expire on: 5/1				
COI	The fee	to renew the certificatio	\$50			
		requiren result	Failure to complete or submi requirements by the expiration result in an additional late described in Section			
I. CERTIFICATES TO RENEW:				Training Units		
Certification Type	e Category	Cla	ISS	Required		
OPERATOR	WATER TREATMENT	4		30		
II. CURRENT EN	APLOYMENT INFORMATION					
Employer's Name:		Ph	one #:			
Number of Facilities (or Plants) that you currently operate: I am employed by the Facilit			e Facility owner			
I am currently not operating any Facility I provide contractual services to the F			es to the Facility			
Please provide the fo	ollowing information about each Facility/Plant that you operate. Us	se addtional pages a	s needed.			
Facility / Plant Name	e Cl	lass PDWIS (Wat	er) NPDES	S (Wastewater)		



### III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned. Op			Operator Certification Number: 3465			
	Please enter you're current address on the lines below and, if necessary,			on(s) shown ll expire on:	5/1/2024	
C	orrect the City, state and ZIP Code. Please print legibly.	The f		renew these ertifications:	\$50	
		require	Failure to complete or submit requirements by the expiration result in an additional late for described in Section V			
	ATES TO RENEW:				raining Units	
Certification Typ	pe Category	C	Class	R	equired	
OPERATOR	INDUSTRIAL WASTEWATER	1		0		
II. CURRENT E	CMPLOYMENT INFORMATION					
Employer's Name:		]	Phone	#:		
Number of Facilitie	es (or Plants) that you currently operate:	I am e	employ	yed by the Fa	acility owner	
I am currently not o	operating any Facility	I provide con	tractua	al services to	the Facility	
Please provide the j	following information about each Facility/Plant that you operate. Use	addtional pages	as ne	eded.		
Facility / Plant Nam	ne Clas	s PDWIS (W	/ater)	NPDES (V	Vastewater)	



### III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one of a two pag	Operator Certification N	lumber: 3555				
5	you're current address on the lines below and, if necessar	certification(s) ry, below will exp	5/1/2024			
correct the Ci	ity, state and ZIP Code. Please print legibly.	The fee to renew certific	v these <b>\$100</b>			
		requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.			
I. CERTIFICATES TO			Training Units			
Certification Type	Category	Class	Required			
OPERATOR	WASTEWATER COLLECTION	2	16			
OPERATOR	WATER DISTRIBUTION	1	16			
II. CURRENT EMPLOYN	MENT INFORMATION					
Employer's Name:		Phone #:				
Number of Facilities (or Plants)	) that you currently operate:	I am employed b	I am employed by the Facility owner			
I am currently not operating any	y Facility	I provide contractual ser	rovide contractual services to the Facility			
Please provide the following in	formation about each Facility/Plant that you operate. U	lse addtional pages as needed				
Facility / Plant Name	(	Class PDWIS (Water) NP	PDES (Wastewater)			



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 3578			
	ase enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire or			
con	rect the City, state and ZIP Code. Please print legibly.		The fee to r ce	enew these rtifications:	\$50	
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section			
	TES TO RENEW:				Fraining Units	
Certification Type	e Category		Class	R	Required	
OPERATOR	WASTEWATER TREATMENT		А	1	16	
II. CURRENT EM	IPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Facilities	(or Plants) that you currently operate:		I am employ	ved by the F	Facility owner	
I am currently not ope	erating any Facility	I prov	vide contractua	al services to	o the Facility	
Please provide the fo	llowing information about each Facility/Plant that you operate. Use	e addtiona	al pages as ne	eded.		
Facility / Plant Name	Cla	ass PD'	WIS (Water)	NPDES (V	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: 4052			
	lease enter you're current address on the lines below and, if necessary,	,	Certificatio below wil	n(s) shown l expire on:	5/1/2024	
cc	prrect the City, state and ZIP Code. Please print legibly.		The fee to r ce	enew these rtifications:	\$50	
			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V			
	TES TO RENEW:				raining Units	
Certification Typ	De Category		Class	R	equired	
OPERATOR	WATER TREATMENT		4	3	0	
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Facilities	s (or Plants) that you currently operate:		I am employ	ved by the F	acility owner	
I am currently not o	perating any Facility	I prov	vide contractua	al services to	the Facility	
Please provide the f	following information about each Facility/Plant that you operate. Use	e addtiond	al pages as nee	eded.		
Facility / Plant Nam	le Cla	ass PD	WIS (Water)	NPDES (V	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

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 Email Address

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This is page one of a two page form. Both pages must be completed and returned. Ope			Operator Certification Number: <b>4193</b>		
	ease enter you're current address on the lines below and, if necessa	ary,	Certification below wil	n(s) shown l expire on:	5/1/2024
correct the City, state and ZIP Code. Please print legibly.			The fee to receive	enew these rtifications:	\$50
			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		
	TES TO RENEW:				raining Units
Certification Typ	e Category		Class	R	equired
OPERATOR	INDUSTRIAL WASTEWATER		5	3	0
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities	(or Plants) that you currently operate:		I am employ	ved by the Fa	acility owner
I am currently not op	perating any Facility	I pro	ovide contractua	al services to	the Facility
Please provide the fo	ollowing information about each Facility/Plant that you operate.	Use addtion	al pages as nee	eded.	
Facility / Plant Name	e	Class PI	OWIS (Water)	NPDES (V	Vastewater)



### III. CONTINUING EDUCATION:

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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

## VII. APPLICANT'S STATEMENT

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 4354			
	lease enter you're current address on the lines below and, if necessary,	,	Certification below will	n(s) shown l expire on:	5/1/2024	
co	prrect the City, state and ZIP Code. Please print legibly.		The fee to receive	enew these rtifications:	\$50	
			Failure to complete or submit to requirements by the expiration result in an additional late for described in Section V.			
	TES TO RENEW:				raining Units	
Certification Typ	category		Class	R	equired	
OPERATOR	WATER TREATMENT		4	3	0	
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employ	ed by the F	acility owner	
I am currently not o	perating any Facility	I pro	ovide contractua	l services to	o the Facility	
Please provide the j	following information about each Facility/Plant that you operate. Use	e addtior	nal pages as nee	eded.		
Facility / Plant Nam	ne Cla	ass PI	OWIS (Water)	NPDES (V	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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## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one of a two	page form. Both pages must be completed and returned.	Operator Certifcatio	Operator Certification Number: 4382			
VINCENT SMITH Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		The fee to re	l expire on: 5/1/2024			
		requirements result in a	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.			
I. CERTIFICATES		Class	Training Units			
Certification Type	Category	Class	Required			
TEMPORARY	WASTEWATER TREATMENT	5	45			
TEMPORARY	WASTEWATER TREATMENT	А	24			
II. CURRENT EMPLO	DYMENT INFORMATION					
Employer's Name:		Phone a	#:			
Number of Facilities (or Pla	ants) that you currently operate:	I am employ	ed by the Facility owner			
I am currently not operating	g any Facility	I provide contractua	l services to the Facility			
Please provide the followin	ng information about each Facility/Plant that you operate. U	lse addtional pages as nee	eded.			
Facility / Plant Name	(	Class PDWIS (Water)	NPDES (Wastewater)			



### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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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: 4419			
	enter you're current address on the lines below and, if necessar t the City, state and ZIP Code. Please print legibly.	ry, below	will expire on:	5/1/2024		
	I ig y	The fee t	to renew these certifications: \$50	0		
		requireme result i	Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.			
I. CERTIFICATES				ing Units		
Certification Type	Category	Clas	ss Requi	red		
OPERATOR	WASTEWATER TREATMENT	А	16			
OPERATOR	WASTEWATER TREATMENT	5	30			
II. CURRENT EMPI	LOYMENT INFORMATION					
Employer's Name:		Pho	one #:			
Number of Facilities (or	Plants) that you currently operate:	I am emp	oloyed by the Facility	y owner		
I am currently not operat	ing any Facility	I provide contrac	rovide contractual services to the Facility			
Please provide the follow	ving information about each Facility/Plant that you operate. U	Ise addtional pages as	needed.			
Facility / Plant Name	(	Class PDWIS (Wate	er) NPDES (Waster	water)		



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Name and Certification Number of Operator in Responsible Charge:

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 4925			
	se enter you're current address on the lines below and, if necessar	ry,	Certification below will	5/1/2024		
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to re cer	enew these tifications:	\$50	
			Failure to complete or submit to requirements by the expiration result in an additional late for described in Section V.			
	ES TO RENEW:				aining Units	
Certification Type	Category		Class	Re	equired	
TEMPORARY	WATER TREATMENT		5AS	24	Ļ	
II. CURRENT EM	PLOYMENT INFORMATION					
Employer's Name:			Phone #	<b>!</b> :		
Number of Facilities (	or Plants) that you currently operate:		I am employe	ed by the Fa	cility owner	
I am currently not ope	rating any Facility	I pro	ovide contractual	l services to	the Facility	
Please provide the fol	lowing information about each Facility/Plant that you operate. U	Use addtior	nal pages as need	ded.		
Facility / Plant Name	C	Class PI	OWIS (Water)	NPDES (W	astewater)	



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This is page on	e of a two page form. Both pages must be completed and returned.	. Operator Certifcation Nun	ber: 5622
LOUIS A YAN	INONE 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) sho ry, below will expire	
		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.
	CATES TO RENEW:		Training Units
Certification <sup>-</sup>	Type Category	Class	Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16
II. CURRENI	<b>SEMPLOYMENT INFORMATION</b>		
Employer's Nam	e:	Phone #:	
Number of Facil	ities (or Plants) that you currently operate:	I am employed by t	he Facility owner
I am currently no	ot operating any Facility	I provide contractual servio	ces to the Facility
Please provide th	he following information about each Facility/Plant that you operate. U	Ise addtional pages as needed.	
Facility / Plant N	Vame C	Class PDWIS (Water) NPDI	ES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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 Email Address

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This is page one of a two page form. Both pages must be completed and returned. Op			Operator Certifcation Number: 5667			
	ease enter you're current address on the lines below and, if necessary	/,	Certification below will	5/1/2024		
correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	enew these tifications:	\$50	
			requirements result in a	submit renewal piration date will al late fees as oction V.		
	TES TO RENEW:				raining Units	
Certification Typ	e Category		Class	R	equired	
OPERATOR	WATER TREATMENT		4	3	0	
II. CURRENT EN	MPLOYMENT INFORMATION					
Employer's Name:			Phone #	ŧ:		
Number of Facilities	(or Plants) that you currently operate:		I am employe	ed by the Fa	acility owner	
I am currently not op	perating any Facility	I pro	ovide contractual	l services to	the Facility	
Please provide the fo	ollowing information about each Facility/Plant that you operate. Us	se addtior	ial pages as nee	ded.		
Facility / Plant Name	e Cl	lass PI	OWIS (Water)	NPDES (V	Vastewater)	



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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

This is page one of a two page form. Both pages must be completed and returned. $O_{\rm F}$			Operator Certifcation Number: 5977			
	you're current address on the lines below and, if necessa	ary,	Certification(s) below will exp	5/1/2020		
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100		
			<ul> <li>Failure to complete or submit representation of the expiration da result in an additional late fees described in Section V.</li> </ul>			
I. CERTIFICATES TO				<b>Training Units</b>		
Certification Type	Category		Class	Required		
OPERATOR	WATER TREATMENT		2	16		
SUPERINTENDENT	WATER TREATMENT		2	7		
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants	s) that you currently operate:		I am employed by the Facility owner			
I am currently not operating ar	ny Facility	I pro	provide contractual services to the Facility			
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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 a	Operator Certifcation	n Number: 6402	
KEVIN R PUSATERI Please enter you're current address on the lines below and, if n correct the City, state and ZIP Code. Please print legibly.		· · · ·	Certification below will The fee to ren cert	expire on: 5/1/2024
			requirements result in an	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
	CATES TO RENEW:		Class	Training Units
Certification <sup>-</sup>	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMEN	NT	5	30
OPERATOR	WASTEWATER TREATMEN	NT	А	16
II. CURRENI	<b>EMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #	
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility			d by the Facility owner	
I am currently not operating any Facility I provide contractual services to the I			services to the Facility	
Please provide th	he following information about each Facility/Plant that y	ou operate. Use add	tional pages as need	led.
Facility / Plant N	ame	Class	PDWIS (Water)	NPDES (Wastewater)



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This is page one of a two page f	Operator Certifcation N	umber: 6458			
JAMIE L WHITBY Please enter you	re current address on the lines below and, if necessary,	Certification(s) s below will exp			
correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100		
		requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.		
I. CERTIFICATES TO R	ENEW:		Training Units		
Certification Type	Category	Class	Required		
SUPERINTENDENT	WATER TREATMENT	4	7		
SUPERINTENDENT	WASTEWATER COLLECTION	2	7		
OPERATOR	WATER TREATMENT	4	30		
OPERATOR	WASTEWATER COLLECTION	2	16		
II. CURRENT EMPLOYME	INT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants) th	I am employed by	I am employed by the Facility owner			
I am currently not operating any Facility I provide contractual services to the			vices to the Facility		
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	Please verify your i	nformation shown on this application and	l make any co	orrections as need	ded.		
This is page on	e of a two page form. Bot	n pages must be completed and returne	d. Ope	rator Certifcation	Number:	6725	
BRIAN PLYMALE Please enter you're current address on the lines below and, if necessary,			sary,	Certification(s) shown below will expire on:		5/1/2024	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$100</b>				
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		iration date will I late fees as	
I. CERTIFIC	CATES TO RENEW				Тг	aining Units	
Certification	Туре	Category		Class	Re	equired	
OPERATOR		WATER DISTRIBUTION		1	16	5	
SUPERINTEND	ENT	WASTEWATER COLLECTION		2	7		
SUPERINTEND	ENT	WATER DISTRIBUTION		1	7		
OPERATOR		WASTEWATER COLLECTION		2	16	5	
II. CURRENT	<b>FEMPLOYMENT INF</b>	ORMATION					
Employer's Nam	ne:			Phone #:			
Number of Facilities (or Plants) that you currently operate:				I am employed by the Facility owner			
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Facility / Plant N	Vame		Class PE	OWIS (Water) N	NPDES (W	astewater)	



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NEAL JACKSON Please enter you're current address on the lines below a correct the City, state and ZIP Code. Please print legibl			essary,	Certification below will	expire on:	5/1/2024	
				The fee to renew the certification		\$50	
				<ul> <li>Failure to complete or submit requirements by the expiration described in Section V.</li> </ul>		iration date will al late fees as	
	CATES TO RENEW					raining Units	
Certification <sup>-</sup>	Туре	Category		Class	R	equired	
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						_	



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

This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcatio	n Number:	7244
MICHAEL R. BANNING Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			essary,	Certification(s) shown below will expire on: The fee to renew these		5/1/2024 \$50
				Failure to complete or submit requirements by the expiration result in an additional late described in Section		iration date will al late fees as
	CATES TO RENEW	_		Class		raining Units
Certification <sup>-</sup>	lype	Category		Class	K	equired
SUPERINTEND	ENT	WASTEWATER TREATMENT		5	7	
SUPERINTEND	ENT	WASTEWATER TREATMENT		А	7	
II. CURRENT	<b>EMPLOYMENT INF</b>	FORMATION				
Employer's Nam	e:			Phone #	<b>:</b>	
Number of Facilities (or Plants) that you currently operate: I am employed by the Facilit			cility owner			
I am currently not operating any Facility I provide contractual services to the F			the Facility			
Please provide t	he following information a	bout each Facility/Plant that you operat	e. Use addti	onal pages as need	ded.	
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (W	astewater)



### III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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## VII. APPLICANT'S STATEMENT

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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This is page one of a two page	<b>d.</b> Operator Certifo	cation Number:	7266		
	ou're current address on the lines below and, if necess		ation(s) shown will expire on:	5/1/2024	
correct the Cit	The fee	to renew these certifications:	\$50		
		requirem result	Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.		
I. CERTIFICATES TO				raining Units	
Certification Type	Category	Clas	ss R	equired	
OPERATOR	WASTEWATER TREATMENT	А	1	6	
OPERATOR	WASTEWATER TREATMENT	5	3	0	
II. CURRENT EMPLOYM	IENT INFORMATION				
Employer's Name:		Pho	one #:		
Number of Facilities (or Plants)	ber of Facilities (or Plants) that you currently operate: I am employed by the Facility			acility owner	
I am currently not operating any Facility I pr			rovide contractual services to the Facility		
Please provide the following inf	formation about each Facility/Plant that you operate.	Use addtional pages as	needed.		
Facility / Plant Name		Class PDWIS (Wate	er) NPDES (W	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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 Date

 Last 4 digits of Social Security Number
 Email Address

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WILLIAM LAWDER Please	e enter you're current address on the lines below and, if necessa	ary,	Certification below will	. ,	5/1/2024	
correc	ct the City, state and ZIP Code. Please print legibly.		The fee to re cer	new these tifications:	\$50	
CERTIFICATES TO RENEW:			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
					raining Units	
Certification Type	Category		Class	Re	equired	
OPERATOR	WATER TREATMENT		4	30	)	
II. CURRENT EMP	PLOYMENT INFORMATION					
Employer's Name:			Phone #	ŧ:		
Number of Facilities (or	r Plants) that you currently operate:		I am employe	ed by the Fa	cility owner	
I am currently not opera	ating any Facility	I pro	vide contractual	services to	the Facility	
Please provide the follo	wing information about each Facility/Plant that you operate.	Use addtion	al pages as need	ded.		
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	i ieuse verijy your i	gormanon shown on this application and make	s any corrections as needed.	
This is page on	e of a two page form. Bot	h pages must be completed and returned.	Operator Certifcation Number:	7720
ROBERT L. KI	ROBERT L. KRAUS Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly		Certification(s) shown below will expire on:	
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			Failure to complete or requirements by the exp result in an addition described in Se	piration date will al late fees as
I. CERTIFIC	CATES TO RENEW		т	raining Units
Certification 1	Гуре	Category		Required
OPERATOR		WASTEWATER TREATMENT	4 3	0
OPERATOR		WASTEWATER TREATMENT	5 3	0
		ΜΛΛΣΤΕΜΛΑΤΕΡ ΤΡΕΛΤΜΕΝΤ	Λ 1	6

OPERATOR	WASTEWATER TREATMENT	А	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	А	7
OPERATOR	WATER TREATMENT	4	30

#### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:		Phone	#:	
Number of Facilities (or Plants) that you currently operate:		I am employ	red by the Facility owner	$\square$
I am currently not operating any Facility I provide contractual services to t		al services to the Facility		
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	r you're current address on the lines below and, if necessa City, state and ZIP Code. Please print legibly.	ary,	Certification(s) below will ex The fee to renew	pire on: 5/1/2024	
			Certifications: <b>50</b> Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.		
I. CERTIFICATES TO			Class	Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plant	ts) that you currently operate:		I am employed b	by the Facility owner	
I am currently not operating a	iny Facility	I pro	vide contractual se	rvices to the Facility	
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	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) shown below will expire on:		5/1/2024
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			requirements result in a	s by the exp	submit renewal piration date will aal late fees as ection V.
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	Required
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone	#:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employ	ved by the F	acility owner
I am currently not	operating any Facility	I prov	vide contractua	al services to	o the Facility
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtiona	l pages as neo	eded.	
Facility / Plant Na	ame Cla	ass PDV	WIS (Water)	NPDES (V	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
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned. Ope			perator Certifcation Number: 8223			
	ter you're current address on the lines below and, if nece	essary,	Certification(s) below will ex	5/1//0///		
correct th	e City, state and ZIP Code. Please print legibly.		The fee to renev certifi	w these <b>\$50</b> cations:		
CEDTIEICATES TO DENEW.			- requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
II. CURRENT EMPLO	DYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Pla	ants) that you currently operate:		I am employed I	by the Facility owner		
I am currently not operating	g any Facility	I pi	rovide contractual se	rvices to the Facility		
Please provide the followin	g information about each Facility/Plant that you operation	te. Use addtio	onal pages as needed	<i>l</i> .		
Facility / Plant Name		Class I	PDWIS (Water) NI	PDES (Wastewater)		



#### III. CONTINUING EDUCATION:

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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This is page one of a two page form. Both pages must be completed and returned. Op			perator Certifcation N	lumber: 8307
5	pu're current address on the lines below and, if neces	ssary,	Certification(s) below will exp	5/1/2024
correct the Cit	y, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$50</b>
			- 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:				<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
II. CURRENT EMPLOYM	ENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed b	by the Facility owner
I am currently not operating any	Facility	I p	rovide contractual ser	rvices to the Facility
Please provide the following infe	ormation about each Facility/Plant that you operate	e. Use addtio	onal pages as needed	•
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Date

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 Email Address

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

This is page or	ne of a two page form. Both pages must be completed and returned.	Operator Certifcation Numb	er: 8313
DONALD TH	Please enter you're current address on the lines below and, if necessary	<i>C</i> ertification(s) show below will expire of	5/1/2020
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew the certification	\$50
CEDTIEICATES TO DENEW.		Failure to complete requirements by the result in an additi described in	expiration date will ional late fees as
	CATES TO RENEW:		Training Units
Certification	Type Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
II. CURRENT	<b>FEMPLOYMENT INFORMATION</b>		
Employer's Nan	ne:	Phone #:	
Number of Facil	lities (or Plants) that you currently operate:	I am employed by the	Facility owner
I am currently n	ot operating any Facility	I provide contractual service	s to the Facility
Please provide i	the following information about each Facility/Plant that you operate. Us	se addtional pages as needed.	
Facility / Plant M	Name Cl	lass PDWIS (Water) NPDES	(Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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 Date

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 Email Address

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This is page one of a two page form. Both pages must be completed and returned. Open			ion Number: 8479
	ease enter you're current address on the lines below and, if necessary,		on(s) shown Il expire on: <b>5/1/2024</b>
cor	rect the City, state and ZIP Code. Please print legibly.		renew these <b>\$50</b>
		requirement result in	complete or submit renewal ts by the expiration date will an additional late fees as cribed in Section V.
	TES TO RENEW:		Training Units
Certification Type	e Category	Class	Required
SUPERINTENDENT	WATER TREATMENT	4	7
II. CURRENT EN	<b>IPLOYMENT INFORMATION</b>		
Employer's Name:		Phone	#:
Number of Facilities	(or Plants) that you currently operate:	I am employ	yed by the Facility owner
I am currently not op	erating any Facility	I provide contractu	al services to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operate. Use a	uddtional pages as ne	reded.
Facility / Plant Name	Class	s PDWIS (Water)	NPDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Ope			perator Certifcation Number: 8851			
	Please enter you're current address on the lines below and, if necessary,	',	Certification(s) shown below will expire on:		5/1/2024	
С	correct the City, state and ZIP Code. Please print legibly.		The fee to receive	\$50		
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.			
I. CERTIFICATES TO RENEW:					aining Units	
Certification Ty	pe Category		Class	R	equired	
OPERATOR	WATER DISTRIBUTION		1	1	6	
II. CURRENT F	EMPLOYMENT INFORMATION					
Employer's Name:			Phone a	#:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner	
I am currently not	operating any Facility	I pro	vide contractua	l services to	the Facility	
Please provide the	following information about each Facility/Plant that you operate. Use	e addtion	al pages as nee	eded.		
Facility / Plant Nar	me Cla	lass PI	OWIS (Water)	NPDES (W	Vastewater)	



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This is page one of a two page form. Both pages must be completed and returned. Ope			cation Numbe	r: <b>8887</b>
	ease enter you're current address on the lines below and, if necessary		cation(s) shown	5/1/2020
col	rect the City, state and ZIP Code. Please print legibly.	The fee	e <b>\$50</b>	
		requiren result	nents by the ex	or submit renewal xpiration date will onal late fees as Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	e Category	Cla	.SS	Required
OPERATOR	WATER TREATMENT	1		16
II. CURRENT EN	<b>IPLOYMENT INFORMATION</b>			
Employer's Name:		Ph	one #:	
Number of Facilities	(or Plants) that you currently operate:	I am em	ployed by the	Facility owner
I am currently not op	erating any Facility	I provide contra	ctual services	to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operate. Us	e addtional pages a	s needed.	
Facility / Plant Name	c Cl	ass PDWIS (Wat	er) NPDES	(Wastewater)



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

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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## VII. APPLICANT'S STATEMENT

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

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned. Ope				Derator Certifcation	erator Certifcation Number: 9040		
CARRIE A. MY	CARRIE A. MYERS Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		ssary,	Certification(s) shown below will expire on: 5/1/2			
				The fee to represent the fee to represent the fee to represent the term of	new these tifications:	\$100	
				requirements result in an	Failure to complete or submit renewa requirements by the expiration date wi result in an additional late fees as described in Section V.		
	ATES TO RENEW:				Tr	aining Units	
Certification T	уре	Category		Class	Re	equired	
OPERATOR		WATER TREATMENT		3	30	)	
OPERATOR		WASTEWATER TREATMENT		3	30	)	
OPERATOR		WASTEWATER TREATMENT		5	30	)	
SUPERINTENDE	NT	WASTEWATER TREATMENT		5	7		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name				Phone #	:		
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employe	d by the Fa	cility owner	
I am currently not operating any Facility			I	provide contractual services to the Facility			
Please provide th	e following information ab	out each Facility/Plant that you operate	e. Use addt	tional pages as need	ded.		
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (W	astewater)	



#### III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

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 Date

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 Email Address

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 9085			
ANTHONY J. ROCCO Please enter you're current address on the lines below and, if necessa			sary,	ry, Certification(s) shown below will expire on: 5/1/20			
	correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	ew these <b>\$100</b>		
				<ul> <li>Failure to complete or submit renewa</li> <li>requirements by the expiration date w result in an additional late fees as</li> <li>described in Section V.</li> </ul>			
	CATES TO RENEW	<u>.</u>			<b>Training Units</b>		
Certification <sup>-</sup>	Туре	Category		Class	Required		
OPERATOR		WATER DISTRIBUTION		1	16		
SUPERINTEND	ENT	WASTEWATER COLLECTION		2	7		
OPERATOR		WASTEWATER COLLECTION		2	16		
SUPERINTEND	ENT	WATER DISTRIBUTION		1	7		
II. CURRENI	<b>EMPLOYMENT INF</b>	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 not operating any Facility			Ι	I provide contractual services to the Facility			
Please provide th	he following information al	bout each Facility/Plant that you operate	. Use add	ltional pages as neede	<i></i>		
Facility / Plant N	Jame		Class	PDWIS (Water) N	IPDES (Wastewater)		



#### III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

This is page one o	Oper	ator Certifcati	on Number:	9330	
SAMUEL STEPHEN FARMER Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) shown below will expire on: 5/1/2		
			The fee to r ce	enew these rtifications:	\$50
			<ul> <li>Failure to complete or submit requirements by the expiration of result in an additional late feed described in Section V.</li> </ul>		biration date will al late fees as
	ATES TO RENEW:				raining Units
Certification Ty	pe Category		Class	R	equired
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employ	ved by the Fa	acility owner
I am currently not operating any Facility I provide contractual services to the Fac			the Facility		
Please provide the	following information about each Facility/Plant that you operate. Us	se addtion	al pages as nee	eded.	
Facility / Plant Nan	ne Cla	lass PD	WIS (Water)	NPDES (W	Vastewater)



#### III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

	i ieuse verijy your i	gormation 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 returned.	Operator Certifcation Number:	9542
JULIAN M. JARRELL Please enter you're current address on the lines below and, if necessary,			Certification(s) shown below will expire on:	5/1/2024
correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications:	\$100	
			Failure to complete or requirements by the exp result in an addition described in Se	piration date will al late fees as
I. CERTIFIC	CATES TO RENEW		Т	raining Units
Certification 1	Гуре	Category		equired
OPERATOR		WATER TREATMENT	3 3	0
OPERATOR		WATER TREATMENT	5AS 1	6
OPERATOR		WASTEWATER TREATMENT	3 3	0
OF ERGINATION.			• •	0

WASTEWATER TREATMENT

WASTEWATER TREATMENT

WATER TREATMENT

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

Facility / Plant Name

I am currently not operating any Facility

**OPERATOR** 

**OPERATOR** 

SUPERINTENDENT

Employer's Name:

**II. CURRENT EMPLOYMENT INFORMATION** 

Number of Facilities (or Plants) that you currently operate:

Class PDWIS (Water) NPDES (Wastewater)

I provide contractual services to the Facility

Phone #:

30

16

7

I am employed by the Facility owner

5

A

1



#### III. CONTINUING EDUCATION:

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This is page one of a tw	vo page form. Both pages must be completed and return	erator Certifcation Number: <b>9599</b>			
MARC A. PURYEAR Please enter you're current address on the lines below and, if necessary,			Certification(s) shown below will expire on: 5/1/2024		
correct	correct the City, state and ZIP Code. Please print legibly.			these <b>\$100</b>	
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES				<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPL	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or I	Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility			provide contractual services to the Facility		
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Facility / Plant Name		Class H	PDWIS (Water) NP	DES (Wastewater)	



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	ease enter you're current address on the lines below and, if necessary,		on(s) shown 5/1/2024 ill expire on:		
co	prrect the City, state and ZIP Code. Please print legibly.		renew these store		
		requiremen result in	complete or submit renewal its by the expiration date will an additional late fees as scribed in Section V.		
	TES TO RENEW:		Training Units		
Certification Typ	De Category	Class	Required		
OPERATOR	WATER DISTRIBUTION	1	16		
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:		Phone	e #:		
Number of Facilities	s (or Plants) that you currently operate:	I am emplo	oyed by the Facility owner		
I am currently not operating any Facility I provide contractual services to the Fac			al services to the Facility		
Please provide the f	following information about each Facility/Plant that you operate. Use	addtional pages as n	eeded.		
Facility / Plant Nam	e Cla	ss PDWIS (Water)	NPDES (Wastewater)		



#### III. CONTINUING EDUCATION:

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## **V. LATE FEES AND REINSTATEMENT**

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

## VII. APPLICANT'S STATEMENT

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

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

 Applicant's Signature
 Date

 Last 4 digits of Social Security Number
 Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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