

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

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

This is page one of a two page form. Both pages must be completed and returned.			ned. O _l	Operator Certification Number: 0204			
TERRY ALLEN	Please enter you're curren	ant address on the lines below and, if necessary,	essary,	Certification below will	n(s) shown l expire on:	5/1/2022	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	\$100		
				Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		piration date will al late fees as	
I. CERTIFICATES TO RENEW:				г	Training Units		
Certification T	уре	Category		Class		Required	
OPERATOR		WATER TREATMENT		2	1	.6	
OPERATOR		WASTEWATER COLLECTION		2	1	.6	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	:			Phone	#:		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	red by the F	acility owner	
I am currently no	t operating any Facility		I p	rovide contractua	l services to	o the Facility	
Please provide th	e following information at	out each Facility/Plant that you operc	te. Use addtio	onal pages as nee	eded.		
Facility / Plant Na	ame		Class]	PDWIS (Water)	NPDES (V	Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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	ase enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will expi		
correct the Cit	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			 requirements by t result in an ad 	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	e Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EN	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not op	erating any Facility	I pi	provide contractual services to the Facility		
Please provide the fo	llowing information about each Facility/Plant that you operate	e. Use addtic	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



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RYAN THOM	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s below will e			
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these \$100 fications:		
			 requirements b result in an 	plete or submit renewal y the expiration date will additional late fees as bed in Section V.		
	CATES TO RENEW:			Training Units		
Certification T	ype Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER		7	16		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	x.		Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed	by the Facility owner		
I am currently no	t operating any Facility	I p	rovide contractual s	ervices to the Facility		
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	Please enter you're current address on the lines below and, if necess orrect the City, state and ZIP Code. Please print legibly.	sary,	Certification(s) s below will exp	ire on: 5/1/2022	
			The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT E	CMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	operating any Facility	I pr	ovide contractual serv	vices to the Facility	
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Facility / Plant Nan	ne	Class P	DWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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	r you're current address on the lines below and, if necessa	ary,	Certification(s) sl below will expi			
correct the (City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50		
		Failure to complete or survey requirements by the expirements of the expirement of t		he expiration date will ditional late fees as		
I. CERTIFICATES TO	<u> O RENEW:</u>			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		А	24		
TEMPORARY	WASTEWATER TREATMENT		5	45		
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plant	ts) that you currently operate:		I am employed by	the Facility owner		
I am currently not operating a	ny Facility	I pr	provide contractual services to the Facility			
Please provide the following	information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.			
Facility / Plant Name		Class P	DWIS (Water) NPE	DES (Wastewater)		



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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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This is page one of a	two page form. Both pages must be completed and return	perator Certifcation Nu	umber: 10009		
	se enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp		
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			 requirements by t result in an ad 	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EM	PLOYMENT 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 oper	rating any Facility	I pi	provide contractual services to the Facility		
Please provide the foll	lowing information about each Facility/Plant that you operat	te. Use addtic	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) below will exp		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
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Certification Ty	vpe Category		Class	Required	
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Facility / Plant Nar	me	Class Pl	DWIS (Water) NP	DES (Wastewater)	



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JOSH KAHL	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s) s below will exp			
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
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	CATES TO RENEW:				Training Units	
Certification ⁻	Гуре Categ	ory		Class	Required	
TEMPORARY	WAST	EWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORMA	TION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you currently o	perate:		I am employed by	y the Facility owner	
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	ease enter you're current address on the lines below and, if neces	ssary,	Certification(s) sl below will expi		
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			Failure to complete or subm requirements by the expiration result in an additional late described in Section		
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
TEMPORARY	WASTEWATER COLLECTION		2	24	
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Employer's Name:			Phone #:		
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I consent to receive my certificate(s) by emial in lieu of mail



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

This is page one of	a two page form. Both pages must be complet	ted and returned.	Operator Certifcatio	n Number: 10905
WALTER WILLETT Please enter you're current address on the lines below and, if ne			Certification below will	$\begin{array}{l} \text{(s) shown} \\ \text{expire on:} \end{array} 5/1/2022 \end{array}$
correct the Ci	rrect the City, state and ZIP Code. Please print le	gibly.	The fee to re cer	enew these \$100
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.	
I. CERTIFICA	<u>FES TO RENEW:</u>			Training Units
Certification Typ	e Category		Class	Required
TEMPORARY	WASTEWATER COLLE	CTION	2	24
TEMPORARY	WATER DISTRIBUTION	N	1	24
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #	<i>‡</i> :
Number of Facilities	(or Plants) that you currently operate:		I am employe	ed by the Facility owner
I am currently not op	perating any Facility]	I provide contractual	l services to the Facility
Please provide the fe	ollowing information about each Facility/Plant th	hat you operate. Use add	ltional pages as need	ded.
Facility / Plant Name	2	Class	PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certifcation Number: 10906		
RICHARD M	Please enter you're current	NSFIELD Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) shown below will expire on: 5/1/202		
correc	correct the City, state and			The fee to renew certific	\$100	
			requirements by result in an ac	plete or submit renewal v the expiration date will additional late fees as bed in Section V.		
I. CERTIFI	CATES TO RENEW:	<u>.</u>			Training Units	
Certification	Туре	Category		Class	Required	
TEMPORARY		WATER TREATMENT		3	45	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employed b	y the Facility owner	
I am currently n	ot operating any Facility		Ιp	rovide contractual ser	vices to the Facility	
Please provide	the following information ab	oout each Facility/Plant that you opera	ate. Use addtio	onal pages as needed.		
Facility / Plant 1	Name		Class 1	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Date

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JASON CRAV	Please enter you're curren	ORD lease enter you're current address on the lines below and, if necessary, prrect the City, state and ZIP Code. Please print legibly.	sary,	Certification(s) shown below will expire on: 5/1/		5/1/2022	
	correct the City, state and			The fee to renew these certifications: \$100			
				Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		piration date will al late fees as	
	CATES TO RENEW	<u>.</u>			г	Fraining Units	
Certification 7	Гуре	Category		Class	F	Required	
TEMPORARY		WATER TREATMENT		1	2	24	
TEMPORARY		WATER TREATMENT		5RO	2	24	
TEMPORARY		WASTEWATER TREATMENT		5	4	5	
TEMPORARY		WASTEWATER TREATMENT		А	2	24	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Nam	e:			Phone #	#:		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employe	ed by the F	acility owner	
I am currently not operating any Facility			I pr	I provide contractual services to the Facility			
Please provide th	he following information al	oout each Facility/Plant that you operate	e. Use addtio	nal pages as need	ded.		
Facility / Plant N	lame		Class P	DWIS (Water)	NPDES (V	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Date

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HARVEY LEE RAGSDALE Please enter you're current address on the lines below and, if necess			Certification(s) s below will exp		
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or submit renewa requirements by the expiration date with result in an additional late fees as described in Section V.		
I. CERTIFICAT	<u>ES TO RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not oper	rating any Facility	I p	rovide contractual serv	vices to the Facility	
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Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



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co	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
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Employer's Name:			Phone #:	
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	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	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 employed by	the Facility owner
I am currently not o	operating any Facility	I p	provide contractual serv	vices to the Facility
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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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This is page one of	This is page one of a two page form. Both pages must be completed and returned. ${ m Op}$			umber: 10913	
	ease enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp		
col	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	e Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EN	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not op	erating any Facility	I pı	provide contractual services to the Facility		
Please provide the fo	llowing information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.		
Facility / Plant Name		Class P	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

- 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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This is page one o	This is page one of a two page form. Both pages must be completed and returned. Op			umber: 10914	
JUSTIN NELSO P	N lease enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp		
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT E	CMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not c	operating any Facility	I pi	provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you operate.	Use addtic	onal pages as needed.		
Facility / Plant Nan	ne	Class I	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Date

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Email Address

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This is page one of a t	his is page one of a two page form. Both pages must be completed and returned.			umber: 10916	
	e enter you're current address on the lines below and, if ned	cessary,	Certification(s) s below will exp		
correc	et the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
				ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EMP	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	y the Facility owner	
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Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

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 necess	ary,	Certification(s) sl below will expi		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	De Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	perating any Facility	I pr	provide contractual services to the Facility		
Please provide the j	following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.		
Facility / Plant Nam	ne	Class P	PDWIS (Water) NPI	DES (Wastewater)	
				_	



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Name and Certification Number of Operator in Responsible Charge:

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	ter you're current address on the lines below and, if nece	ssary,	Certification(s) s below will expi		
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
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I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT EMPLO	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pla	nts) that you currently operate:		I am employed by	the Facility owner	
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	you're current address on the lines below and, if neces	ssary,	Certification(s) s below will expi		
correct the (City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
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Certification Type	Category		Class	Required	
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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	This is page one of a two page form. Both pages must be completed and returned. ${ m Op}$			Operator Certification Number: 10920		
	Please enter you're current	address on the lines below and, if nece	ssary,	Certification(s) below will exp		
	correct the City, state and Z	ZIP Code. Please print legibly.		The fee to renew certific	\$50	
				requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	уре	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name	:			Phone #:		
Number of Facilit	ties (or Plants) that you curr	ently operate:		I am employed b	y the Facility owner	
I am currently not	operating any Facility]	I pı	rovide contractual services to the Facility		
Please provide th	e following information abo	ut each Facility/Plant that you operat	e. Use addtio	onal pages as needed.		
Facility / Plant Na	ame		Class F	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one	This is page one of a two page form. Both pages must be completed and returned.			mber: 10921	
DOUGLAS CE	ERUZZI Please enter you're current address on the lines below and, if necessa	ary,	Certification(s) sl below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	t operating any Facility	I pr	provide contractual services to the Facility		
Please provide th	ne following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.		
Facility / Plant Na	ame	Class P	DWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- 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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Applicant's Signature

Date

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Email Address

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This is page one of a	This is page one of a two page form. Both pages must be completed and returned.			umber: 10922	
	se enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will expi		
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not oper	ating any Facility	I p	provide contractual services to the Facility		
Please provide the follo	owing information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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This is page one of a two	his is page one of a two page form. Both pages must be completed and returned. Op			umber: 10923	
	enter you're current address on the lines below and, if necess	sary,	Certification(s) sl below will expi		
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or P	Plants) that you currently operate:		I am employed by	the Facility owner	
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Please provide the followi	ing information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.		
Facility / Plant Name		Class P	PDWIS (Water) NPI	DES (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	This is page one of a two page form. Both pages must be completed and returned.			umber: 10924	
	ease enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp		
со	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
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	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
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This is page one	This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 10925		
	Please enter you're curren	t address on the lines below and, if ne	cessary,	Certification(s) below will ex		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rene certifi	w these \$100 cations:	
				Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification T	уре	Category		Class	Required	
TEMPORARY		WATER TREATMENT		1	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	:			Phone #:		
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility		Ιp	provide contractual services to the Facility		
Please provide the	e following information al	pout each Facility/Plant that you oper	ate. Use addti	onal pages as needea	1.	
Facility / Plant Na	ame		Class	PDWIS (Water) NI	PDES (Wastewater)	



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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page on	e of a two page form. Both pages must be	Operator Certification Number: 10926					
MICHAE G WI	Please enter you're current address on the l		Certification(s below will e				
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$100				
			requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.			
I. CERTIFIC	CATES TO RENEW:			Training Units			
Certification 1	ype Category		Class	Required			
TEMPORARY	WATER TREAT	MENT	1	24			
TEMPORARY	WASTEWATER	RTREATMENT	5	45			
TEMPORARY	WASTEWATE	RTREATMENT	А	24			
II. CURRENT	EMPLOYMENT INFORMATION						
Employer's Name	2:		Phone #:				
Number of Facilities (or Plants) that you currently operate:			I am employed	I am employed by the Facility owner			
I am currently not operating any Facility			provide contractual services to the Facility				
Please provide th	e following information about each Facilit	y/Plant that you operate. Use ad	ldtional pages as neede	ed.			
Facility / Plant N	ame	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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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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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

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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. Oper				perator Certifcation	n Number:	10927
JESSE E HILL	Please enter you're current address on the lines below and, if necessa	necessary,	Certification below will		5/1/2022	
correct the City, state and ZIP Code. Please print legil				The fee to ren cert	new these tifications:	\$50
				 Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V. 		
I. CERTIFIC	ATES TO RENEW:	-			Т	raining Units
Certification T	уре	Category		Class	R	equired
TEMPORARY		WASTEWATER TREATMENT		5	45	5
TEMPORARY		WASTEWATER TREATMENT		А	24	1
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	:			Phone #	:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility I pr			rovide contractual services to the Facility			
Please provide th	e following information ab	out each Facility/Plant that you op	erate. Use addti	onal pages as need	led.	
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (W	/astewater)



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Name and Certification Number of Operator in Responsible Charge:

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

This is page one of a two page form. Both pages must be completed and returned. Op-				perator Certifcation Number: 1203				
SCOTT MURI	Please enter you're current	essary,	Certification below will	5/1/2022				
	correct the City, state and Z	ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100		
					Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
I. CERTIFICATES TO RENEW:					Т	raining Units		
Certification T	ype	Category		Class		Required		
OPERATOR		INDUSTRIAL WASTEWATER		2	0)		
OPERATOR		WATER TREATMENT		2	1	.6		
II. CURRENT	EMPLOYMENT INFO	ORMATION						
Employer's Name	:			Phone a	#:			
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner					
I am currently not operating any Facility			ovide contractual services to the Facility					
Please provide th	e following information abo	out each Facility/Plant that you operc	te. Use addtio	onal pages as nee	eded.			
Facility / Plant Na	ame		Class I	DWIS (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	f a two page form. Both pages must be completed and returned	perator Certifcation Number: 1324				
THOMAS E. KLA Pl	VERWEIDEN ease enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50			
			 requirements by t result in an ad 	ete or submit renewal the expiration date will ditional late fees as d in Section V.		
I. CERTIFICA	TES TO RENEW:		Training Units			
Certification Typ	e Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT EN	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility			rovide contractual services to the Facility			
Please provide the f	ollowing information about each Facility/Plant that you operate.	Use addtic	onal pages as needed.			
Facility / Plant Name	e	Class I	PDWIS (Water) NPI	DES (Wastewater)		



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	ease enter you're current address on the lines below and, if r	necessary,	Certification(s) s below will exp			
co	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
	requireme result			complete or submit renewal nts by the expiration date will n an additional late fees as escribed in Section V.		
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Certification Typ	De Category		Class	Required		
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OPERATOR	WASTEWATER TREATMENT		5	30		
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ANDY DROPPLEMAN Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.					n(s) shown l expire on:	5/1/2022	
				The fee to renew these certifications: \$50			
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I. CERTIFIC	ATES TO RENEW:				т	raining Units	
Certification T	ype Category			Class		equired	
TEMPORARY	WASTEWA	ATER TREATMENT		А	2	4	
TEMPORARY	WASTEWA	ATER TREATMENT		5	4	5	
II. CURRENT	EMPLOYMENT INFORMATIC	DN					
Employer's Name	:			Phone	#:		
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I am currently not operating any Facility			I provide	rovide contractual services to the Facility			
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Facility / Plant Na	ame	Clas	ss PDWI	S (Water)	NPDES (V	Vastewater)	



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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 form. Both pages must be completed and return	ed. Op	erator Certifcation Nu	mber: 1444
	ase enter you're current address on the lines below and, if neces	ssary,	Certification(s) sh below will expin	
COI	rect the City, state and ZIP Code. Please print legibly.		The fee to renew the certification of the fee to renew the certification of the certification	\$50
			requirements by th result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICA	<u>TES TO RENEW:</u>			Training Units
Certification Type	e Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURRENT EN	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	erating any Facility	I pr	ovide contractual serv	ices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPD	ES (Wastewater)
_				



III. CONTINUING EDUCATION:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Nur	mber: 14533
	ter you're current address on the lines below and, if neces	sary,	Certification(s) sh below will expir	
correct th	e City, state and ZIP Code. Please print legibly.		The fee to renew t certificat	\$50
			requirements by the result in an add	te or submit renewal le expiration date will litional late fees as in Section V.
I. CERTIFICATES	<u>ΓΟ RENEW:</u>			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	g any Facility	I	provide contractual servi	ces to the Facility
Please provide the following	g information about each Facility/Plant that you operate	e. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)



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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 Certifcation Number:	2055
SCOTT W GETCHELL Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	5/1/2022
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100
	Esilure to complete er (when it was areal

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

		utseribtu in Stehon v.			
I. CERTIFICATES TO I Certification Type	<u>RENEW:</u> Category	Class	Training Units Required		
OPERATOR	WASTEWATER TREATMENT	5	30		
SUPERINTENDENT	WASTEWATER TREATMENT	А	7		
SUPERINTENDENT	WASTEWATER TREATMENT	5	7		
OPERATOR	WASTEWATER TREATMENT	А	16		
OPERATOR	WATER TREATMENT	4	30		
OPERATOR	WATER TREATMENT	1	16		
SUPERINTENDENT	WATER TREATMENT	1	7		

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:	Phone #:	
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner	
I am currently not operating any Facility	I provide contractual services to the Facility	
Please provide the following information about each Facility/Plant that you op	erate. Use addtional pages as needed.	
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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a tw	vo page form. Both pages must be completed and returned.	Ope	Operator Certification Number: 2068		
	enter you're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp		
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EMPL	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or I	Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility I provide contractual servic			vices to the Facility		
Please provide the follow	ving information about each Facility/Plant that you operate. U	se 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				umber: 2095
	se enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will expi	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
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I. CERTIFICATI				Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (o	or Plants) that you currently operate:		I am employed by	the Facility owner
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This is page one of a two page form.	perator Certification	Number: 2139		
5	urrent address on the lines below and, if	necessary,	Certification(s below will e	5/1//////
correct the City, state	e and ZIP Code. Please print legibly.		The fee to ren certi	ew these \$50 fications:
			 requirements b result in an 	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.
I. CERTIFICATES TO REN	EW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
OPERATOR	WATER TREATMENT		5RO	16
II. CURRENT EMPLOYMENT	INFORMATION			
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Number of Facilities (or Plants) that yo	u currently operate:		I am employed	l by the Facility owner
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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	nd returned.	Pperator Certifcation	on Number:	2239	
	ease enter you're current address on the lines below ar		Certification below will	n(s) shown l expire on:	5/1/2022
co	rrect the City, state and ZIP Code. Please print legibly	ý.	The fee to re	enew these rtifications:	\$50
			requirements	s by the exp	submit renewal iration date will Il late fees as ction V.
I. CERTIFICA	<u>FES TO RENEW:</u>			Т	raining Units
Certification Typ	e Category		Class		equired
OPERATOR	WASTEWATER TREATMEN	NT	5	30)
OPERATOR	WASTEWATER TREATMEN	NT	А	16	õ
II. CURRENT EN	APLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities	(or Plants) that you currently operate:		I am employ	red by the Fa	cility owner
I am currently not op	erating any Facility	I	provide contractua	l services to	the Facility
Please provide the fo	ollowing information about each Facility/Plant that y	ou operate. Use addt	ional pages as nee	eded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	vastewater)



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 2298		
5	re current address on the lines below and, if necess	ary,	Certification(below will e		
correct the City,	state and ZIP Code. Please print legibly.		The fee to ren certi	ew these fications: \$100	
			requirements h result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.	
I. CERTIFICATES TO R	ENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EMPLOYME	NT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that	at you currently operate:		I am employed	l by the Facility owner	
I am currently not operating any Fa	acility	I pı	ovide contractual	services to the Facility	
Please provide the following inform	mation about each Facility/Plant that you operate.	Use addtio	onal pages as neede	ed.	
Facility / Plant Name		Class P	DWIS (Water) N	NPDES (Wastewater)	



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This is page one of	This is page one of a two page form. Both pages must be completed and returned.			umber: 2480
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	
с	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by tresult in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant Nar	ne	Class	PDWIS (Water) NPI	DES (Wastewater)



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	ase enter you're current address on the lines below and, if ne	cessary,	Certification below will		1/2022
coi	rect the City, state and ZIP Code. Please print legibly.		The fee to re	new these \$1 tifications:	00
			requirements result in a	mplete or subn by the expirati n additional lat ribed in Section	ion date will te fees as
I. CERTIFICA	TES TO RENEW:			Train	ing Units
Certification Type	e Category		Class	Requ	
OPERATOR	WASTEWATER TREATMENT		3	30	
SUPERINTENDENT	WASTEWATER TREATMENT		3	7	
II. CURRENT EN	IPLOYMENT INFORMATION				
Employer's Name:			Phone #	:	
Number of Facilities	(or Plants) that you currently operate:		I am employe	ed by the Facilit	y owner
I am currently not op	erating any Facility	I pro	ovide contractual	services to the	Facility
Please provide the fo	llowing information about each Facility/Plant that you oper	ate. Use addtion	nal pages as need	led.	
Facility / Plant Name		Class P	DWIS (Water)	NPDES (Waste	ewater)



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This is page on	e of a two page form. Both pages must be completed and re	eturned. Op	erator Certifcation	Number: 2684	
CHARLES GIRARD Please enter you're current address on the lines below and, if necess			Certification(s below will e		
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		requirements by result in an		plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 1	Type Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
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Employer's Name	e:		Phone #:		
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CHARLES W.	HIMMEL, JR. Please enter you're current address on the lines below and, if necessary,	sary,	Certification(s) sl below will expi	5/1//0///	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
	CATES TO RENEW:			Training Units	
Certification 7	Гуре Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned. Ope				Operator Certifcation Number: 2706		
DAVID RILEY Please enter you're current address on the lines below and,			ıry,	Certification(s) shown below will expire on: 5/1/2022		
correct the City, state and ZIP Code. Please print legibly.		Please print legibly.		The fee to renew these certifications: \$10		5100
				Failure to complete or submit re- requirements by the expiration d result in an additional late fee described in Section V.		ation date will late fees as
I. CERTIFIC	CATES TO RENEW:				Tra	ining Units
Certification ⁻	Гуре Categor	у		Class	Rec	Juired
TEMPORARY	WASTEW	ATER TREATMENT		А	24	
TEMPORARY	WATER 1	REATMENT		3	45	
TEMPORARY	WASTEW	ATER TREATMENT		5	45	
II. CURRENT	EMPLOYMENT INFORMAT	ION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you currently open	rate:		I am employed	d by the Faci	lity owner
I am currently no	ot operating any Facility		I pro	vide contractual s	services to th	ne Facility
Please provide t	he following information about each F	<i>Cacility/Plant that you operate.</i>	Use addtion	al pages as neede	ed.	
Facility / Plant N	lame		Class PE	WIS (Water) N	NPDES (Wa	stewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page on	e of a two page form. Both pages must be completed and return	Operator Certification Number: 2710			
TYLER THO	Please enter you're current address on the lines below and, if neces	ssary,	Certification below will		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100		
			requirements result in a	omplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification ⁻	Type Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT	SEMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #	<i>t</i> :	
Number of Facil	ities (or Plants) that you currently operate:		I am employe	ed by the Facility owner	
I am currently no	ot operating any Facility	I p	rovide contractual	l services to the Facility	
Please provide t	he following information about each Facility/Plant that you operate	e. Use addtie	onal pages as need	ded.	
Facility / Plant N	Jame	Class	PDWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

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This is page one	of a two page form. Both pages must be completed an	perator Certifcation Nu	mber: 2729	
	Please enter you're current address on the lines below and		Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ιŗ	provide contractual serv	ices to the Facility
Please provide the	e following information about each Facility/Plant that yo	ou operate. Use addti	onal pages as needed.	
Facility / Plant Na	me	Class	PDWIS (Water) NPD	DES (Wastewater)



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Date

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Email Address

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	Please verify your	nformation shown on this application and m	nake any co	prrections as nee	eded.		
This is page on	e of a two page form. Bot	h pages must be completed and returned.	Oper	rator Certifcation	n Number:	2757	
FRANCIS W. SCHMIDT Please enter you're current address on the lines below and, if necessary,			ry,	Certification(s) shown below will expire on: 5/1/20 The fee to renew these certifications: \$100			
correct the City, state and ZIP Code. Please print legibly.			\$100				
				requirements result in ar	by the exp	submit renewal piration date will al late fees as ection V.	
I. CERTIFIC	CATES TO RENEW	<u>:</u>			т	raining Units	
Certification ⁻	Туре	Category		Class	R	equired	
TEMPORARY		WASTEWATER TREATMENT		4	24	4	
TEMPORARY		INDUSTRIAL WASTEWATER		7	24	4	
OPERATOR		WASTEWATER TREATMENT		5	3	0	
OPERATOR		WATER TREATMENT		2	1	6	
OPERATOR		WASTEWATER TREATMENT		А	1	6	
II. CURRENT	FEMPLOYMENT INF	ORMATION					
Employer's Nam	ie:			Phone #	:		
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employe	d by the Fa	acility owner	
I am currently no	ot operating any Facility		I pro	vide contractual	services to	the Facility	
Please provide t	he following information a	bout each Facility/Plant that you operate. U	Ise addtion	al pages as need	led.		
Facility / Plant N	Jame	C	Class PD	WIS (Water)	NPDES (W	Vastewater)	



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This is page one	e of a two page form. Both	Operator Certifcation Number: 2816			
ROBERT LEE BRADLEY, JR. Please enter you're current address on the lines below and, if necessary,				Certification(s) sho below will expire	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew th certificati	\$50	
				 requirements by th result in an add 	e or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification T	уре	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		А	16
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Name	:			Phone #:	
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employed by t	he Facility owner
I am currently not	t operating any Facility]	Ιp	provide contractual servio	ces to the Facility
Please provide th	e following information ab	out each Facility/Plant that you operate	e. Use addti	onal pages as needed.	
Facility / Plant Na	ame		Class	PDWIS (Water) NPDI	ES (Wastewater)



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THOMAS MASON Please enter you're current address on the lines below and, if necessar			Certification(s below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	w these \$50 ications:
			requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFICATES	<u>S TO RENEW:</u>			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not operat	ting any Facility	I pr	ovide contractual s	ervices to the Facility
Please provide the follow	ving information about each Facility/Plant that you operation	te. Use addtio	nal pages as neede	<i>d</i> .
Facility / Plant Name		Class P	DWIS (Water) N	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.
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- 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

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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 on	This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 2903		
REYNOLD AI	Please enter you're current address on the lines below and, if necessary,	necessary,	Certification(s) shown below will expire on: 5/1		5/1/2022	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50 Failure to complete or submit r requirements by the expiration or result in an additional late fee described in Section V.			
I. CERTIFIC	CATES TO RENEW:			Tra	aining Units	
Certification 1	Type Category		Class	Re	quired	
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	e:		Phone #	#:		
Number of Facili	ities (or Plants) that you currently operate:		I am employe	ed by the Fac	ility owner	
I am currently no	ot operating any Facility	I pr	I provide contractual services to the Facility			
Please provide th	he following information about each Facility/Plant that you op	perate. Use addtio	nal pages as need	ded.		
Facility / Plant N	ame	Class P	DWIS (Water)	NPDES (Wa	astewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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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 Certification Number: 3043		
	ase enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp		
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not ope	erating any Facility	Ιp	provide contractual services to the Facility		
Please provide the fo	llowing information about each Facility/Plant that you operat	e. Use addtio	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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

This is page one of a two page form. Both pages must be completed and returned. Op			Derator Certifcation Number: 3187		
	lease enter you're current address on the lines below and, if neces	sary,	Certification(s) shown below will expire on: 5/1/20		
cc	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			 requirements by t result in an ad 	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	De Category		Class	Required	
OPERATOR	WATER TREATMENT		3	30	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	perating any Facility	I pi	rovide contractual serv	vices to the Facility	
Please provide the f	following information about each Facility/Plant that you operate	. Use addtic	onal pages as needed.		
Facility / Plant Nam	le	Class I	PDWIS (Water) NPI	DES (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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	ease enter you're current address on the lines below and, if necessary	у,	Certification(s) s below will expi	5/1//0//	
co	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	De Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
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Facility / Plant Nam	e C	Class P	DWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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	ease enter you're current address on the lines below and, if necessar	y,	Certification(s) sl below will expi		
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
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Facility / Plant Name	e	Class 1	PDWIS (Water) NPI	DES (Wastewater)	



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	Please enter you're current address on the lines below and, if neces orrect the City, state and ZIP Code. Please print legibly.	sary,	Certification(s) shown below will expire on: 5/1/202		
c	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	I pi	rovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate	. Use addtic	onal pages as needed.		
Facility / Plant Nar	ne	Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned. ${ m O}_{ m F}$			Operator Certifcation Number: 4007		
	lease enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will expi		
cc	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	De Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		1	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	perating any Facility	I pi	rovide contractual serv	vices to the Facility	
Please provide the f	following information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.		
Facility / Plant Nam	le	Class F	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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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			Operator Certifcation Number: 4015		
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp	5/1//0///	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT H	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility	Ιp	provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you open	rate. Use addtio	onal pages as needed.		
Facility / Plant Nar	ne	Class 1	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned. O			Operator Certification Number: 4146		
	ase enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp		
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			 requirements by t result in an ad 	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	e Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EN	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not op	erating any Facility	I p	provide contractual serv	vices to the Facility	
Please provide the fo	llowing information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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- 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. O			Operator Certification Number: 4148		
	SHER lease enter you're current address on the lines below and, if nece orrect the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) s below will exp		
C	orrect the City, state and Zir Code. Please print legiory.		The fee to renew certific	\$50	
				lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	pe Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
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Please provide the j	following information about each Facility/Plant that you operat	te. Use addtio	onal pages as needed.		
Facility / Plant Nam	ne	Class 1	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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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. ${ m O}_{ m I}$			Operator Certifcation Number: 4207		
	ase enter you're current address on the lines below and, if necessa	ary,	Certification(s) shown below will expire on: 5/1/2		
cori	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100	
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section		
I. CERTIFICATES TO RENEW:			Training Units		
Certification Type	Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities ((or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not ope	erating any Facility	I pro	provide contractual services to the Facility		
Please provide the fol	llowing information about each Facility/Plant that you operate.	Use addtion	nal pages as needed.		
Facility / Plant Name		Class Pl	DWIS (Water) NP	DES (Wastewater)	
_					



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned. O			Operator Certification Number: 4591		
	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) s below will exp		
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
II. CURRENT H	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility	I pı	rovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.		
Facility / Plant Nar	me C	Class F	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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	of a two page form. Both pages must be completed and returne	perator Certifcation Nu	mber: 5090		
	lease enter you're current address on the lines below and, if necess	sary,	Certification(s) sl below will expi		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
II. CURRENT E	CMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	I pi	rovide contractual serv	rices to the Facility	
Please provide the	following information about each Facility/Plant that you operate.	. Use addtic	onal pages as needed.		
Facility / Plant Nan	ne	Class I	PDWIS (Water) NPD	DES (Wastewater)	
				_	



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	lease enter you're current address on the lines below and, if	necessary,	Certification(s) sl below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50
			Failure to complete or subn requirements by the expirati result in an additional lat described in Section	
	TES TO RENEW:			Training Units
Certification Typ	pe Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
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This is page one of	a two page form. Both pages must be completed and return	perator Certifcation Number: 5261			
	ase enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will expi		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
			 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. 		
I. CERTIFICAT	TES TO RENEW:			Training Units	
Certification Type	e Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		3	30	
II. CURRENT EN	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not op	erating any Facility	I pi	rovide contractual serv	vices to the Facility	
Please provide the fo	llowing information about each Facility/Plant that you operate	e. Use addtio	onal pages as needed.		
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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a tw	vo page form. Both pages must be completed and return	ned. Operator Certification Num	Operator Certifcation Number: 6082		
	enter you're current address on the lines below and, if nece	certification(s) sho below will expire			
correct the City, state and ZIP Code. Please print legibly.		The fee to renew th certificati	\$100		
		requirements by the result in an add	e or submit renewal e expiration date will itional late fees as in Section V.		
I. CERTIFICATES			Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WASTEWATER TREATMENT	А	16		
SUPERINTENDENT	WASTEWATER TREATMENT	5	7		
SUPERINTENDENT	WASTEWATER TREATMENT	А	7		
II. CURRENT EMPL	LOYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or l	Plants) that you currently operate:	I am employed by t	he Facility owner		
I am currently not operati	ing any Facility	I provide contractual service	ces to the Facility		
Please provide the follow	ving information about each Facility/Plant that you operate	te. Use addtional pages as needed.			
Facility / Plant Name		Class PDWIS (Water) NPDE	ES (Wastewater)		



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This is page one	ned. O _l	Operator Certification Number: 6726				
MARK A. JOINES 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:	
				The fee to re	enew these rtifications:	\$100
			Failure to complete or submit requirements by the expiration result in an additional late described in Section		piration date will nal late fees as	
I. CERTIFIC	ATES TO RENEW				ſ	Fraining Units
Certification T	уре	Category		Class		Required
OPERATOR		WASTEWATER COLLECTION		2	1	16
OPERATOR		WASTEWATER TREATMENT		1	1	16
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	2:			Phone	#:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	red by the F	acility owner
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Please provide th	e following information at	pout each Facility/Plant that you operation	te. Use addtio	onal pages as nee	eded.	
Facility / Plant N	ame		Class]	PDWIS (Water)	NPDES (V	Wastewater)



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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 7244			
MICHAEL R. BANNING Please enter you're current address on the lines below and, if necess			ecessary,	 Certification(s) shown below will expire on: The fee to renew these certifications: \$50 		5/1/2022	
correct the City, state and ZIP Code. Please print legibly.			\$50				
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		iration date will al late fees as	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			т	raining Units	
Certification 7	Гуре	Category		Class	R	equired	
OPERATOR		WASTEWATER TREATMENT		5	3	0	
OPERATOR		WASTEWATER TREATMENT		А	1	6	
OPERATOR		WASTEWATER TREATMENT		S	1	6	
OPERATOR		WASTEWATER TREATMENT		4	3	0	
II. CURRENT	EMPLOYMENT INF	FORMATION					
Employer's Name	e:			Phone #	#:		
Number of Facili	ities (or Plants) that you cu	arrently operate:		I am employ	ed by the Fa	acility owner	
I am currently not operating any Facility			Ιı	provide contractua	l services to	the Facility	
Please provide th	he following information a	bout each Facility/Plant that you ope	rate. Use addti	ional pages as nee	ded.		
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (W	Vastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

- 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
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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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This is page one of a two page form. Both pages must be completed and returned.			ed. Oj	Operator Certifcation Number: 7306		
JASON A. PR	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 renev certifi	w these \$100 cations:	
				Failure to complete or submit re- requirements by the expiration d result in an additional late fee described in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification ⁻	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		А	16	
OPERATOR		WATER TREATMENT		2	16	
OPERATOR		WATER TREATMENT		5AS	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
II. CURRENT	FEMPLOYMENT INF	ORMATION				
Employer's Nam	ie:			Phone #:		
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed	by the Facility owner	
I am currently no	ot operating any Facility		I p	rovide contractual se	rvices to the Facility	
Please provide t	he following information a	bout each Facility/Plant that you operate	e. Use addtio	onal pages as needea	1.	
Facility / Plant N	Jame		Class	PDWIS (Water) NI	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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Applicant's Signature

Date

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 7322		
	ease enter you're current address on the lines below and, if neces	ssary,	Certification(s) sl below will expi		
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V		
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		А	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not op	perating any Facility	I pr	rovide contractual services to the Facility		
Please provide the f	ollowing information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.		
Facility / Plant Nam	e	Class P	DWIS (Water) NPE	DES (Wastewater)	
_					



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

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This is page one of	a two page form. Both pages must be completed and return	perator Certification N	umber: 7642	
	ease enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			Failure to complete or sub requirements by the expirat result in an additional la described in Sectio	
	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not op	perating any Facility	I p	rovide contractual ser	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you operate	e. Use addtio	onal pages as needed.	
Facility / Plant Name	2	Class I	PDWIS (Water) NP	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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	se enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp		
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (o	or Plants) that you currently operate:		I am employed by	y the Facility owner	
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Please provide the follo	owing information about each Facility/Plant that you operat	e. Use addtio	onal pages as needed.		
Facility / Plant Name		Class P	PDWIS (Water) NPI	DES (Wastewater)	



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IAN FRASER	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	\$50
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	CATES TO RENEW:			Training Units
Certification 1	Type Category		Class	Required
SUPERINTENDE	NT Unknown		5A	???
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
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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.			Derator Certifcation Number: 8621		
	ease enter you're current address on the lines below and, if necessary	ζ,	Certification(s) s below will exp		
со	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not op	perating any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide the fo	ollowing information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.		
Facility / Plant Name	e Cl	lass P	DWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature

Date

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Email Address

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

This is page one	of a two page form. Both pages must be complete	Operator Certifcation Number: 8697		
	Please enter you're current address on the lines below		Certification(s) sho below will expire	
C	correct the City, state and ZIP Code. Please print leg	ibly.	The fee to renew th certification	\$50
			— requirements by the result in an addi	e or submit renewal e expiration date will tional late fees as n Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WASTEWATER TREATM	/IENT	5	30
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by the	ne Facility owner
I am currently not	operating any Facility]	I provide contractual servic	es to the Facility
Please provide the	following information about each Facility/Plant the	at you operate. Use add	ltional pages as needed.	
Facility / Plant Nat	ne	Class	PDWIS (Water) NPDE	S (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Date

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

This is page one o	f a two page form. Both pages must be completed and returned	l. Op	perator Certifcation Nu	umber: 8702	
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	ire on: 5/1/2022	
			The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
	TES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	operating any Facility	I pı	rovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate. U	Use addtio	onal pages as needed.		
Facility / Plant Nan	ne	Class F	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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This is page one of a two page form. Both pages must be completed and returned. Op			Derator Certification Number: 8703		
	ase enter you're current address on the lines below and, if necessar	ry,	Certification(s) sl below will expi		
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities ((or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not ope	erating any Facility	I pi	rovide contractual serv	ices to the Facility	
Please provide the fol	lowing information about each Facility/Plant that you operate. U	Jse addtio	onal pages as needed.		
Facility / Plant Name	(Class I	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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	ease enter you're current address on the lines below and, if necess	ary,	Certification(s) s below will exp		
col	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	e Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EN	APLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
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Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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	Please enter you're current address on the lines below and, if necess	ary,	Certification(s) s below will exp		
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
	ATES TO RENEW:			Training Units	
Certification Ty	/pe Category		Class	Required	
OPERATOR	WATER TREATMENT		3	30	
II. CURRENT I	EMPLOYMENT INFORMATION				
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Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page one of a two	page form. Both pages must be completed and returned	d. Ope	erator Certifcation N	Number: 9163	
	ter you're current address on the lines below and, if necess	ary,	Certification(s) below will ex		
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renev certifi	w these \$50 cations:	
			requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.	
I. CERTIFICATES 7	<u>ΓΟ RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLO	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pla	ants) that you currently operate:		I am employed l	by the Facility owner	
I am currently not operating	any Facility	I pro	provide contractual services to the Facility		
Please provide the following	g information about each Facility/Plant that you operate.	Use addtion	nal pages as needea	!. 	
Facility / Plant Name		Class Pl	DWIS (Water) NI	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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Name and Certification Number of Operator in Responsible Charge:

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	Please enter you're current address on the lines below and, if necessary	y,	Certification(s) s below will exp			
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
	ATES TO RENEW:			Training Units		
Certification Ty	vpe Category		Class	Required		
OPERATOR	WATER TREATMENT		1	16		
II. CURRENT I	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
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Facility / Plant Nat	me C	Class F	PDWIS (Water) NPI	DES (Wastewater)		



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	Please enter you're current address on the lines below and, if necessary,	sary,	Certification(s) s below will exp			
со	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
			 Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V. 			
	TES TO RENEW:		_	Training Units		
Certification Typ	e Category		Class	Required		
OPERATOR	WATER TREATMENT		3	30		
II. CURRENT EN	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not operating any Facility			provide contractual services to the Facility			
Please provide the f	ollowing information about each Facility/Plant that you operate.	. Use addtio	nal pages as needed.			
Facility / Plant Name	e	Class P	DWIS (Water) NPI	DES (Wastewater)		



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ANTHONY	COOPER Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	sary,	Certification(s) shown below will expire on: 5/1/2022				
			The fee to re	enew these rtifications:	\$100		
				 Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. 		oiration date will al late fees as	
I. CERTIFI	CATES TO RENEW:				т	raining Units	
Certification	Type Ca	itegory		Class	R	equired	
OPERATOR	IN	DUSTRIAL WASTEWATER		7	1	6	
SUPERINTEND	DENT IN	DUSTRIAL WASTEWATER		7	7		
II. CURREN	T EMPLOYMENT INFOR	MATION					
Employer's Nat	ne:			Phone #	#:		
Number of Facilities (or Plants) that you currently operate:				I am employed by the Facility owner			
I am currently not operating any Facility			I pı	I provide contractual services to the Facility			
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Facility / Plant	Name		Class F	DWIS (Water)	NPDES (W	Wastewater)	



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LOUIS MALTESE Please enter you're current address on the lines below and, if neces correct the City, state and ZIP Code. Please print legibly.			ary,	Certification below will	n(s) shown l expire on:	5/1/2022	
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I. CERTIFIC	ATES TO RENEW:				г	raining Units	
Certification T	ype Catego	ry		Class	F	Required	
OPERATOR	WATER	DISTRIBUTION		1	1	.6	
OPERATOR	WASTEV	VATER COLLECTION		2	1	.6	
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