

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. | | | Operator Certifcation Number: 0074 | | |
|---|--|-----------|---|--|--|
| | enter you're current address on the lines below and, if necessary, | , | Certification(s) s below will exp | | |
| correct | t the City, state and ZIP Code. Please print legibly. | | these \$100 | | |
| | | | requirements by result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES | S TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | |
| II. CURRENT EMPI | LOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not operat | ting any Facility | I pro | rovide contractual services to the Facility | | |
| Please provide the follow | wing information about each Facility/Plant that you operate. Use | e addtior | nal pages as needed. | | |
| Facility / Plant Name | Cla | ass PI | OWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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|---|---|------------|--|---|--|--|
| | enter you're current address on the lines below and, if neces | sary, | 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 tresult in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. | | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| OPERATOR | WASTEWATER TREATMENT | | 3 | 30 | | |
| II. CURRENT EMPL | OYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or F | Plants) that you currently operate: | | I am employed by | the Facility owner | | |
| I am currently not operation | ng any Facility | I | provide contractual serv | vices to the Facility | | |
| Please provide the follow | ing information about each Facility/Plant that you operate. | . Use addi | tional pages as needed. | | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page one of a two page form. Both pages must be completed and returned. Ope | | | Operator Certifcation Number: 0408 | | | |
|---|---------------------------------|--------------------------------------|------------------------------------|--|--|--|
| | Please enter you're current ad | dress on the lines below and, if nec | essary, | Certification(s) below will ex | | |
| | correct the City, state and ZII | Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | | requirements by result in an a | olete or submit renewal the expiration date will additional late fees as ed in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | | Training Units | |
| Certification Ty | ype Ca | ategory | | Class | Required | |
| OPERATOR | W | ASTEWATER TREATMENT | | 5 | 30 | |
| II. CURRENT | EMPLOYMENT INFOR | MATION | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you curren | tly operate: | | I am employed b | by the Facility owner | |
| I am currently not | operating any Facility | | Ι | provide contractual set | rvices to the Facility | |
| Please provide the | e following information about | each Facility/Plant that you opera | te. Use ada | ltional pages as needed | <i>!</i> . | |
| Facility / Plant Na | me | | Class | PDWIS (Water) NF | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 0446 | | |
|---|--|------------|---|-----------------------|--|
| KENNETH LEE ST | | | Certification(s) | | |
| | ase enter you're current address on the lines below and, if necessar rect the City, state and ZIP Code. Please print legibly. | ry, | below will expire on: 6/1/20 The fee to renew these certifications: \$50 | | |
| | | | Failure to complete or submit requirements by the expiration result in an additional late described in Section V | | |
| I. CERTIFICAT | <u>TES TO RENEW:</u> | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (| (or Plants) that you currently operate: | | I am employed b | y the Facility owner | |
| I am currently not ope | erating any Facility | I pr | ovide contractual ser | vices to the Facility | |
| Please provide the fol | llowing information about each Facility/Plant that you operate. U | Jse addtio | nal pages as needed. | | |
| Facility / Plant Name | 0 | Class P | DWIS (Water) NP | DES (Wastewater) | |
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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:

Last 4 digits of Social Security Number

Email Address

Date

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|---|---|-----------------|--|--|--|
| | ase enter you're current address on the lines below and, if | necessary, | Certification(s) s below will exp | | |
| cor | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$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 | |
| TEMPORARY | WASTEWATER TREATMENT | | 3 | 45 | |
| 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 | Ι | provide contractual services to the Facility | | |
| Please provide the fo | llowing information about each Facility/Plant that you op | perate. Use add | tional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certifcation Number: 0602 | | |
|---|---|----------------------|--|---|--|
| | Please enter you're current address on the lines below and | | Certification(s) shown below will expire on: 6/1/202 | | |
| | 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 | ype Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | : | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not | operating any Facility | Ι | provide contractual serv | vices to the Facility | |
| Please provide the | e following information about each Facility/Plant that yo | ou operate. Use addi | tional pages as needed. | | |
| Facility / Plant Na | ume | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certifcation Number: 0605 | | | |
|---|--|----------------|--|--------------------|--|--|
| | re current address on the lines below and, if nece | essary, | Certification(s) s below will exp | | | |
| correct the City, | state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | | |
| | | | Failure to complete or submit rep requirements by the expiration da result in an additional late fees described in Section V. | | | |
| I. CERTIFICATES TO R | ENEW: | | | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | | |
| II. CURRENT EMPLOYME | NT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or Plants) that | at you currently operate: | | I am employed by | the Facility owner | | |
| I am currently not operating any Fa | acility | I pro | I provide contractual services to the Facility | | | |
| Please provide the following inform | nation about each Facility/Plant that you operat | e. Use addtior | ial pages as needed. | | | |
| Facility / Plant Name | | Class PI | DWIS (Water) NPI | DES (Wastewater) | | |
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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.
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VII. APPLICANT'S STATEMENT

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 0647 | | | |
|---|--|--|--|---|--|--|
| | Please enter you're current address on the lines below and, if neces | ssary, | Certification(s) s below will exp | | | |
| | correct the City, state and ZIP Code. Please print legibly. | The fee to renew these certifications: \$50 | | | | |
| | | | requirements by 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 T | ype Category | | Class | Required | | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | | |
| Employer's Name | : | | Phone #: | | | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed by | the Facility owner | | |
| I am currently not | t operating any Facility | Ι | provide contractual services to the Facility | | | |
| Please provide th | e following information about each Facility/Plant that you operate | e. Use addi | tional pages as needed. | | | |
| Facility / Plant Na | ame | Class | PDWIS (Water) NPI | DES (Wastewater) | | |
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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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one of a two page form. Both pages must be completed and returned. O | | | Operator Certification Number: 0650 | | |
|---|---|------------|--|---|--|
| | 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 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. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 1 | 0 | |
| 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 pr | ovide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you operate. | Use addtio | onal pages as needed. | | |
| Facility / Plant Nan | ne | Class P | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 0658 | | |
|---|---|------------|--|--|--|
| BRIAN WASH | 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 certification | \$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. CERTIFIC | . CERTIFICATES TO RENEW: | | | Training Units | |
| Certification 7 | Гуре Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | e: | | Phone #: | | |
| Number of Facili | ities (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently no | ot operating any Facility | I pr | provide contractual services to the Facility | | |
| Please provide th | he following information about each Facility/Plant that you operate. | Use addtio | onal pages as needed. | | |
| Facility / Plant N | lame | Class P | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 0807 | | | |
|---|-----------------------------|--------------------------------------|--|---|---|--|
| | Please enter you're curren | address on the lines below and, if n | ecessary, | Certification(s below will e | | |
| C | correct the City, state and | ZIP Code. Please print legibly. | | The fee to renew these certifications: \$100 | | |
| | | | | 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 RENEW: | | | | Training Units | | |
| Certification Ty | ире | Category | | Class | Required | |
| OPERATOR | | WASTEWATER COLLECTION | | 2 | 16 | |
| OPERATOR | | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT I | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you cur | rently operate: | | I am employed | by the Facility owner | |
| I am currently not | operating any Facility |] | Ι | provide contractual s | services to the Facility | |
| Please provide the | following information at | out each Facility/Plant that you ope | erate. Use add | tional pages as neede | ed. | |
| Facility / Plant Nat | me | | Class | PDWIS (Water) N | NPDES (Wastewater) | |
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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:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 0856 | | | |
|---|--|------------|--|--|--------------------------------------|--|
| | ter you're current address on the lines below and, if necess | ary, | | Certification(s) shown below will expire on: 6/1/2023 | | |
| correct the | e City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$100 | | | |
| | | | Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V. | | iration date will al late fees as | |
| I. CERTIFICATES TO RENEW: | | | | Т | raining Units | |
| Certification Type | Category | | Class | | equired | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | 5 | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 10 | 5 | |
| II. CURRENT EMPLO | YMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or Pla | ants) that you currently operate: | | I am employed | d by the Fa | cility owner | |
| I am currently not operating | g any Facility | I pr | provide contractual services to the Facility | | | |
| Please provide the following | g information about each Facility/Plant that you operate. | Use addtio | nal pages as need | led. | | |
| Facility / Plant Name | | Class P | DWIS (Water) | NPDES (W | /astewater) | |
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III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one of a two page form. Both pages must be completed and returned. | perator Certifcation Number: 0861 | | | |
|--|--|-----------------------|--|--|
| ANDRE JOHNSON Please enter you're current address on the lines below and, if necessary, | Certification(s) shown below will expire on: 6/1/20 | | | |
| correct the City, state and ZIP Code. Please print legibly. | The fee to renew these certifications: \$50 | | | |
| | Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. | | | |
| I. CERTIFICATES TO RENEW: | | Training Units | | |
| Certification Type Category | Class | Required | | |
| OPERATOR INDUSTRIAL WASTEWATER | 6 | 16 | | |
| II. CURRENT EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | Phone #: | | | |
| Number of Facilities (or Plants) that you currently operate: | I am employed by | y the Facility owner | | |
| I am currently not operating any Facility | provide contractual serv | vices to the Facility | | |
| Please provide the following information about each Facility/Plant that you operate. Use add | ltional pages as needed. | | | |
| Facility / Plant Name Class | PDWIS (Water) NPI | DES (Wastewater) | | |
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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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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. Oper | | | | perator Certifcation Nu | erator Certifcation Number: 0939 | | | |
|--|---|------------------------------------|--|--|----------------------------------|--|--|--|
| GERARDO | GOMEZ Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | essary, | Certification(s) shown below will expire on: 6/1/2023 | | | | | |
| | | | | The fee to renew these certifications: \$50 | | | | |
| | | | Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. | | | | | |
| I. CERTIF | ICATES TO RENEW: | | | | Training Units | | | |
| Certificatio | n Type Ca | tegory | | Class | Required | | | |
| OPERATOR | W | ATER DISTRIBUTION | | 1 | 16 | | | |
| II. CURREN | NT EMPLOYMENT INFOR | MATION | | | | | | |
| Employer's Na | ame: | | | Phone #: | | | | |
| Number of Fa | cilities (or Plants) that you current | ly operate: | | I am employed by | the Facility owner | | | |
| I am currently | not operating any Facility | | I | provide contractual serv | vices to the Facility | | | |
| Please provide | e the following information about | each Facility/Plant that you opera | te. Use addt | ional pages as needed. | | | | |
| Facility / Plant | t Name | | Class | PDWIS (Water) NPD | DES (Wastewater) | | | |
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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page one of a two page form. Both pages must be completed and returned. Oper | | | | | erator Certifcation Number: 0979 | | | |
|--|---|---|----------------|--|----------------------------------|--|--|--|
| DALE WHITL | Please enter you're curren | t address on the lines below and, if ne | ecessary, | Certification(s) shown below will expire on: 6/1/2023 | | | | |
| corre | correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew these certifications: \$50 | | | | |
| | | | | Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. | | | | |
| I. CERTIFIC | ATES TO RENEW | <u> </u> | | | Training Units | | | |
| Certification T | ӯре | Category | | Class | Required | | | |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | 45 | | | |
| TEMPORARY | | WASTEWATER TREATMENT | | А | 24 | | | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | | | |
| Employer's Name | : | | | Phone #: | | | | |
| Number of Facili | ties (or Plants) that you cur | rently operate: | | I am employed | by the Facility owner | | | |
| I am currently no | t operating any Facility | | Ι | provide contractual se | ervices to the Facility | | | |
| Please provide th | e following information al | pout each Facility/Plant that you oper | rate. Use addi | tional pages as neede | <i>d</i> . | | | |
| Facility / Plant Na | ame | | Class | PDWIS (Water) N | PDES (Wastewater) | | | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Email Address

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

| This is page one | of a two page form. Both pages must be completed and return | erator Certifcation Number: 0992 | | | |
|---|---|----------------------------------|------------------------------------|---|--|
| | Please enter you're current address on the lines below and, if nece | ssary, | Certification(s) below will exp | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | \$50 | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| | ATES TO RENEW: | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | : | | Phone #: | _ | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not | operating any Facility | Ιp | provide contractual ser | vices to the Facility | |
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| This is page one of a two page form. Both pages must be completed and returned. Operation | | | | | rator Certifcation Number: 10052 | | | |
|---|-----------------------------------|--|------------|--|----------------------------------|-----------------|--|--|
| | | dress on the lines below and, if necessary | sary, | Certification below wil | n(s) shown l expire on | | | |
| correct the City, state and ZIP Code. Please print leg | e. Please print legibly. | | | The fee to renew these certifications: \$50 | | | | |
| | | | | Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. | | | | |
| I. CERTIFICA | <u>TES TO RENEW:</u> | | | | - | Fraining Units | | |
| Certification Typ | e Catego | ory | | Class | | Required | | |
| TEMPORARY | WASTE | WATER TREATMENT | | 5 | 4 | 45 | | |
| TEMPORARY | WASTE | WATER TREATMENT | | А | | 24 | | |
| II. CURRENT E | MPLOYMENT INFORMAT | ΓΙΟΝ | | | | | | |
| Employer's Name: | | | | Phone 7 | #: | | | |
| Number of Facilities | (or Plants) that you currently op | erate: | | I am employ | ed by the H | Facility owner | | |
| I am currently not op | perating any Facility | | I pr | ovide contractua | l services t | to the Facility | | |
| Please provide the f | ollowing information about each | Facility/Plant that you operate. | Use addtio | nal pages as nee | eded. | | | |
| Facility / Plant Nam | 2 | | Class P | DWIS (Water) | NPDES (| Wastewater) | | |
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V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *



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

| This is page on | Operat | perator Certifcation Number: 10061 | | | | |
|--------------------|--|--|--|---------------|--|--|
| JOSH KAHL | Please enter you're current address on the lines below and, if necessary, | | Certification(s) shown below will expire on: 6/1 , | | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to re | \$50 | | |
| | | requirements by the result in an addit | | | e or submit renewal e expiration date will tional late fees as n Section V. | |
| | CATES TO RENEW: | | | | raining Units | |
| Certification 7 | Type Category | | Class | R | equired | |
| TEMPORARY | WATER TREATMENT | | 4 | 4 | 5 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | | |
| Employer's Name | 2: | | Phone 7 | #: | | |
| Number of Facili | ties (or Plants) that you currently operate: | | I am employ | red by the F | acility owner | |
| I am currently no | t operating any Facility | I provid | le contractua | l services to | o the Facility | |
| Please provide th | he following information about each Facility/Plant that you operate. Use a | addtional | pages as nee | eded. | | |
| Facility / Plant N | ame Clas | ss PDW | VIS (Water) | NPDES (V | Wastewater) | |
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III. CONTINUING EDUCATION:

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certifcation Number: 10065 | | |
|---|---|------------|--|-----------------------|--|
| | Please enter you're current address on the lines below and, if necess | sary, | Certification(s) s below will expi | | |
| C | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | |
| | | | Failure to complete or sub requirements by the expirat result in an additional la described in Sectio | | |
| | ATES TO RENEW: | | | Training Units | |
| Certification Ty | vpe Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 4 | 45 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not | operating any Facility | I pr | rovide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you operate. | Use addtio | onal pages as needed. | | |
| Facility / Plant Nat | me | Class P | 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:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. Op | | | perator Certifcation Number: 10066 | | |
|--|---|-------------------------|--|--|--|
| | 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 certifica | \$50 | |
| | | requiremen result in | | ete or submit renewal he expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICATES | <u>S TO RENEW:</u> | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 | |
| TEMPORARY | WASTEWATER TREATMENT | | А | 24 | |
| II. CURRENT EMPI | LOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operat | ing any Facility | I pro | provide contractual services to the Facility | | |
| Please provide the follov | ving information about each Facility/Plant that you operate. | Use addtion | nal pages as needed. | | |
| Facility / Plant Name | | Class Pl | OWIS (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:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page one of a two page form. | perator Certifcation Number: 10067 | | | | |
|--|--|--------------|---|--|--|
| NORMAN LAYFIELD Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly. | | | Certification(s) shown below will expire on: 6/1/2023 | | |
| | | | The fee to renew certifica | \$50 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFICATES TO RENI | <u>EW:</u> | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 | |
| TEMPORARY | WASTEWATER TREATMENT | | А | 24 | |
| II. CURRENT EMPLOYMENT I | INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants) that you | u currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any Facility | ý 🔲 | I | provide contractual services to the Facility | | |
| Please provide the following informatio | n about each Facility/Plant that you operation | te. Use addt | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | DES (Wastewater) | |
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| This is page one | of a two page form. Both pages must be completed and returned. | . Op | perator Certifcation Nu | mber: 10069 | |
|---|---|------------|--------------------------------------|--|--|
| ROBERT FRENCH | | | Certification(s) shown 6/1/202 | | |
| | Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly. | ry, | below will exp | re on: 0, 1, 2020 | |
| correct the City, state and Zir Code. Flease print regi | correct the City, state and Zir Code. Flease print legioly. | | The fee to renew certifica | \$50 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFIC | ATES TO RENEW: | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 1 | 16 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | : | | Phone #: | | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not | operating any Facility | I pi | rovide contractual serv | vices to the Facility | |
| Please provide the | e following information about each Facility/Plant that you operate. U | Jse addtio | onal pages as needed. | | |
| Facility / Plant Na | ime C | Class F | PDWIS (Water) NPI | DES (Wastewater) | |
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| This is page on | e of a two page form. Both pa | ges must be completed and retu | rned. C | Operator Certifcation Nu | umber: 1013 |
|--------------------|------------------------------------|---|---|--------------------------------------|-----------------------|
| ANDREW SH | Please enter you're current ad | rrent address on the lines below and, if necessary, | cessary, | Certification(s) s below will exp | |
| correct the | 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. CERTIFIC | CATES TO RENEW: | | | | Training Units |
| Certification 7 | Гуре Са | tegory | | Class | Required |
| OPERATOR | W | ATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT | EMPLOYMENT INFOR | MATION | | | |
| Employer's Name | e: | | | Phone #: | |
| Number of Facili | ities (or Plants) that you current | ily operate: | | I am employed by | the Facility owner |
| I am currently no | ot operating any Facility | | I | provide contractual serv | vices to the Facility |
| Please provide th | he following information about | each Facility/Plant that you oper | ate. Use addt | ional pages as needed. | |
| Facility / Plant N | lame | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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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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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one of | a two page form. Both pages must be completed and returned | ed. Op | perator Certifcation Nu | umber: 10134 |
|---|--|---------------|---|-----------------------|
| DESTINY MUSSE Ple | ER ease enter you're current address on the lines below and, if neces | sary, | 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 rene requirements by the expiration date result in an additional late fees a described in Section V. | |
| I. CERTIFICAT | TES TO RENEW: | | | Training Units |
| Certification Type | e Category | | Class | Required |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 |
| 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 |
| I am currently not op | erating any Facility | I pi | rovide contractual serv | rices 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 | | Class F | PDWIS (Water) NPI | DES (Wastewater) |
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Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. | | | | Operator Certification Number: 10171 | | |
|---|--------------------------------|--|---------------------|---|--------------|---|
| PHILLIP HINES Please enter you're current ac | | nt address on the lines below and, if necessary, | essary, | Certification below will | | |
| correct the City | correct the City, state and | ZIP Code. Please print legibly. | | The fee to re cer | enew these | \$50 |
| | | | requireme result | | by the ex | submit renewal piration date will nal late fees as ection V. |
| I. CERTIFIC | CATES TO RENEW: | • • | | | 1 | Fraining Units |
| Certification ⁻ | Туре | Category | | Class | | Required |
| OPERATOR | | WASTEWATER TREATMENT | | А | 1 | 16 |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | Э | 30 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Nam | e: | | | Phone # | <i>t</i> : | |
| Number of Facil | ities (or Plants) that you cur | rently operate: | | I am employe | ed by the F | Facility owner |
| I am currently no | ot operating any Facility | | I p | rovide contractual | l services t | o the Facility |
| Please provide t | he following information at | out each Facility/Plant that you operc | te. Use addti | onal pages as need | ded. | |
| Facility / Plant N | Jame | | Class | PDWIS (Water) | NPDES (| Wastewater) |
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Last 4 digits of Social Security Number

Email Address

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

| This is page one of a two page for | orm. Both pages must be completed and | returned. | Operator Certifcation N | umber: 10640 |
|---|---|--|---|-----------------------|
| TAMBA YOLAIN Please enter you | f necessary, | Certification(s) shown below will expire on: 6/1/2023 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | \$50 |
| | | | Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. | |
| I. CERTIFICATES TO R | ENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 2 | 16 |
| II. CURRENT EMPLOYME | NT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) that | at you currently operate: | | I am employed b | y the Facility owner |
| I am currently not operating any Fa | acility | Ι | provide contractual ser | vices to the Facility |
| Please provide the following inform | mation about each Facility/Plant that you o | operate. Use ada | ltional pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NP | DES (Wastewater) |
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Email Address

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| This is page one of a two page form. Both pages must be completed and returned. Ope TERRANCE HEMSLEY Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. Ope | | | perator Certifcation Number: 1071 | | | |
|--|---------------------------------|--|--------------------------------------|---|---|--|
| | | | sary, | Certification(s) sh below will expir | | |
| | | | | The fee to renew t certificat | | |
| | | | requirements by t result in an ad | | lete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| | CATES TO RENEW: | | | | Training Units | |
| Certification 7 | Гуре (| Category | | Class | Required | |
| OPERATOR | ١ | NASTEWATER TREATMENT | | А | 16 | |
| OPERATOR | ١ | NASTEWATER TREATMENT | | 5 | 30 | |
| II. CURRENT | EMPLOYMENT INFO | RMATION | | | | |
| Employer's Nam | 2: | | | Phone #: | | |
| Number of Facili | ties (or Plants) that you curre | ently operate: | | I am employed by | the Facility owner | |
| I am currently no | t operating any Facility |] | I p | rovide contractual servi | ces to the Facility | |
| Please provide ti | he following information abo | - ut each Facility/Plant that you operate | e. Use addtie | onal pages as needed. | | |
| Facility / Plant N | ame | | Class 1 | PDWIS (Water) NPD | ES (Wastewater) | |
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| This is page one of a two page form. Both pages must be completed and returned. Ope | | | | perator Certifcation Number: 11252 | | | |
|---|-------------------------------|--------------------------------------|--------------------------------|------------------------------------|----------------------------|---|--|
| DAVINA YUT | Please enter you're current | address on the lines below and, if r | necessary, | Certification below will | | | |
| correct the | correct the City, state and | ZIP Code. Please print legibly. | | The fee to re | enew these rtifications | \$50 | |
| | | | requirements l result in an | | s by the ex | submit renewal piration date will nal late fees as ection V. | |
| I. CERTIFIC | ATES TO RENEW: | | | | 7 | Fraining Units | |
| Certification T | ӯре | Category | | Class | | Required | |
| TEMPORARY | | WATER TREATMENT | | 4 | 2 | 15 | |
| TEMPORARY | | WATER TREATMENT | | 5GW | 2 | 24 | |
| II. CURRENT | EMPLOYMENT INFO | ORMATION | | | | | |
| Employer's Name | : | | | Phone # | #: | | |
| Number of Facili | ties (or Plants) that you cur | rently operate: | | I am employ | ed by the F | acility owner | |
| I am currently no | t operating any Facility | | Ιı | provide contractua | l services t | o the Facility | |
| Please provide th | e following information ab | out each Facility/Plant that you op | erate. Use addt | ional pages as nee | eded. | | |
| Facility / Plant N | ame | | Class | PDWIS (Water) | NPDES (| Wastewater) | |
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one of a | a two page form. Both pages must be completed and returne | ed. Op | perator Certifcation Nu | umber: 11337 | |
|------------------------------------|--|--------------|--|-----------------------|--|
| | ase enter you're current address on the lines below and, if necess | sary, | Certification(s) s below will exp | | |
| correct the City, state and ZIP Co | rect 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. | | |
| | <u>'ES TO RENEW:</u> | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| 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 | the Facility owner | |
| I am currently not ope | erating any Facility | I pi | rovide contractual serv | vices to the Facility | |
| Please provide the fol | llowing information about each Facility/Plant that you operate. | . Use addtio | onal pages as needed. | | |
| Facility / Plant Name | | Class I | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

V. LATE FEES AND REINSTATEMENT

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Email Address

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

| This is page one of a two page form. Both pages must be completed and returned. | | | rned. Op | Operator Certification Number: 11338 | | | |
|---|----------------------------------|---|----------------------------|--|--|--|--|
| TYLER VOLK | Please enter you're current a | current address on the lines below and, if necessary, | cessary, | Certification(s) shown below will expire on: 6/1/ | | | |
| correct the City, state and ZIP Co | IP Code. Please print legibly. | | The fee to renew certifica | | | | |
| | | | | 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 7 | Гуре | Category | | Class | Required | | |
| TEMPORARY | , | WATER TREATMENT | | 1 | 24 | | |
| TEMPORARY | 1 | WASTEWATER TREATMENT | | 5 | 45 | | |
| TEMPORARY | , | WASTEWATER TREATMENT | | A | 24 | | |
| II. CURRENT | EMPLOYMENT INFO | RMATION | | | | | |
| Employer's Nam | e: | | | Phone #: | | | |
| Number of Facili | ities (or Plants) that you curre | ently operate: | | I am employed by | the Facility owner | | |
| I am currently no | ot operating any Facility |] | I pı | ovide contractual serv | vices to the Facility | | |
| Please provide ti | he following information abo | ut each Facility/Plant that you oper | ate. Use addtio | onal pages as needed. | | | |
| Facility / Plant N | lame | | Class F | DWIS (Water) NPI | DES (Wastewater) | | |
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III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of | of a two page form. Both pages must be completed and returned | l. Op | erator Certifcation Nu | mber: 11339 |
|----------------------|---|------------|--|---|
| JOSH KRAUSE P | lease enter you're current address on the lines below and, if necessa | ary, | Certification(s) sl below will expi | |
| с | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 |
| | | | requirements by the result in an add | te or submit renewal he expiration date will ditional late fees as in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 5GW | 24 |
| II. CURRENT E | CMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not o | operating any Facility | I pr | ovide contractual serv | ices to the Facility |
| Please provide the | following information about each Facility/Plant that you operate. | Use addtio | onal pages as needed. | |
| Facility / Plant Nan | ne | Class P | DWIS (Water) NPD | ES (Wastewater) |
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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:

Last 4 digits of Social Security Number

Email Address

Date

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

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

| This is page one | of a two page form. Both pages must be completed and returned | Operator Certifcation 1 | Number: 11340 | |
|--|---|-------------------------|-----------------------------------|---|
| ROBERT CLARK Please enter you're current address on the lines below and, if nece correct the City, state and ZIP Code. Please print legibly. | | | Certification(s) below will ex | |
| | | | The fee to rene | 1 |
| | | | requirements by result in an a | plete or submit renewal y the expiration date will additional late fees as bed in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 5GW | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | : | | Phone #: | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed | by the Facility owner |
| I am currently not | operating any Facility | Ι | provide contractual se | ervices to the Facility |
| Please provide the | e following information about each Facility/Plant that you operate. U | Use addi | tional pages as needed | d. |
| Facility / Plant Na | ame | Class | PDWIS (Water) N | PDES (Wastewater) |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

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 | ne of a two page form. Both pages must be completed and returned. | Op | erator Certifcation N | Number: 11341 | |
|--------------------|---|----------|---|------------------------|--|
| ZACHARY K | Please enter you're current address on the lines below and, if necessary, | | Certification(s) below will ex | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifi | these \$50 | |
| | | | Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. | | |
| | CATES TO RENEW: | | | Training Units | |
| Certification | Type Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 5GW | 24 | |
| II. CURRENT | FEMPLOYMENT INFORMATION | | | | |
| Employer's Nam | ne: | | Phone #: | | |
| Number of Facil | lities (or Plants) that you currently operate: | | I am employed b | by the Facility owner | |
| I am currently no | ot operating any Facility | I pr | ovide contractual se | rvices to the Facility | |
| Please provide t | the following information about each Facility/Plant that you operate. Use | e addtio | nal pages as needed | l | |
| Facility / Plant N | Name Cla | ass P | DWIS (Water) NF | PDES (Wastewater) | |
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| This is page one of a two p | bage form. Both pages must be completed and return | ned. Op | Operator Certification Number: 11343 | | | |
|-------------------------------|---|---------------|--|------------------------------------|--|--|
| | er you're current address on the lines below and, if nece | essary, | Certification below will | | | |
| correct the | e City, state and ZIP Code. Please print legibly. | | The fee to ren cert | new these \$100 ifications: | | |
| | | | Failure to complete or submit renew requirements by the expiration date result in an additional late fees a described in Section V. | | | |
| I. CERTIFICATES T | O RENEW: | | | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | | |
| II. CURRENT EMPLOY | YMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or Plar | nts) that you currently operate: | | I am employe | d by the Facility owner | | |
| I am currently not operating | any Facility | I pı | ovide contractual | services to the Facility | | |
| Please provide the following | , information about each Facility/Plant that you operat | e. Use addtio | onal pages as need | led. | | |
| Facility / Plant Name | | Class F | DWIS (Water) | NPDES (Wastewater) | | |
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- 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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- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *



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

| This is page one of a two page form. Both pages must be completed and returned. | | | | Operator Certifcation Number: 11344 | | | |
|--|--------------------------------|---------------------------------------|-------------|---|-------------------------|--|--|
| DONALD MURPHY, JR Please enter you're current address on the lines below and, if neces correct the City, state and ZIP Code. Please print legibly. | | | sary, | Certification(s) shown below will expire on:6/1/2023The fee to renew these certifications:\$100 | | | |
| | | | | | | | |
| | | | | Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. | | | |
| I. CERTIFICA | ATES TO RENEW: | | | | Training Units | | |
| Certification Ty | rpe Ca | itegory | | Class | Required | | |
| TEMPORARY | W | ASTEWATER COLLECTION | | 2 | 24 | | |
| TEMPORARY | W | ASTEWATER TREATMENT | | 2 | 24 | | |
| TEMPORARY | W | ASTEWATER TREATMENT | | 3 | 45 | | |
| II. CURRENT I | EMPLOYMENT INFOR | MATION | | | | | |
| Employer's Name: | | | | Phone #: | | | |
| Number of Faciliti | es (or Plants) that you curren | tly operate: | | I am employed | by the Facility owner | | |
| I am currently not | operating any Facility | | I pro | ovide contractual s | ervices to the Facility | | |
| Please provide the | following information about | each Facility/Plant that you operate. | Use addtion | nal pages as neede | ed. | | |
| Facility / Plant Nar | ne | | Class PI | OWIS (Water) N | PDES (Wastewater) | | |
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III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

| This is page one | Operator Certifcation Number: 11345 | | | | | |
|--|-------------------------------------|---|----------------|---|----------------------------|-------------------------------------|
| JEFFREY BERNIER Please enter you're current address on the lines below and, if necess | | | | Certification below wil | n(s) shown l expire on | |
| correct the City, state and ZIP Code. Please print legibly. | | | | The fee to re | enew these rtifications | \$50 |
| | | | | Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. | | piration date will nal late fees as |
| I. CERTIFIC | ATES TO RENEW: | | | | | Training Units |
| Certification T | ӯре | Category | | Class | | Required |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | | 45 |
| TEMPORARY | | WASTEWATER TREATMENT | | А | | 24 |
| II. CURRENT | EMPLOYMENT INFO | ORMATION | | | | |
| Employer's Name | 2: | | | Phone 7 | #: | |
| Number of Facili | ties (or Plants) that you cur | rently operate: | | I am employ | red by the I | Facility owner |
| I am currently no | t operating any Facility |] | I pr | ovide contractua | l services | to the Facility |
| Please provide th | ne following information ab | out each Facility/Plant that you operat | te. Use addtio | onal pages as nee | eded. | |
| Facility / Plant N | ame | | Class P | DWIS (Water) | NPDES (| Wastewater) |
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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.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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VII. APPLICANT'S STATEMENT

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one of a | two page form. Both pages must be completed and return | ned. Ope | Operator Certification Number: 11347 | | |
|---|--|----------------|--------------------------------------|---|--|
| | se 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 represent | new these \$50 | |
| | | | requirements result in a | mplete or submit renewal by the expiration date will n additional late fees as 'ibed in Section V. | |
| I. CERTIFICAT | <u>ES TO RENEW:</u> | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 4 | 45 | |
| TEMPORARY | WATER TREATMENT | | 5 | 24 | |
| II. CURRENT EM | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone # | : | |
| Number of Facilities (| or Plants) that you currently operate: | | I am employe | d by the Facility owner | |
| I am currently not oper | rating any Facility | I pro | ovide contractual | services to the Facility | |
| Please provide the fol | lowing information about each Facility/Plant that you operate | e. Use addtion | nal pages as need | led. | |
| Facility / Plant Name | | Class Pl | DWIS (Water) | NPDES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two pag | perator Certifcation Number: 11350 | | | | |
|--|--|-----------|--|--|--|
| ETHAN THOMAS BAUMGARTNER 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 expi | | |
| | | | The fee to renew certifica | N 1 1 1 1 1 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFICATES TO | D RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 1 | 24 | |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 | |
| II. CURRENT EMPLOY | MENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants | s) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating an | ny Facility | I pr | provide contractual services to the Facility | | |
| Please provide the following in | nformation about each Facility/Plant that you operate. U | se addtio | nal pages as needed. | | |
| Facility / Plant Name | C | Class P | DWIS (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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Email Address

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| This is page one of | a two page form. Both pages must be completed and returned. | Ope | erator Certifcation Nu | mber: 11370 |
|---|--|--------------------|--------------------------------------|--|
| DAVID W SHIRL | | Certification(s) s | | |
| | ease enter you're current address on the lines below and, if necessary | у, | below will expi | re on: 0/1/2025 |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certifica | \$50 |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. |
| I. CERTIFICA | TES TO RENEW: | | | Training Units |
| Certification Typ | e Category | | Class | Required |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT EN | MPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not op | perating any Facility | I pro | ovide contractual serv | rices to the Facility |
| Please provide the fo | ollowing information about each Facility/Plant that you operate. Us | se addtion | nal pages as needed. | |
| Facility / Plant Name | e C | Class Pl | DWIS (Water) NPI | DES (Wastewater) |
| | | | | - |
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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

| This is page one | of a two page form. Both pages must be completed and returned. | Oj | perator Certifcation Nu | umber: 11371 |
|---|--|----------|--------------------------------------|--|
| | Please enter you're current address on the lines below and, if necessary | у, | Certification(s) s below will exp | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | \$50 |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not | operating any Facility | Ιp | rovide contractual serv | vices to the Facility |
| Please provide the | e following information about each Facility/Plant that you operate. Us | se addti | onal pages as needed. | |
| Facility / Plant Nat | me Cl | lass l | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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| This is page one | of a two page form. Both page | es must be completed and retui | rned. C | perator Certifcation Nu | mber: 11372 | |
|---|-------------------------------------|-----------------------------------|----------------------------|--|--|--|
| SANDISON PETRETTA Please enter you're current address on the lines below and, it | | | essary, | Certification(s) shown below will expire on: 6/1/2023 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certifica | \$50 | | |
| | | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFIC | ATES TO RENEW: | | | | Training Units | |
| Certification T | ype Cate | gory | | Class | Required | |
| TEMPORARY | WAT | ER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT | EMPLOYMENT INFORM | ATION | | | | |
| 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 | provide contractual serv | vices to the Facility | |
| Please provide th | e following information about ea | uch Facility/Plant that you opera | ite. Use addt | ional pages as needed. | | |
| Facility / Plant Na | ame | | Class | PDWIS (Water) NPD | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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|---|---|------------------------------------|--------------------------------------|---|
| | ase enter you're current address on the lines below and, if necessary | у, | Certification(s) s below will exp | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certification | \$50 |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| I. CERTIFICAT | TES TO RENEW: | | | Training Units |
| Certification Type | e Category | | Class | Required |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 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 pro | ovide contractual serv | vices to the Facility |
| Please provide the fo | llowing information about each Facility/Plant that you operate. Us | se addtior | nal pages as needed. | |
| Facility / Plant Name | C | Class PI | DWIS (Water) NPI | DES (Wastewater) |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page one of | f a two page form. Both pages must be completed and return | ned. Op | perator Certifcation Nu | umber: 11380 |
|---|--|---------------|--|---|
| LEVRON SADDI | LER | | Certification(s) s | hown 6/1/2023 |
| | ease enter you're current address on the lines below and, if neces | essary, | below will exp | ire on: 0/1/2025 |
| 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. CERTIFICA | TES TO RENEW: | | | Training Units |
| Certification Typ | e Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 4 | 45 |
| 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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|------------------|---|-----------------|--|-----------------------------|---------------------------------------|
| BRANDON S | Please enter you're current address on the lines below and, if necessar | | Certification(s) shown below will expire on: 6/1/2023 | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to re | enew these rtifications: | \$50 |
| | | | Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V. | | oiration date will al late fees as |
| I. CERTIFI | ICATES TO RENEW: | | | т | raining Units |
| Certification | Type Category | | Class | | equired |
| TEMPORARY | WATER TREATMENT | | 4 | 4 | 5 |
| TEMPORARY | WATER TREATMENT | | 5 | 2 | 4 |
| II. CURREN | T EMPLOYMENT INFORMATION | | | | |
| Employer's Nat | me: | | Phone # | #: | |
| Number of Fac | ilities (or Plants) that you currently operate: | | I am employ | ed by the Fa | acility owner |
| I am currently 1 | not operating any Facility | I pro | ovide contractua | l services to | the Facility |
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|---|--------------------------------|--|------------------------|--|----------------------|------------------------|
| JAMES CORNETT 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 below will | | 2023 |
| | | | The fee to rep cert | new these \$50 ifications: | | |
| | | | | Failure to complete or submit re requirements by the expiration da result in an additional late fee described in Section V. | | n date will fees as |
| I. CERTIFIC | CATES TO RENEW | <u></u> | | | Trainin | a Units |
| Certification ⁻ | Туре | Category | | Class | Require | - |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | 45 | |
| TEMPORARY | | WASTEWATER TREATMENT | | А | 24 | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Nam | e: | | | Phone #: | : | |
| Number of Facil | ities (or Plants) that you cur | rently operate: | | I am employe | d by the Facility of | owner |
| I am currently no | ot operating any Facility | | I p | orovide contractual | services to the Fa | cility |
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page on | e of a two page form. Bot | h pages must be completed and re | eturned. O | perator Certifcatio | n Number: | 11389 |
|---|-------------------------------|--------------------------------------|-----------------|---|-------------------------|--------------------------------------|
| JACOB HABEGER Please enter you're current address on the lines below and, if nec | | | necessary, | Certification below will | | 6/1/2023 |
| со | correct the City, state and | ZIP Code. Please print legibly. | | The fee to re cer | enew these tifications: | \$50 |
| | | | | Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V. | | iration date will Il late fees as |
| I. CERTIFIC | CATES TO RENEW | | | | Tr | aining Units |
| Certification 7 | Гуре | Category | | Class | | equired |
| TEMPORARY | | WATER TREATMENT | | 3 | 45 | |
| TEMPORARY | | WATER TREATMENT | | 4 | 45 | 5 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Nam | e: | | | Phone # | : | |
| Number of Facili | ities (or Plants) that you cu | rrently operate: | | I am employe | ed by the Fa | cility owner |
| I am currently no | ot operating any Facility | | Ιı | provide contractual | services to | the Facility |
| Please provide ti | he following information al | pout each Facility/Plant that you op | erate. Use addt | ional pages as need | ded. | |
| Facility / Plant N | lame | | Class | PDWIS (Water) | NPDES (W | astewater) |
| | | | | | | |
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III. CONTINUING EDUCATION:

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Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. Ope | | | | perator Certifcation Number: 11391 | | |
|---|-----------------------------|--|----------------|------------------------------------|---|--------------|
| KEVIN ROMAN GUZMAN Please enter you're current address on the lines below and, if nece | | | cessary, | Certification below will | | 6/1/2023 |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to re- | new these tifications: | \$50 | |
| | | | | requirements result in an | Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. | |
| I. CERTIFICA | ATES TO RENEW | <u>.</u> | | | Tr | aining Units |
| Certification Ty | pe | Category | | Class | | quired |
| TEMPORARY | | WASTEWATER TREATMENT | | А | 24 | |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | 45 | |
| II. CURRENT F | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Name: | | | | Phone # | : | |
| Number of Faciliti | es (or Plants) that you cur | rently operate: | | I am employe | d by the Fac | cility owner |
| I am currently not | operating any Facility | | Ι | provide contractual | services to | the Facility |
| Please provide the | following information at | pout each Facility/Plant that you oper | ate. Use addi | tional pages as need | led. | |
| Facility / Plant Nar | ne | | Class | PDWIS (Water) | NPDES (W | astewater) |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a t | two page form. Both pages must be completed and returned | d. C | perator Certifcation Nu | umber: 11392 |
|---|---|-------------|--------------------------------------|---|
| ALAN HUTCHESON | Ν | | Certification(s) s | |
| Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | | below will exp | ire on: 0/1/2023 |
| | | | The fee to renew certific | 8100 |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| I. CERTIFICATE | <u>ES TO RENEW:</u> | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 3 | 45 |
| TEMPORARY | WATER TREATMENT | | 4 | 45 |
| II. CURRENT EMP | LOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or | r Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not opera | ating any Facility | Ij | provide contractual serv | vices to the Facility |
| Please provide the follo | owing information about each Facility/Plant that you operate. | Use addt | ional pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number

Email Address

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

| This is page one of a two page form. Both pages must be completed and returned. Ope | | | | | perator Certifcation Number: 11393 | | | |
|---|--------------------------------------|--------------------------------------|--|---|------------------------------------|---------------|--|--|
| CHRIS DOYLI | n the lines below and, if necessary, | | Certification(s) shown below will expire on: 6/1/2023 | | | | | |
| | Please print legibly. | | The fee to renew these certifications: \$100 | | | | | |
| | | | | Failure to complete or submit renew requirements by the expiration date w result in an additional late fees as described in Section V. | | | | |
| I. CERTIFIC | ATES TO RENEW: | | | | г | raining Units | | |
| Certification T | ype Categor | у | | Class | F | Required | | |
| TEMPORARY | WATER | FREATMENT | | 4 | 4 | 5 | | |
| TEMPORARY | WASTEV | VATER TREATMENT | | 5 | 4 | 5 | | |
| TEMPORARY | WASTEV | VATER TREATMENT | | А | 2 | .4 | | |
| II. CURRENT | EMPLOYMENT INFORMAT | ION | | | | | | |
| 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 prov | provide contractual services to the Facility | | | | |
| Please provide th | e following information about each H | Facility/Plant that you operate. Use | e addtiona | l pages as need | ded. | | | |
| Facility / Plant Na | ame | Cla | ass PDV | WIS (Water) | NPDES (V | Wastewater) | | |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page form. Both pages must be completed and returned. Open | | | | Operator Certifcation | erator Certifcation Number: 11394 | | | |
|---|-----------------------------|-------------------------------------|---------------------|---|--|---------------|--|--|
| NATALIE MILLER Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly. | | | necessary, | | Certification(s) shown below will expire on: 6/1/ 2 | | | |
| | | | | The fee to renew these certifications: \$100 | | | | |
| | | | | requirements result in a | Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V. | | | |
| I. CERTIFICA | ATES TO RENEW | • <u>•</u> | | | Т | raining Units | | |
| Certification Ty | pe | Category | | Class | | Required | | |
| TEMPORARY | | WATER TREATMENT | | 3 | 4 | 5 | | |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | 4 | 5 | | |
| II. CURRENT F | EMPLOYMENT INF | ORMATION | | | | | | |
| Employer's Name: | | | | Phone # | <i>‡</i> : | | | |
| Number of Facilitie | es (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 | | | provide contractual | ovide contractual services to the Facility | | | | |
| Please provide the | following information al | pout each Facility/Plant that you o | perate. Use addi | tional pages as nee | ded. | | | |
| Facility / Plant Nar | ne | | Class | PDWIS (Water) | NPDES (V | 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 *



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

| This is page one of a two page | Operator Certifcation Nu | perator Certification Number: 11395 | | | | |
|-----------------------------------|---|--|--|--|--|--|
| | ou're current address on the lines below and, if necessary, | , Certification(s) sh below will expire | | | | |
| correct the Cit | y, state and ZIP Code. Please print legibly. | The fee to renew t certificat | | | | |
| | | requirements by th result in an add | 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 | | | Training Units | | | |
| Certification Type | Category | Class | Required | | | |
| TEMPORARY | INDUSTRIAL WASTEWATER | 2 | 0 | | | |
| TEMPORARY | WATER TREATMENT | 4 | 45 | | | |
| TEMPORARY | WASTEWATER TREATMENT | 5 | 45 | | | |
| TEMPORARY | WASTEWATER TREATMENT | А | 24 | | | |
| II. CURRENT EMPLOYM | IENT INFORMATION | | | | | |
| Employer's Name: | | Phone #: | | | | |
| Number of Facilities (or Plants) | that you currently operate: | I am employed by | the Facility owner | | | |
| I am currently not operating any | Facility | I provide contractual services to the Facility | | | | |
| Please provide the following info | formation about each Facility/Plant that you operate. Use | e addtional pages as needed. | | | | |
| Facility / Plant Name | Cla | ass PDWIS (Water) NPD | ES (Wastewater) | | | |
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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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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page on | e of a two page form. Both pages must be completed and returned. | perator Certifcation Number: 11396 | | | |
|--------------------|---|------------------------------------|--|---|--|
| ALAN YOST | Please enter you're current address on the lines below and, if necessa | | 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. | |
| | CATES TO RENEW: | | | Training Units | |
| Certification 7 | Type Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | e: | | Phone #: | | |
| Number of Facili | ties (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently no | t operating any Facility | I p | rovide contractual serv | vices to the Facility | |
| Please provide th | he following information about each Facility/Plant that you operate. Us | se addtio | onal pages as needed. | | |
| Facility / Plant N | Tame C | lass I | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page one of a two page form. Both pages must be completed and returned. Operation | | | | | rator Certifcation Number: 11397 | | | |
|---|--|---------------------------------------|--|--|---|---------------|--|--|
| AMOS ESTES | Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly. | | cessary, | | Certification(s) shown below will expire on: 6/1/2 | | | |
| | | | | The fee to renew these certifications: \$50 | | | | |
| | | | | requirements result in a | Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. | | | |
| I. CERTIFIC | CATES TO RENEW: | | | | т | raining Units | | |
| Certification T | Туре | Category | | Class | | equired | | |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | 4 | 5 | | |
| TEMPORARY | | WASTEWATER TREATMENT | | А | 2 | 4 | | |
| II. CURRENT | EMPLOYMENT INFO | ORMATION | | | | | | |
| Employer's Name | 2: | | | Phone # | : | | | |
| Number of Facili | ties (or Plants) that you cur | rently operate: | | I am employe | ed by the Fa | acility owner | | |
| I am currently not operating any Facility I pro | | | ovide contractual services to the Facility | | | | | |
| Please provide th | ne following information ab | out each Facility/Plant that you oper | ate. Use addti | onal pages as nee | ded. | | | |
| Facility / Plant N | ame | | Class | PDWIS (Water) | NPDES (V | Vastewater) | | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

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|--|--|---------------------------------------|--------------------|--|---|---------------|--|--|
| DAVIID SELL | Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly. | | ecessary, | | Certification(s) shown below will expire on: 6/1/202 | | | |
| | | | | | The fee to renew these certifications: \$50 | | | |
| | | | | requirements result in a | Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. | | | |
| I. CERTIFIC | CATES TO RENEW: | | | | т | raining Units | | |
| Certification T | Гуре | Category | | Class | | Required | | |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | 4 | .5 | | |
| TEMPORARY | | WASTEWATER TREATMENT | | А | 2 | 4 | | |
| II. CURRENT | EMPLOYMENT INFO | ORMATION | | | | | | |
| Employer's Name | 2: | | | Phone # | <i>‡</i> : | | | |
| Number of Facilities (or Plants) that you currently operate: | | | I am employ | I am employed by the Facility owner | | | | |
| I am currently not operating any Facility | | | provide contractua | ovide contractual services to the Facility | | | | |
| Please provide th | ne following information ab | out each Facility/Plant that you open | rate. Use addt | ional pages as nee | ded. | | | |
| Facility / Plant N | ame | | Class | PDWIS (Water) | NPDES (V | Wastewater) | | |
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| This is page on | e of a two page form. Both pag | es must be completed and return | ed. O _l | perator Certifcation Nu | umber: 11415 | |
|--------------------|---|---|---------------------------|--|--|--|
| THOMAS CO | LABUCCI | | | Certification(s) shown 6/1/2023 | | |
| | | Please enter you're current address on the lines below and, if necessary, | ssary, | below will exp | ire on: 0/1/2023 | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$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. CERTIFIC | CATES TO RENEW: | | | | Training Units | |
| Certification | Type Cate | egory | | Class | Required | |
| TEMPORARY | WA | TER TREATMENT | | 4 | 45 | |
| II. CURRENT | EMPLOYMENT INFORM | IATION | | | | |
| Employer's Nam | e: | | | Phone #: | | |
| Number of Facil | ities (or Plants) that you currently | operate: | | I am employed by | the Facility owner | |
| I am currently no | ot operating any Facility | | I p | provide contractual services to the Facility | | |
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| This is page one | of a two page form. Both pages must be completed and returned. | perator Certifcation Number: 11416 | | | |
|---------------------------|--|------------------------------------|---|--|--|
| | Please enter you're current address on the lines below and, if necessary | у, | Certification(s) shown below will expire on: 6/1/2 | | |
| correct the City, state : | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 | |
| | | req | | 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 | |
| TEMPORARY | WATER TREATMENT | | 4 | 45 | |
| II. CURRENT F | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one of | f a two page form. Both pages must be completed and returned. | Derator Certifcation Number: 11417 | | | |
|---------------------------|--|------------------------------------|--|--|--|
| LOUIS SCHADT | | | Certification(s) s | | |
| | ease enter you're current address on the lines below and, if necessary, rect the City, state and ZIP Code. Please print legibly. | у, | below will expi The fee to renew certifica | these \$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 | e Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | s (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not of | perating any Facility | I pro | rovide contractual services to the Facility | | |
| Please provide the f | following information about each Facility/Plant that you operate. U | se addtion | nal pages as needed. | | |
| Facility / Plant Nam | e | Class Pl | DWIS (Water) NPI | DES (Wastewater) | |
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Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one | of a two page form. Both pages must be completed and returned. | Operator Certifcation Number: 11418 | | | |
|---------------------------|---|-------------------------------------|--|--|--|
| | Please enter you're current address on the lines below and, if necessar | ry, | Certification(s) below will exp | | |
| correct the City, stat | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these \$50 cations: | |
| | | requirements b result in an | | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | : | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed b | by the Facility owner | |
| I am currently not | operating any Facility | I pi | provide contractual services to the Facility | | |
| Please provide the | e following information about each Facility/Plant that you operate. U | Jse addtio | onal pages as needed | | |
| Facility / Plant Na | ime (| Class F | PDWIS (Water) NP | DES (Wastewater) | |
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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page on | e of a two page form. Both pages must be completed and returne | perator Certifcation Number: 11419 | | | |
|---------------------------|--|------------------------------------|---|-----------------------|--|
| STEPHEN HE | LLER 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: 6/1/202 | | |
| cor | | | The fee to renew certifica | new these \$50 | |
| | | | Failure to complete or submit r requirements by the expiration result in an additional late fe described in Section V. | | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification 7 | Type Category | | Class | Required | |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 7 | 24 | |
| II. CURRENT | FEMPLOYMENT INFORMATION | | | | |
| Employer's Nam | e: | | Phone #: | | |
| Number of Facil | ities (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently no | ot operating any Facility | I pr | provide contractual services to the Facility | | |
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| Facility / Plant N | Jame | Class P | DWIS (Water) NPD | DES (Wastewater) | |
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Last 4 digits of Social Security Number

Email Address

Date

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| This is page one of a two page form. Both pages must be completed and returned. Oper | | | | perator Certifcation Number: 11420 | | |
|--|---|--------------------------------------|--------------------------------------|--|--------------------|--|
| ZACHARY HA | AAN 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) s below will exp | | | |
| (| | | The fee to renew certifica | \$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. CERTIFICATES TO RENEW: | | | | Training Units | | |
| Certification T | Type C | Category | | Class | Required | |
| TEMPORARY | V | VATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT | EMPLOYMENT INFO | RMATION | | | | |
| Employer's Name | 2: | | | Phone #: | | |
| Number of Facili | ties (or Plants) that you curre | ntly operate: | | I am employed by | the Facility owner | |
| I am currently no | t operating any Facility | | II | provide contractual services to the Facility | | |
| Please provide th | ne following information abou | ut each Facility/Plant that you oper | rate. Use addt | ional pages as needed. | | |
| Facility / Plant N | ame | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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|-----------------------|---|-----------------------------------|---|--|--|
| | ase enter you're current address on the lines below and, if i | necessary, | Certification(s) sl below will expi | | |
| cor | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | |
| | | | requirements by the result in an additional content of the result in a second content of the result in an additional content of the result in an additional content of the result in a second co | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFICAT | TES TO RENEW: | | | Training Units | |
| Certification Type | e Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | |
| II. CURRENT EN | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
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| Please provide the fo | llowing information about each Facility/Plant that you op | erate. Use addti | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | ES (Wastewater) | |
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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 1269 | | |
|--|---|--------------|---|---|--|
| DAVID C. WOOD, JR Please enter you're current address on the lines below and, if no | | ssary, | Certification(s) shown below will expire on: 6/1/2023 | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | |
| | | | requirements by t result in an ad | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 3 | 30 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | : | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed by the Facility owner | | |
| I am currently not | operating any Facility | I p | provide contractual services to the Facility | | |
| Please provide the | e following information about each Facility/Plant that you operat | e. Use addti | onal pages as needed. | | |
| Facility / Plant Na | ume | Class] | PDWIS (Water) NPI | DES (Wastewater) | |
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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:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page one of a two page form. Both pages must be completed and returned. | | | rned. O _l | Operator Certification Number: 1311 | | |
|---|----------------------------------|--|----------------------------|---|--|--|
| DANIEL S. BC | Please enter you're current | address on the lines below and, if nec | cessary, | | Certification(s) shown below will expire on: 6/1/2023 | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certifica | | | |
| | | | | 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 | Гуре | Category | | Class | Required | |
| OPERATOR | I | NDUSTRIAL WASTEWATER | | 2 | 0 | |
| OPERATOR | , | NATER TREATMENT | | 3 | 30 | |
| OPERATOR | | WASTEWATER TREATMENT | | 3 | 30 | |
| II. CURRENT | EMPLOYMENT INFO | RMATION | | | | |
| Employer's Nam | e: | | | Phone #: | | |
| Number of Facil | ities (or Plants) that you curre | ently operate: | | I am employed by the Facility owner | | |
| I am currently no | ot operating any Facility |] | Ιp | provide contractual services to the Facility | | |
| Please provide ti | he following information abo | ut each Facility/Plant that you operc | ate. Use addtio | onal pages as needed. | | |
| Facility / Plant N | lame | | Class I | PDWIS (Water) NPI | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page one | of a two page form. Both pages must be completed and return | perator Certifcation Number: 1342 | | | |
|---------------------------|---|-----------------------------------|---|-----------------------------------|--|
| TYLER PUFFER | | | Certification(s) s | | |
| | Please enter you're current address on the lines below and, if nece correct the City, state and ZIP Code. Please print legibly. | essary, | below will exp | ire on: | |
| | | | The fee to renew certifica | \$50 | |
| | | | Failure to complete or submit representation of the expiration date result in an additional late fees | | |
| I. CERTIFICATES TO RENEW: | | | – described | l in Section V. Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not | operating any Facility | I pr | provide contractual services to the Facility | | |
| Please provide the | e following information about each Facility/Plant that you operate | te. Use addtio | onal pages as needed. | | |
| Facility / Plant Nat | me | Class P | DWIS (Water) NPI | DES (Wastewater) | |
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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page on | Ope | Deerator Certification Number: 1478 | | | | |
|-----------------------|---|--|--|------------------------|--|--|
| BOBBY JONE | Please enter you're current address on the lines below and, if necessary, | , | Certification(s below will ex | | 6/1/2023 | |
| correct the City, sta | correct the City, state and ZIP Code. Please print legibly. | | The fee to rene certif | w these ications: | \$50 | |
| | | Failure to complete o requirements by the e result in an additio described in s | | y the exp additiona | expiration date will onal late fees as | |
| | CATES TO RENEW: | | | T | raining Units | |
| Certification 7 | Type Category | | Class | Re | equired | |
| OPERATOR | WATER TREATMENT | | 4 | 30 |) | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | | |
| Employer's Nam | e: | | Phone #: | | | |
| Number of Facili | ities (or Plants) that you currently operate: | | I am employed | by the Fa | cility owner | |
| I am currently no | ot operating any Facility | I pro | provide contractual services to the Facility | | | |
| Please provide th | he following information about each Facility/Plant that you operate. Use | e addtior | nal pages as neede | d. | | |
| Facility / Plant N | Tame Cla | ass PI | OWIS (Water) N | PDES (W | astewater) | |
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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

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|--|---|------------|--|---|--|
| | ease enter you're current address on the lines below and, if necessar | ry, | Certification(s) s below will exp | | |
| со | prrect 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. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Typ | e 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 op | perating any Facility | I pr | provide contractual services to the Facility | | |
| Please provide the f | following information about each Facility/Plant that you operate. U | Jse addtio | nal pages as needed. | | |
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| This is page one | of a two page form. Both pages must be completed and returned. | . Op | Operator Certification Number: 1622 | | |
|----------------------|---|------------|---|-----------------------|--|
| | Please enter you're current address on the lines below and, if necessar | су, | Certification(s) s below will exp | | |
| C | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | |
| | | | Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. | | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | /pe Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not | operating any Facility | I pr | ovide contractual serv | vices to the Facility | |
| Please provide the | e following information about each Facility/Plant that you operate. U | lse addtio | onal pages as needed. | | |
| Facility / Plant Nat | me | Class P | DWIS (Water) NPI | DES (Wastewater) | |
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one | of a two page form. Both pages must be completed and ret | perator Certifcation Number: 1723 | | | |
|--|--|-----------------------------------|---|--|--|
| STEVEN D. COOPER Please enter you're current address on the lines below and, if neces | | | Certification(s) sl below will expi | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certifica | \$50 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | /pe Category | | Class | Required | |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not | operating any Facility | I p | rovide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you ope | erate. Use addti | onal pages as needed. | | |
| Facility / Plant Nat | me | Class | PDWIS (Water) NPD | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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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. DONALD P. SCHOBER Please enter you're current address on the lines below and, if necessary, | | | Operator Certifcation Number: 1746 | | | |
|---|---|-------------------------|--|---|--|--|
| | | | Certification(s) shown below will expire on: 6/1/2023 | | | |
| correct the City, state and ZIP Code. Please print legibly. | | ibly. | | The fee to renew these certifications: \$100 | | |
| | | | Failure to complete or submit renews requirements by the expiration date w result in an additional late fees as described in Section V. | | | |
| I. CERTIFI | CATES TO RENEW: | | | Training Units | | |
| Certification | Type Category | | Class | Required | | |
| OPERATOR | WATER TREATMENT | | 2 | 16 | | |
| OPERATOR | WASTEWATER TREATM | IENT | 5 | 30 | | |
| OPERATOR | WASTEWATER COLLEC | TION | 2 | 16 | | |
| OPERATOR | WASTEWATER TREATM | 1ENT | А | 16 | | |
| II. CURREN | FEMPLOYMENT INFORMATION | | | | | |
| Employer's Nam | ne: | | Phone #: | | | |
| Number of Faci | lities (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 i | the following information about each Facility/Plant the | at you operate. Use add | ltional pages as needed. | | | |
| Facility / Plant N | Name | Class | PDWIS (Water) NPD | DES (Wastewater) | | |
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III. CONTINUING EDUCATION:

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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 retu | perator Certifcation Number: 1791 | | | |
|---|---|-----------------------------------|---|-----------------------|--|
| BLAKE A. ROBERTS 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. | | cessary, | The fee to renew these certifications: \$50 | | |
| | | | Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. | | |
| I. CERTIFIC | ATES TO RENEW: | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | : | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not | operating any Facility | I pr | ovide contractual serv | vices to the Facility | |
| Please provide the | e following information about each Facility/Plant that you oper | ate. Use addtio | onal pages as needed. | | |
| Facility / Plant Na | ame | Class P | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

| This is page one of a two page | Operator Certifcation Number: 2069 | | | |
|---|--|------------|--------------------------------------|--|
| ANTHONY J. BRISKER Please enter you're current address on the lines below and, if no | | | Certification(s) s below will exp | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | \$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 EMPLOYM | IENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) | that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operating any | Facility | Ι | provide contractual serv | vices to the Facility |
| Please provide the following inf | formation about each Facility/Plant that you operate | e. Use add | tional pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page one of a two page form. Both pages must be completed and returned. | | | | | Derator Certifcation Number: 2170 | | |
|---|---------------------------------|--|---------------|---|---|----------------|--|
| JOHN M. IRVIN Please enter you're current address on the lines below and, | | | essary, | Certification(s) shown below will expire on: 6/1/2023 The fee to renew these certifications: \$100 | | | |
| correct the City, state and ZIP Code. Please print legibly. | | | | | | | |
| | | | | requirements result in a | Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V. | | |
| I. CERTIFIC | CATES TO RENEW: | | | | | Training Units | |
| Certification ⁻ | Туре | Category | | Class | | Required | |
| OPERATOR | | WATER TREATMENT | | 2 | | 16 | |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | | 30 | |
| II. CURRENT | EMPLOYMENT INFO | ORMATION | | | | | |
| Employer's Nam | e: | | | Phone | #: | | |
| Number of Facil | ities (or Plants) that you curr | ently operate: | | I am employ | red by the | Facility owner | |
| I am currently not operating any Facility | | | Ιŗ | I provide contractual services to the Facility | | | |
| Please provide t | he following information abo | out each Facility/Plant that you opera | te. Use addti | ional pages as nee | eded. | | |
| Facility / Plant N | Jame | | Class | PDWIS (Water) | NPDES | (Wastewater) | |
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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 2172 | | |
|---|---|------------------|--|------------------------------|--|
| | lease enter you're current address on the lines below and, it | f necessary, | Certification(s) shown below will expire on: 6/1/2023 | | |
| co | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these \$50 cations: | |
| | | | Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V. | | |
| I. CERTIFICA | TES 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 Facilitie | s (or Plants) that you currently operate: | | I am employed b | y the Facility owner | |
| I am currently not o | perating any Facility | Ι | provide contractual services to the Facility | | |
| Please provide the j | following information about each Facility/Plant that you o | perate. Use addi | tional pages as needed. | | |
| Facility / Plant Nam | ie | Class | PDWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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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. Ope | | | | mber: 2179 | |
|--------------------|---|--|----------------|--|--------------------|--|
| CRAIG LACK | Please enter you're current a | address on the lines below and, if nec | essary, | Certification(s) sl below will expi | | |
| | correct the City, state and Z | IP Code. Please print legibly. | | The fee to renew certifica | 45A | |
| | | | | Failure to complete or submit re- requirements by the expiration d result in an additional late fee described in Section V. | | |
| I. CERTIFIC | CATES TO RENEW: | | | | Training Units | |
| Certification T | уре 🤅 | Category | | Class | Required | |
| OPERATOR | , | WASTEWATER TREATMENT | | 5 | 30 | |
| OPERATOR | | WASTEWATER TREATMENT | | А | 16 | |
| II. CURRENT | EMPLOYMENT INFO | RMATION | | | | |
| Employer's Name | 2: | | | Phone #: | | |
| Number of Facili | ties (or Plants) that you curre | ently operate: | | I am employed by | the Facility owner | |
| I am currently no | t operating any Facility |] | I pı | rovide contractual services to the Facility | | |
| Please provide th | ne following information abo | ut each Facility/Plant that you opera | te. Use addtic | onal pages as needed. | | |
| Facility / Plant N | ame | | Class F | PDWIS (Water) NPD | ES (Wastewater) | |
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III. CONTINUING EDUCATION:

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- No course can be used more than one time for any three-year renewal period.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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. | | | Operator Certification Number: 2181 | | |
|--------------------|---|--|--------------------------|---|--|--|
| CRAIG MICH | Please enter you're current address on the l | nt address on the lines below and, if necessary, | | on(s) shown ll expire on: 6/1/2023 | | |
| c | correct the City, state and ZIP Code. Pleas | e print legibly. | | renew these store | | |
| | | | requirement result in | complete or submit renewal ts by the expiration date will an additional late fees as cribed in Section V. | | |
| I. CERTIFIC | ATES TO RENEW: | | | Training Units | | |
| Certification T | ype Category | | Class | Required | | |
| OPERATOR | WATER TREAT | MENT | 4 | 30 | | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | | |
| Employer's Name | | | Phone | #: | | |
| Number of Facili | ties (or Plants) that you currently operate: | | I am employ | yed by the Facility owner | | |
| I am currently no | t operating any Facility | | I provide contractua | provide contractual services to the Facility | | |
| Please provide th | e following information about each Facility | Plant that you operate. Use a | ddtional pages as ne | eded. | | |
| Facility / Plant N | ame | Class | PDWIS (Water) | NPDES (Wastewater) | | |
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III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one of a two page form. Both pages must be completed and returned. O | | | Operator Certifcation N | Jumber: 2495 | | |
|---|--------------------------------|---|---|-----------------------------------|------------------------------|--|
| | Please enter you're current a | address on the lines below and, if nea | cessary, | Certification(s) below will ex | | |
| | correct the City, state and Z | IP Code. Please print legibly. | | The fee to renew certific | w these \$50 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 Ty | ype (| Category | | Class | Required | |
| TEMPORARY | N N | WASTEWATER TREATMENT | | 5 | 45 | |
| II. CURRENT | EMPLOYMENT INFO | RMATION | | | | |
| Employer's Name: | : | | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you curre | ently operate: | | I am employed b | by the Facility owner | |
| I am currently not | operating any Facility |] | Ι | provide contractual set | rvices to the Facility | |
| Please provide the | e following information abo | - ut each Facility/Plant that you oper | ate. Use add | tional pages as needed | ! | |
| Facility / Plant Na | me | | Class | PDWIS (Water) NF | PDES (Wastewater) | |
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III. CONTINUING EDUCATION:

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 2507 | | | |
|---|---|-----------------------|--|---|--|--|
| JESSE M. HAI | Please enter you're current address on the lines below as | | Certification(s) shown below will expire on: 6/1/2023 | | | |
| | correct the City, state and ZIP Code. Please print legibl | у. | The fee to re | enew these \$100 | | |
| | | | requirements result in a | omplete or submit renewal by the expiration date will in additional late fees as ribed in Section V. | | |
| | CATES TO RENEW: | | | Training Units | | |
| Certification | Type Category | | Class | Required | | |
| OPERATOR | WATER TREATMENT | | 2 | 16 | | |
| OPERATOR | WASTEWATER COLLECTION | DN | 2 | 16 | | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | | |
| II. CURRENT | FEMPLOYMENT INFORMATION | | | | | |
| Employer's Nam | e: | | Phone # | <i>t</i> : | | |
| Number of Facil | ities (or Plants) that you currently operate: | | I am employed by the Facility owner | | | |
| I am currently no | ot operating any Facility | I | provide contractual services to the Facility | | | |
| Please provide t | he following information about each Facility/Plant that y | you operate. Use addi | tional pages as nee | ded. | | |
| Facility / Plant N | Jame | Class | PDWIS (Water) | NPDES (Wastewater) | | |
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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:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 2510 | | |
|---|--|------------|--|--|--|
| | e enter you're current address on the lines below and, if necessar | ry, | Certification(s) s below will exp | | |
| correc | et the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICATE | <u>ES TO RENEW:</u> | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT EMP | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or | r Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not opera | ating any Facility | I pro | ovide contractual serv | vices to the Facility | |
| Please provide the follo | wing information about each Facility/Plant that you operate. U | Jse addtio | nal pages as needed. | | |
| Facility / Plant Name | C | Class Pl | DWIS (Water) NPI | DES (Wastewater) | |
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one | of a two page form. Both pages must be completed and returned | ed. C | Operator Certifcation Number: 2575 | | |
|---------------------|--|------------|--|--|--|
| | Please enter you're current address on the lines below and, if neces | sary, | Certification(s) s below will exp | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 | |
| | | | requirements by result in an ac | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| | ATES TO RENEW: | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | : | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not | operating any Facility | I | provide contractual services to the Facility | | |
| Please provide the | e following information about each Facility/Plant that you operate | . Use addt | ional pages as needed. | | |
| Facility / Plant Na | ume | Class | PDWIS (Water) NP | DES (Wastewater) | |
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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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certifcation Number: 2924 | | |
|---|---|----------------------|---|------------------------|--|
| TIMOTHY COLB | ORN ease enter you're current address on the lines below a | nd if no occome | Certification(s) below will ex | | |
| | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew | L | |
| | | | Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. | | |
| I. CERTIFICAT | <u>FES TO RENEW:</u> | | | Training Units | |
| Certification Typ | e Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWAT | ER | 2 | 0 | |
| II. CURRENT EN | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | _ | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed b | by the Facility owner | |
| I am currently not op | erating any Facility | | provide contractual se | rvices to the Facility | |
| Please provide the fo | llowing information about each Facility/Plant that | vou operate. Use add | ltional pages as needed | !. | |
| Facility / Plant Name | | Class | PDWIS (Water) NF | 'DES (Wastewater) | |
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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

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VII. APPLICANT'S STATEMENT

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 2946 | | |
|---|--|-----------|--------------------------------------|--|--|
| | 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 certific | \$50 | |
| | | | requirements by result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | /pe Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 1 | 0 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not | operating any Facility | I pro | ovide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you operate. Us | se addtio | nal pages as needed. | | |
| Facility / Plant Nat | me Cl | lass P | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. | Operator Certification Number: 3342 | | |
|---|--|--|--|
| JAMES L BOONE 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 | |
| | requirements by 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 WATER TREATMENT | 4 | 30 | |
| II. CURRENT EMPLOYMENT INFORMATION | | | |
| Employer's Name: | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | I am employed by | y the Facility owner | |
| I am currently not operating any Facility | provide contractual services to the Facility | | |
| Please provide the following information about each Facility/Plant that you operate. Use addu | tional pages as needed. | | |
| Facility / Plant Name Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. | | | ned. O | Operator Certification Number: 3364 | | |
|---|-------------------------------|---|-----------------------------|--|---------------------------|---|
| | Please enter you're current | address on the lines below and, if nece | essary, | Certificatior below will | | |
| с | correct the City, state and b | ZIP Code. Please print legibly. | | The fee to rec | enew these tifications | <u><u>S</u> 1 (1)(1)</u> |
| | | | requirements result in a | | by the ex | submit renewal piration date will nal late fees as ection V. |
| I. CERTIFICA | ATES TO RENEW: | | | | ٦ | Fraining Units |
| Certification Ty | pe | Category | | Class | | Required |
| OPERATOR | | WASTEWATER COLLECTION | | 2 | 1 | 16 |
| OPERATOR | | WATER DISTRIBUTION | | 1 | 1 | 6 |
| II. CURRENT F | EMPLOYMENT INFO | ORMATION | | | | |
| Employer's Name: | | | | Phone # | #: | |
| Number of Facilitie | es (or Plants) that you cur | rently operate: | | I am employe | ed by the F | acility owner |
| I am currently not o | operating any Facility |] | I p | provide contractual services to the Facility | | |
| Please provide the | following information ab | out each Facility/Plant that you operat | te. Use addti | onal pages as nee | ded. | |
| Facility / Plant Nar | ne | | Class | PDWIS (Water) | NPDES (| Wastewater) |
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Name and Certification Number of Operator in Responsible Charge:

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Email Address

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| This is page one | This is page one of a two page form. Both pages must be completed and returned. ${ m O}_{l}$ | | | mber: 3412 | |
|---------------------|--|-----------|---|--|--|
| DANIEL WIGH | Please enter you're current address on the lines below and, if necess | sary, | Certification(s) s below will exp | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew 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 T | Type Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | e: | | Phone #: | | |
| Number of Facili | ties (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not | t operating any Facility | I p | provide contractual services to the Facility | | |
| Please provide th | ne following information about each Facility/Plant that you operate. | Use addti | onal pages as needed. | | |
| Facility / Plant Na | ame | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page on | e of a two page form. Both pages must be completed and returned | ed. O | Operator Certification Number: 3515 | | |
|--|---|----------------------------|---------------------------------------|--|--|
| LIEUTENANT | HAMLETT, JR. Please enter you're current address on the lines below and, if necess | sary, | Certification(s) s below will expi | | |
| correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| | CATES TO RENEW: | | | Training Units | |
| Certification T | Type Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | e: | | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | | | I am employed by the Facility owner | | |
| I am currently not operating any Facility | | | provide contractual serv | vices to the Facility | |
| Please provide th | he following information about each Facility/Plant that you operate. | Use addt | ional pages as needed. | | |
| Facility / Plant N | ame | 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:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 3734 | | |
|---|---|--------------------------------------|--|--|--|
| THOMAS H. RE | EDY Please enter you're current address on the lines below and, if neces | sary, | Certification(s) shown below will expire on: 6/1/2023 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | v these sations: \$50 | |
| | | requirements by t result in an ad | | ete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT F | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed b | y the Facility owner | |
| I am currently not o | operating any Facility | Ι | provide contractual ser | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you operate. | . Use add | tional pages as needed. | | |
| Facility / Plant Name Cla | | | PDWIS (Water) NP | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page on | e of a two page form. Both pages must be completed and returned. | . Oj | Operator Certification Number: 3954 | | |
|---|---|----------|--|---|--|
| JAMES K FRIE | Please enter you're current address on the lines below and, if necessar | y, | Certification(s) s below will expi | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certifica | \$50 | |
| | | requir | | ete or submit renewal the expiration date will ditional late fees as d in Section V. | |
| | CATES TO RENEW: | | | Training Units | |
| Certification 7 | Type Category | | Class | Required | |
| SUPERINTENDE | ENT WATER TREATMENT | | 4 | 7 | |
| II. CURRENT | SEMPLOYMENT INFORMATION | | | | |
| Employer's Name | e: | | Phone #: | | |
| Number of Facili | ities (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently no | ot operating any Facility | I p | rovide contractual serv | vices to the Facility | |
| Please provide th | he following information about each Facility/Plant that you operate. U | se addti | onal pages as needed. | | |
| Facility / Plant Name Class | | | PDWIS (Water) NPI | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 4005 | | |
|---|---|-------------|---|---|--|
| JOHNNIE LEE | SPEARMAN, JR. Please enter you're current address on the lines below and, if neces | ssary, | Certification(s) shown below will expire on: 6/1/2023 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certifica | \$50 | |
| | | | requirements by the result in an add | te or submit renewal ne expiration date will ditional late fees as in Section V. | |
| I. CERTIFIC | CATES TO RENEW: | | | Training Units | |
| Certification T | Type Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | e: | | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | | | I am employed by the Facility owner | | |
| I am currently not operating any Facility | | I | I provide contractual services to the Facility | | |
| Please provide th | he following information about each Facility/Plant that you operate | e. Use addt | ional pages as needed. | | |
| Facility / Plant N | ame | Class | PDWIS (Water) NPD | ES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. | | | | Operator Certifcation Number: 4417 | | |
|---|---|----------------------------------|---------------------------|---|------------|---------------------------------------|
| JASON A. KERMS Please enter you're current address on the lines below and, i | | | у, | Certification(s) shown below will expire on: 6/1/202 | | 6/1/2023 |
| correct the City, state and ZIP Code. Please print legibly. | lease print legibly. | | The fee to rene certif | w these ications: | \$50 | |
| | | | | Failure to complete or s requirements by the exp result in an additiona described in Sec | | ration date will I late fees as |
| | ATES TO RENEW: | | | | Tr | aining Units |
| Certification T | ype Category | | | Class | Re | quired |
| OPERATOR | WASTEWA | TER COLLECTION | | 2 | 16 | i i i i i i i i i i i i i i i i i i i |
| II. CURRENT | EMPLOYMENT INFORMATIC | DN | | | | |
| Employer's Name | | | | Phone #: | _ | |
| Number of Facilit | ies (or Plants) that you currently operat | e: | | I am employed | by the Fa | cility owner |
| I am currently not | operating any Facility | | I pr | ovide contractual se | ervices to | the Facility |
| Please provide the | e following information about each Fa | cility/Plant that you operate. U | se addtio | onal pages as needed | d. | |
| Facility / Plant Name Class | | | Class P | DWIS (Water) N | PDES (W | astewater) |
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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one of a two page form. Both pages must be completed and returned. | Operator Certifcation Number: | 4459 |
|---|---|----------|
| JOHN C MCGEE Please enter you're current address on the lines below and, if necessary, | Certification(s) shown below will expire on: | 6/1/2023 |
| correct the City, state and ZIP Code. Please print legibly. | The fee to renew these certifications: | \$100 |

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

| | | uescribeu în Section v. | | |
|---|-------------------------|-------------------------|----------------------------|--|
| I. CERTIFICATES TO RE Certification Type | <u>NEW:</u> Category | Class | Training Units Required | |
| OPERATOR | WASTEWATER TREATMENT | 3 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | А | 16 | |
| OPERATOR | WASTEWATER TREATMENT | 4 | 30 | |
| OPERATOR | WATER TREATMENT | 4 | 30 | |
| OPERATOR | WATER TREATMENT | 3 | 30 | |
| OPERATOR | INDUSTRIAL WASTEWATER | 4 | 16 | |
| OPERATOR | WATER TREATMENT | 5 | 16 | |

II. CURRENT EMPLOYMENT INFORMATION

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



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

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Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. Open | | | Operator Certifcation Nu | erator Certifcation Number: 4567 | | |
|--|---|--|--------------------------------------|--|--|--|
| | lease enter you're current address on the lines below and, if i | necessary, | Certification(s) s below will exp | | | |
| c | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 | | |
| | | Failure to complete or s requirements by the exp result in an additions described in Se | | the expiration date will Iditional late fees as | | |
| | 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 | Ι | provide contractual serv | vices to the Facility | | |
| Please provide the | following information about each Facility/Plant that you op | erate. Use addi | tional pages as needed. | | | |
| Facility / Plant Nan | ne | Class | PDWIS (Water) NPI | DES (Wastewater) | | |
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Last 4 digits of Social Security Number

Email Address

Date

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| This is page on | This is page one of a two page form. Both pages must be completed and returned. O | | | | perator Certifcation Number: 4626 | | | |
|--------------------|---|--|--|---------------------------------------|-----------------------------------|--|--|--|
| ROY PERSON | Please enter you're current address on the lines below and, if necessary, | , | Certification(below will | | 6/1/2023 | | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | \$50 | | | |
| | | Failure to complete or s requirements by the exp result in an additions described in Se | | piration date will al late fees as | | | | |
| | CATES TO RENEW: | | | | raining Units | | | |
| Certification 7 | Type Category | | Class | F | Required | | | |
| OPERATOR | WATER TREATMENT | | 4 | 3 | 0 | | | |
| II. CURRENT | CEMPLOYMENT INFORMATION | | | | | | | |
| Employer's Name | e: | | Phone #: | : | | | | |
| Number of Facili | ities (or Plants) that you currently operate: | | I am employe | d by the F | acility owner | | | |
| I am currently no | ot operating any Facility | I pro | ovide contractual | services to | o the Facility | | | |
| Please provide th | he following information about each Facility/Plant that you operate. Use | e addtio | nal pages as need | led. | | | | |
| Facility / Plant N | lame Cla | ass 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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Email Address

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| This is page one | of a two page form. Both pages must be completed | Operator Certification N | Number: 5184 | |
|---------------------|--|--------------------------|-----------------------------------|--|
| | Please enter you're current address on the lines below a | | Certification(s) below will ex | |
| | correct the City, state and ZIP Code. Please print legib | ly. | The fee to renev certifi | w these \$50 cations: |
| | | requireme result i | | plete or submit renewal y the expiration date will additional late fees as ed in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| TEMPORARY | INDUSTRIAL WASTEWAT | ER | 5 | 45 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | : | | Phone #: | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed b | by the Facility owner |
| I am currently not | operating any Facility |] | provide contractual se | rvices to the Facility |
| Please provide the | e following information about each Facility/Plant that | you operate. Use add | ltional pages as needea | <i>l.</i> |
| Facility / Plant Na | me | Class | PDWIS (Water) NI | PDES (Wastewater) |
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Name and Certification Number of Operator in Responsible Charge:

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| This is page one | of a two page form. Both pages must be completed and returned. | perator Certifcation N | umber: 5212 | |
|----------------------|--|--|------------------------------------|--|
| | Please enter you're current address on the lines below and, if necessary | /, | Certification(s) below will exp | |
| C | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 |
| | | Failure to complete or su requirements by the expir- result in an additional described in Secti | | the expiration date will Iditional late fees as |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | /pe Category | | Class | Required |
| SUPERINTENDEN | VT WASTEWATER COLLECTION | | 2 | 7 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed b | y the Facility owner |
| I am currently not | operating any Facility | I pi | rovide contractual ser | vices to the Facility |
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| Facility / Plant Nat | me Cl | lass I | PDWIS (Water) NP | DES (Wastewater) |
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| This is page one | his is page one of a two page form. Both pages must be completed and returned. | | | perator Certifcation Number: 5226 | | | |
|----------------------|--|---|----------------|---|---|--|--|
| | Please enter you're curren | t address on the lines below and, if necessary, | | Certification below will | n(s) shown l expire on | | |
| с | correct the City, state and | ZIP Code. Please print legibly. | | The fee to renew these certifications: \$100 | | | |
| | | | | Failure to complete or submit re- requirements by the expiration d result in an additional late fee described in Section V. | | piration date will nal late fees as | |
| I. CERTIFICA | ATES TO RENEW | <u>.</u> | | | 1 | Fraining Units | |
| Certification Ty | pe | Category | | Class | | Required | |
| OPERATOR | | WASTEWATER COLLECTION | | 2 | 1 | 16 | |
| OPERATOR | | WATER DISTRIBUTION | | 1 | 1 | 6 | |
| II. CURRENT F | EMPLOYMENT INF | ORMATION | | | | | |
| Employer's Name: | | | | Phone # | #: | | |
| Number of Faciliti | es (or Plants) that you cur | rently operate: | | I am employ | ed by the F | acility owner | |
| I am currently not | operating any Facility | | Ι | provide contractua | rovide contractual services to the Facility | | |
| Please provide the | following information at | out each Facility/Plant that you ope | erate. Use add | tional pages as nee | eded. | | |
| Facility / Plant Nar | ne | | Class | PDWIS (Water) | NPDES (| Wastewater) | |
| | | | | | | | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 5448 | | | |
|---|---|-------------------------------|-------------------------------------|---|--|--|
| | Please enter you're current address on the line | | Certification below will | | | |
| C | correct the City, state and ZIP Code. Please p | rint legibly. | The fee to re- cert | new these \$50 | | |
| | | | requirements result in a | mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V. | | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | | |
| Certification Ty | pe Category | | Class | Required | | |
| OPERATOR | WATER DISTRIBU | JTION | 1 | 16 | | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone # | : | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employe | ed by the Facility owner | | |
| I am currently not | operating any Facility | _ | I provide contractual | services to the Facility | | |
| Please provide the | following information about each Facility/P | lant that you operate. Use ad | ldtional pages as need | led. | | |
| Facility / Plant Nat | ne | Class | PDWIS (Water) | NPDES (Wastewater) | | |
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| This is page one of a two page | ge form. Both pages must be completed and returned | erator Certifcation Nu | umber: 6258 | | |
|---------------------------------|--|--|--|---|--|
| | you're current address on the lines below and, if necessar | ry, | Certification(s) s below will exp | | |
| correct the C | City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | |
| | | Failure to complete or sub requirements by the expira result in an additional l described in Sectio | | the expiration date will ditional late fees as | |
| I. CERTIFICATES TO |) RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 5 | 7 | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | А | 7 | |
| II. CURRENT EMPLOY | MENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants | s) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating an | ny Facility | I pro | ovide contractual services to the Facility | | |
| Please provide the following in | nformation about each Facility/Plant that you operate. U | Use addtion | nal pages as needed. | | |
| Facility / Plant Name | (| Class Pl | DWIS (Water) NPI | DES (Wastewater) | |
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|---|--|------------|--|--|--|--|
| 5 | ou're current address on the lines below and, if neces | ssary, | Certification(s) s below will exp | | | |
| correct the Cit | y, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | | |
| | | | — requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | | |
| I. CERTIFICATES TO | | | | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 5 | 7 | | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | А | 7 | | |
| II. CURRENT EMPLOYM | ENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or Plants) | that you currently operate: | | I am employed by | the Facility owner | | |
| I am currently not operating any | Facility | Ι | provide contractual serv | rovide contractual services to the Facility | | |
| Please provide the following info | ormation about each Facility/Plant that you operate | e. Use add | ltional pages as needed. | | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | | |
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| This is page one of a ty | his is page one of a two page form. Both pages must be completed and returned. Op | | | | 6331 |
|----------------------------|---|--------------|---|--|---------------------------------------|
| | enter you're current address on the lines below and, if neces | sary, | | Certification(s) shown below will expire on: 6, | |
| correc | t the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$100 | | |
| | | | Failure to complete or submit requirements by the expiration result in an additional late for described in Section V. | | oiration date will al late fees as |
| I. CERTIFICATE | <u>S TO RENEW:</u> | | | т | raining Units |
| Certification Type | Category | | Class | | equired |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 1 | 6 |
| OPERATOR | WATER DISTRIBUTION | | 1 | 1 | 6 |
| II. CURRENT EMP | LOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone # | #: | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employ | ed by the Fa | acility owner |
| I am currently not operate | ting any Facility | I pi | provide contractual services to the Facility | | |
| Please provide the follow | wing information about each Facility/Plant that you operate | . Use addtio | onal pages as nee | eded. | |
| Facility / Plant Name | | Class I | PDWIS (Water) | NPDES (V | Vastewater) |
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| | | Operator Certifcation | Operator Certification Number: 6672 | | | |
|--------------------|---|-----------------------------|--|--|--|--|
| JAN BURNET | Please enter you're current address on the lines below and, if necessary, | | Certification(s) shown below will expire on: 6/1/2023 | | | |
| | correct the City, state and ZIP Code. Please print legibly. | The fee to re | enew these \$100 | | | |
| | | requirements result in a | omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V. | | | |
| | CATES TO RENEW: | | Training Units | | | |
| Certification T | ype Category | Class | Required | | | |
| OPERATOR | WATER TREATMENT | 2 | 16 | | | |
| OPERATOR | WASTEWATER TREATMENT | 4 | 30 | | | |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 | | | |
| OPERATOR | WASTEWATER TREATMENT | А | 16 | | | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | | |
| Employer's Name | | Phone # | #: | | | |
| Number of Facili | ties (or Plants) that you currently operate: | I am employ | ed by the Facility owner | | | |
| I am currently no | t operating any Facility | I provide contractua | l services to the Facility | | | |
| Please provide th | ne following information about each Facility/Plant that you operate. Use | e addtional pages as nee | eded. | | | |
| Facility / Plant N | ame Cla | ass PDWIS (Water) | NPDES (Wastewater) | | | |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page form. Both pages must be completed and returned. | Operator Certification Number: 6958 | |
|---|--|--|
| LAWRENCE J. NEWMAN Please enter you're current address on the lines below and, if necessary, | Certification(s) shown below will expire on: 6/1/2023 | |
| correct the City, state and ZIP Code. Please print legibly. | The fee to renew these certifications: \$100 | |
| | Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V. | |

| I. CERTIFICATES TO RENEW | · | | |
|--------------------------|----------------------|-------|----------------------------|
| Certification Type | Category | Class | Training Units Required |
| OPERATOR | WASTEWATER TREATMENT | 3 | 30 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WATER TREATMENT | 2 | 16 |
| OPERATOR | WATER TREATMENT | 1 | 16 |
| OPERATOR | WASTEWATER TREATMENT | А | 16 |
| OPERATOR | WATER TREATMENT | 5 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

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



III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- 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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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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| This is page one | e of a two page form. Both pages must be completed and returned. | perator Certifcation N | umber: 7073 | | | | |
|---------------------|--|------------------------|--|--|--|--|--|
| JOHN B. STOP | Please enter you're current address on the lines below and, if necessary | у, | Certification(s) below will exp | | | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | | | |
| | | | - requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | | | |
| | CATES TO RENEW: | | | Training Units | | | |
| Certification T | Type Category | | Class | Required | | | |
| SUPERINTENDE | NT WATER TREATMENT | | 2 | 7 | | | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | | | |
| Employer's Name | e: | | Phone #: | | | | |
| Number of Facili | ties (or Plants) that you currently operate: | | I am employed b | y the Facility owner | | | |
| I am currently no | t operating any Facility | I pı | rovide contractual ser | vices to the Facility | | | |
| Please provide th | ne following information about each Facility/Plant that you operate. Us | se addtic | onal pages as needed. | | | | |
| Facility / Plant Na | ame C. | lass F | PDWIS (Water) NP | DES (Wastewater) | | | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page one of a two page form. Both pages must be completed and returned. Op CODY M. CHESSER Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | | | Operator Certifcation Number: 7300 | | | |
|--|-------------------------------|--|---------------|--|---|---|--|
| | | | | | Certification(s) shown below will expire on: 6/1/2 | | |
| | | | | The fee to renew these certifications: \$50 | | | |
| | | | | requirements result in a | by the ex | submit renewal piration date will nal late fees as ection V. | |
| I. CERTIFIC | ATES TO RENEW: | | | | 7 | Fraining Units | |
| Certification Ty | уре | Category | | Class | | Required | |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | 2 | 15 | |
| TEMPORARY | | WASTEWATER TREATMENT | | А | 2 | 24 | |
| II. CURRENT | EMPLOYMENT INFO | ORMATION | | | | | |
| Employer's Name: | : | | | Phone # | ŧ: | | |
| Number of Facilit | ies (or Plants) that you curr | ently operate: | | I am employe | ed by the F | Facility owner | |
| I am currently not | operating any Facility |] | I p | rovide contractual | l services t | o the Facility | |
| Please provide the | e following information abo | out each Facility/Plant that you opera | te. Use addti | onal pages as need | ded. | | |
| Facility / Plant Na | ime | | Class | PDWIS (Water) | NPDES (| Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page one of a two page form. Both pages must be completed and returned. Operative PRESTON M KING Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | | | perator Certifcation Number: 7564 | | | |
|--|-------------------------------|---------------------------------------|--------------|---|---|--------------------------------------|--|
| | | | | | Certification(s) shown below will expire on: 6/1/2 | | |
| | | | | | The fee to renew these certifications: \$100 | | |
| | | | | Failure to complete or subm requirements by the expiration result in an additional late described in Section | | iration date will al late fees as | |
| I. CERTIFICA | ATES TO RENEW: | | | | Т | raining Units | |
| Certification Ty | pe d | Category | | Class | | equired | |
| OPERATOR | ١ | NASTEWATER COLLECTION | | 2 | 16 | 5 | |
| OPERATOR | N N | WATER DISTRIBUTION | | 1 | 16 | 5 | |
| II. CURRENT F | EMPLOYMENT INFO | RMATION | | | | | |
| Employer's Name: | | | | Phone # | : | | |
| Number of Facilitie | es (or Plants) that you curre | ently operate: | | I am employe | ed by the Fa | cility owner | |
| I am currently not o | operating any Facility |] | Ιŗ | provide contractual | services to | the Facility | |
| Please provide the | following information abo | ut each Facility/Plant that you opera | te. Use addt | ional pages as need | ded. | | |
| Facility / Plant Nar | ne | | Class | PDWIS (Water) | NPDES (W | /astewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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| This is page one | e of a two page form. Both pages must be completed and returned | Operator Certifcation Number: 7977 | | | |
|---------------------|--|------------------------------------|------------------------------------|--|--|
| GEORGE W. H | Please enter you're current address on the lines below and, if necessa | ary, | Certification(s) below will exp | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these \$50 cations: | |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFIC | CATES TO RENEW: | | | Training Units | |
| Certification T | ype Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | 2: | | Phone #: | | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed b | by the Facility owner | |
| I am currently not | t operating any Facility | Ιp | provide contractual ser | rvices to the Facility | |
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| This is page one | e of a two page form. Both pages must be completed and | Operator Certifcation Number: 8494 | | |
|---------------------|---|------------------------------------|------------------------------------|--|
| DAVID L. SCR | Please enter you're current address on the lines below and, | if necessary, | Certification(s) below will exp | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these \$50 |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| | CATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | 2: | | Phone #: | |
| Number of Facili | ties (or Plants) that you currently operate: | | I am employed b | y the Facility owner |
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| | | | | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

| This is page on | e of a two page form. Both pages must be completed and return | ed. Operat | perator Certifcation Number: 8587 | | | |
|--------------------|--|------------------|---|-------------------------|--|--|
| MICHAEL ZE | Please enter you're current address on the lines below and, if neces | ssary, | Certification(s below will e | | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | | |
| | | | Failure to complete or submit requirements by the expiration result in an additional late for described in Section V | | | |
| I. CERTIFIC | CATES TO RENEW: | | | Training Units | | |
| Certification | Type Category | | Class | Required | | |
| OPERATOR | WASTEWATER TREATMENT | | S | 16 | | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | | |
| II. CURRENT | FEMPLOYMENT INFORMATION | | | | | |
| Employer's Nam | e: | | Phone #: | | | |
| Number of Facil | ities (or Plants) that you currently operate: | | I am employed | by the Facility owner | | |
| I am currently no | ot operating any Facility | I provid | le contractual s | ervices to the Facility | | |
| Please provide t | he following information about each Facility/Plant that you operate | e. Use addtional | pages as neede | ed. | | |
| Facility / Plant N | Jame | Class PDW | TS (Water) N | NPDES (Wastewater) | | |
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Email Address

Date

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

| This is page one of a two page form. Both pages must be completed and returned. Ope | | | | Operator Certifcation | on Number: | 8821 | |
|--|-------------------------------|--------------------------------------|----------------|--|--|--|--|
| ROBERT E. O'BRIEN Please enter you're current address on the lines below and, if necessary, | | | | Certification(s) shown below will expire on | | | |
| correct the City, state and ZIP Code. Please print legibly. | | | | | he fee to renew these certifications: \$100 | | |
| | | | | requirements result in a | s by the exp | submit renewal piration date will al late fees as ection V. | |
| I. CERTIFIC | ATES TO RENEW: | | | | т | raining Units | |
| Certification T | уре | Category | | Class | R | Required | |
| OPERATOR | | WASTEWATER COLLECTION | | 2 | 1 | .6 | |
| OPERATOR | | WATER DISTRIBUTION | | 1 | 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 | ed by the F | acility owner | |
| I am currently no | t operating any Facility | | Ι | provide contractua | l services to | o the Facility | |
| Please provide th | e following information ab | out each Facility/Plant that you ope | erate. Use ada | ltional pages as nee | eded. | | |
| Facility / Plant Na | ame | | Class | PDWIS (Water) | NPDES (V | Wastewater) | |
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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

| This is page one | of a two page form. Both pages must be completed and returned. | Op | perator Certifcation N | Jumber: 9067 | |
|---|--|-----------|--|---|--|
| | Please enter you're current address on the lines below and, if necessary | У, | Certification(s) shown below will expire on: 6/1/202 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | w these \$50 cations: | |
| | | | requirements by result in an ac | olete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| | ATES TO RENEW: | | | Training Units | |
| Certification T | ype Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | G | 7 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | : | | Phone #: | | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed b | by the Facility owner | |
| I am currently not | t operating any Facility | I p | rovide contractual ser | rvices to the Facility | |
| Please provide th | e following information about each Facility/Plant that you operate. Us | se addtio | onal pages as needed. | | |
| Facility / Plant Na | ame Cl | lass I | PDWIS (Water) NP | PDES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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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 | Operator Certifcation Number: 9128 | | | |
|--|---|------------------------------------|--|--|--|
| WILLIAM R. OLIVER Please enter you're current address on the lines below and, if nece | | | Certification(s) shown below will expire on: 6/1/2023 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | v these \$50 | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| | CATES TO RENEW: | | | Training Units | |
| Certification ⁻ | Type Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | |
| II. CURRENT | SEMPLOYMENT INFORMATION | | | | |
| Employer's Nam | e: | | Phone #: | | |
| Number of Facil | ities (or Plants) that you currently operate: | | I am employed b | y the Facility owner | |
| I am currently no | ot operating any Facility | I | provide contractual ser | vices to the Facility | |
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| Facility / Plant N | Jame | Class | PDWIS (Water) NP | DES (Wastewater) | |
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|---|---------------------------------|---|--------------|--|--|---|--|
| GEORGE BURGESS Please enter you're current address on the lines below and, if necessary | | | ssary, | Certification(s) shown below will expire on:6/1/2023The fee to renew these certifications:\$50 | | | |
| correct the City, state and ZIP Code. Please print legibly. | | | | | | | |
| | | | | requirements result in a | by the example by the example addition | r submit renewal xpiration date will nal late fees as Section V. | |
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| Certification ⁻ | Гуре | Category | | Class | | Required | |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | | 30 | |
| OPERATOR | | WASTEWATER TREATMENT | | А | | 16 | |
| II. CURRENT | EMPLOYMENT INFO | DRMATION | | | | | |
| Employer's Nam | e: | | | Phone # | #: | | |
| Number of Facil | ities (or Plants) that you curr | rently operate: | | I am employe | ed by the I | Facility owner | |
| I am currently no | ot operating any Facility |] | I p | rovide contractual | l services | to the Facility | |
| Please provide th | he following information abo | out each Facility/Plant that you operat | e. Use addti | onal pages as nee | ded. | | |
| Facility / Plant N | lame | | Class | PDWIS (Water) | NPDES (| (Wastewater) | |
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Date

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *



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

| This is page one of a two page | ge form. Both pages must be completed and returned | l. Op | Operator Certification Number: 9186 | | | |
|--|--|------------|--------------------------------------|--|--|--|
| KENNETH E. MORRIS 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 certifica | \$100 | | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as d in Section V. | | |
| I. CERTIFICATES TO | | | | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | | |
| II. CURRENT EMPLOY | MENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or Plants | s) that you currently operate: | | I am employed by | the Facility owner | | |
| I am currently not operating ar | ny Facility | I pr | ovide contractual serv | vices to the Facility | | |
| Please provide the following in | nformation about each Facility/Plant that you operate. U | Use addtio | nal pages as needed. | | | |
| Facility / Plant Name | | Class P | DWIS (Water) NPI | DES (Wastewater) | | |
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III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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|---|--|---------------------|---|--|--|--|
| | Please enter you're current address on the lines below and, it | f necessary, | Certification(s) below will exp | | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$100 | | | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | | |
| | ATES TO RENEW: | | | Training Units | | |
| Certification Ty | ype Category | | Class | Required | | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 5 | 30 | | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 6 | 16 | | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | | |
| Employer's Name | : | | Phone #: | | | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed b | y the Facility owner | | |
| I am currently not | operating any Facility | I pr | ovide contractual ser | vices to the Facility | | |
| Please provide the | e following information about each Facility/Plant that you o | operate. Use addtio | nal pages as needed. | | | |
| Facility / Plant Na | ame | Class P | DWIS (Water) NP | DES (Wastewater) | | |
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Name and Certification Number of Operator in Responsible Charge:

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|---|---|------------------------------------|---|-----------------------|
| SCOTT A. DELUDE Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | | Certification(s) shown below will expire on: 6/1/2023 The fee to renew these certifications: \$100 | |
| | | | | |
| I. CERTIFICATES TO |) RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 1 | 7 |
| SUPERINTENDENT | WATER TREATMENT | | 1 | 7 |
| II. CURRENT EMPLOY | MENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants | s) that you currently operate: | | I am employed b | y the Facility owner |
| I am currently not operating an | ny Facility | I pi | rovide contractual ser | vices to the Facility |
| Please provide the following in | nformation about each Facility/Plant that you operate | e. Use addtio | onal pages as needed | |
| Facility / Plant Name | | Class I | PDWIS (Water) NP | DES (Wastewater) |
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