

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.

This is page of	ne of a two page form. Both pa	red. Op	perator Certification Nu	0037				
MATTHEW	Please enter you're current add	ssary,	Certification(s) s below will exp		6/1/2022			
	correct the City, state and ZIP	Code. Please print legibly.		The fee to renew certific		\$100		
				Failure to compl requirements by result in an address describe	the expi dditiona	iration date will Il late fees as		
I. CERTIFI	CATES TO RENEW:				Tr	aining Units		
Certification	Type Ca	tegory		Class	Re	equired		
OPERATOR	W	ATER DISTRIBUTION		1	16	5		
OPERATOR	W	ASTEWATER COLLECTION		2	16	5		
II. CURREN	T EMPLOYMENT INFOR	MATION						
Employer's Nar	ne:			Phone #:				
Number of Faci	ilities (or Plants) that you current	ly operate:		I am employed by	y the Fa	cility owner		
I am currently r	not operating any Facility		I p	provide contractual services to the Facility				
Please provide	the following information about	each Facility/Plant that you operate	e. Use addtio	onal pages as needed.				
Facility / Plant	Name		Class I	PDWIS (Water) NP	DES (W	astewater)		
		(OVER)						



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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	ease enter you're current address on the lines below and,	if necessary,	Certification(s) s below will exp				
cc	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	«5n			
		Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICA	TES TO RENEW:			Training Units			
Certification Typ	e Category		Class	Required			
TEMPORARY	WASTEWATER TREATMENT		5	45			
II. CURRENT E	MPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	y the Facility owner			
I am currently not of	perating any Facility	I p	provide contractual services to the Facility				
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Facility / Plant Nam	e	Class I	PDWIS (Water) NPI	DES (Wastewater)			



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This is page one of a two page	Operator Certification Number: 0122				
	you're current address on the lines below and,	if necessary,	Certification(s) sl below will expi		
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certifica	d. F 11	
				ete or submit renewal	
			result in an ad	he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES TO	O RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		2	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	Ι	provide contractual serv	ices to the Facility	
Please provide the following is	nformation about each Facility/Plant that you	operate. Use add	tional pages as needed.	_	
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	(OVER)				



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correc	et the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.		
I. CERTIFICATE	S TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
SUPERINTENDENT	WATER DISTRIBUTION		1	7		
SUPERINTENDENT	WATER TREATMENT		4	7		
II. CURRENT EMP	LOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner		
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	nter you're current address on the lines below and, if neces	ssary,	Certification(s) shelow will expire				
correct th	he 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 wil result in an additional late fees as described in Section V.				
I. CERTIFICATES	TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
TEMPORARY	WASTEWATER TREATMENT		5	45			
II. CURRENT EMPLO	OYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Pl	lants) that you currently operate:		I am employed by	the Facility owner			
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Certification Type	Category		Class	Required				
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Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

1	<i>consent</i>	to	receive	my	certificate(s)	by	emial	in	lieu	of mail



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This is page one o	f a two page form. Both pages must be completed and retu	rned. Op	erator Certifcation Nu	mber: 0409
	lease enter you're current address on the lines below and, if ne	ecessary,	Certification(s) sl below will expi	
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	150
			requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	TES TO RENEW:			Training Units
Certification Typ	De Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	perating any Facility	I pr	ovide contractual serv	rices to the Facility
Please provide the j	following information about each Facility/Plant that you oper	rate. Use addtio	nal pages as needed.	_
Facility / Plant Nam	ne	Class P	DWIS (Water) NPD	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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This is page one of a tw	vo page form. Both pages must be completed and return	erator Certifcation Nu	mber: 0410	
	enter you're current address on the lines below and, if nece	essary,	Certification(s) sh below will expir	
correct	t the City, state and ZIP Code. Please print legibly.		The fee to renew t	X 1 / 1// 1
			requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPI	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operat	ing any Facility	I pr	ovide contractual servi	ices to the Facility
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Facility / Plant Name		Class P	DWIS (Water) NPD	ES (Wastewater)
	(OVER)			



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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	perator Certification Number: 0415						
	lease enter you're current address on the lines below		Certification(s) s below will exp					
C	orrect the City, state and ZIP Code. Please print legib	oly.	The fee to renew certific	«5n				
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
TEMPORARY	INDUSTRIAL WASTEWAT	TER	2	0				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner				
I am currently not	operating any Facility	ĮĮ	provide contractual ser	vices to the Facility				
Please provide the	following information about each Facility/Plant that	you operate. Use addti	onal pages as needed.					
Facility / Plant Nar	ne	Class	PDWIS (Water) NPI	DES (Wastewater)				



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This is page one o	f a two page form. Both pages mi	perator Certification Number: 0489							
	lease enter you're current address o		ssary,	Certification(s) below will ex	6/1/2022				
CO	orrect the City, state and ZIP Code.	Please print legibly.		The fee to rene certifi	w these ications:	\$50			
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.						
I. CERTIFICA	TES TO RENEW:					aining Units			
Certification Typ	oe Categor	у		Class		quired			
OPERATOR	WASTEV	VATER COLLECTION		2	16				
II. CURRENT E	MPLOYMENT INFORMAT	ION							
Employer's Name:	_			Phone #:					
Number of Facilitie	s (or Plants) that you currently open	rate:		I am employed	by the Fac	ility owner			
I am currently not o	perating any Facility		I p	I provide contractual services to the Facility					
Please provide the j	following information about each F	Facility/Plant that you operate	. Use addti	onal pages as needed	d.				
Facility / Plant Nam	e		Class	PDWIS (Water) N	PDES (Wa	astewater)			



III. CONTINUING EDUCATION:

Page 2

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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 retu	irned. O	Operator Certification Number: 0652					
	nter you're current address on the lines below and, if ne	ecessary,	Certification(s) shown below will expire on: 6/1/20					
correct t	he City, state and ZIP Code. Please print legibly.		The fee to renew certification	d. E 11				
				ete or submit renewal he expiration date will				
			result in an ad	ditional late fees as d in Section V.				
I. CERTIFICATES	TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WASTEWATER COLLECTION		2	16				
II. CURRENT EMPLO	OYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or P	lants) that you currently operate:		I am employed by	the Facility owner				
I am currently not operating	ng any Facility	Ιp	provide contractual services to the Facility					
Please provide the following	ng information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed.					
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)				
	(OVER)							



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	Please enter you're current address on the lines below and, if	necessary,	Certification(s) sl below will expi				
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Certification T	ype Category		Class	Required			
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Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one o	f a two page form. Both pages must be comp	Operator Certification Nu	mber: 0759					
	lease enter you're current address on the lines b		Certification(s) sl below will expi	6/1//11//				
Co	orrect the City, state and ZIP Code. Please print	t legibly.	The fee to renew certifica	\$50				
I. CERTIFICA	TES TO RENEW:			Training Units				
Certification Typ	De Category		Class	Required				
OPERATOR	WATER DISTRIBUTI	ON	1	16				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner				
I am currently not o	perating any Facility		I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plan	t that you operate. Use add	dtional pages as needed.	_				
Facility / Plant Nam	e	Class	PDWIS (Water) NPD	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) sl below will expi			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	150		
			requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.		
	ATES TO RENEW:			Training Units		
Certification Ty	ype Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		Α	16		
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Employer's Name:	:		Phone #:			
Number of Facility	ies (or Plants) that you currently operate:		I am employed by	the Facility owner		
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	lease enter you're current add	ssary,	Certification(s below will ex	/	6/1/2022		
cc	orrect the City, state and ZIP	Code. Please print legibly.		The fee to rene certif	ew these fications:	\$100	
				requirements b	y the expi	submit renewal iration date will al late fees as ction V.	
	TES TO RENEW:					raining Units	
Certification Typ	pe Car	tegory		Class	Re	equired	
SUPERINTENDENT	T WA	STEWATER COLLECTION		2	7		
SUPERINTENDENT	Γ WA	TER DISTRIBUTION		1	7		
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Employer's Name:				Phone #:			
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		(OVER)					



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corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50			
I. CERTIFICATI	ES TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
SUPERINTENDENT	WATER TREATMENT		2	7			
II. CURRENT EMI	PLOYMENT INFORMATION						
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Certification Ty	ype Category		Class	Required
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

1	<i>consent</i>	to	receive	my	certificate(s)	by	emial	in	lieu	of mail



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

This is page one of a	two page form. Both pages must be completed and return	Operator Certification Number: 10338						
	ase enter you're current address on the lines below and, if nece	ssary,	Certification(s) shown below will expire on: 6/1/2022					
corr	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.					
I. CERTIFICAT	ES TO RENEW:		described	Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	WATER TREATMENT		2	24				
II. CURRENT EM	PLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants) that you currently operate:		I am employed by	the Facility owner				
I am currently not ope	erating any Facility	I pr	I provide contractual services to the Facility					
Please provide the fol	lowing information about each Facility/Plant that you operat	e. Use addtio	nal pages as needed.	_				
Facility / Plant Name		Class P	DWIS (Water) NPD	DES (Wastewater)				
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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

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

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

Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, 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	of a two page form. Both pages must be completed and re	perator Certification Number: 10361							
	Please enter you're current address on the lines below and, if	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 submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.						
I. CERTIFICA	ATES TO RENEW:			Training Units					
Certification Ty	pe Category		Class	Required					
OPERATOR	WASTEWATER TREATMENT		1	16					
II. CURRENT E	EMPLOYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner					
I am currently not o	operating any Facility	I p	rovide contractual ser	vices to the Facility					
Please provide the	following information about each Facility/Plant that you op	erate. Use addtio	onal pages as needed.						
Facility / Plant Nan	ne	Class I	PDWIS (Water) NP	DES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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	e enter you're current address on the lines below and, if necessar		Certification(s) shown below will expire on: 6/1/				
correc	et the City, state and ZIP Code. Please print legibly.	The fee	to renew these certifications:	\$50			
		requiremeresult	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.				
I. CERTIFICATE	S TO RENEW:			raining Units			
Certification Type	Category	Clas	ss R	Required			
TEMPORARY	INDUSTRIAL WASTEWATER	2	0	ı			
II. CURRENT EMP	LOYMENT INFORMATION						
Employer's Name:		Pho	one #:				
Number of Facilities (or	Plants) that you currently operate:	I am emp	oloyed by the Fa	acility owner			
I am currently not opera	ting any Facility	I provide contrac	ctual services to	the Facility			
Please provide the follo	wing information about each Facility/Plant that you operate. U	se addtional pages as	needed.				
Facility / Plant Name		Class PDWIS (Water	er) NPDES (V	Wastewater)			
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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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 a	and returned.	Operator Certification	Number:	1088		
	Please enter you're current		Certification(s below will ex	/	6/1/2022			
	correct the City, state and Z	IP Code. Please print legibly	y.	The fee to rene certif	ew these ications:	\$50		
				requirements by result in an	y the exp	or submit renewal expiration date will tional late fees as n Section V.		
	ATES TO RENEW:				Tı	raining Units		
Certification T	ype	Category		Class	Re	equired		
OPERATOR		WATER DISTRIBUTION		1	16	5		
II. CURRENT	EMPLOYMENT INFO	ORMATION						
Employer's Name	:			Phone #:				
Number of Facilit	ties (or Plants) that you curr	ently operate:		I am employed	by the Fa	cility owner		
I am currently not	t operating any Facility]		provide contractual services to the Facility				
Please provide the	e following information abo	– ut each Facility/Plant that y	vou operate. Use add	dtional pages as neede	d.			
Facility / Plant Na	ame		Class	PDWIS (Water) N	PDES (W	astewater)		



III. CONTINUING EDUCATION:

Page 2

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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	perator Certification Number: 10908						
	se enter you're current address on the lines below and,	if necessary,	Certification(s) below will ex					
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renev	v these cations: \$50				
I. CERTIFICAT	ES TO RENEW:			ed in Section V. Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	INDUSTRIAL WASTEWATER		2	0				
II. CURRENT EM	PLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants) that you currently operate:		I am employed b	by the Facility owner				
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Please provide the foll	owing information about each Facility/Plant that you	operate. Use addtie	onal pages as needed	<u> </u>				
Facility / Plant Name		Class	PDWIS (Water) NF	PDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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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	erator Certification N	umber: 10928					
	you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp				
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certific	150			
			Failure to complete or submit renew requirements by the expiration date versult in an additional late fees as described in Section V.				
I. CERTIFICATES TO	RENEW:			Training Units			
Certification Type	Category		Class	Required			
TEMPORARY	INDUSTRIAL WASTEWATER		2	0			
II. CURRENT EMPLOY	MENT 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 an	y Facility	I pr	ovide contractual ser	vices to the Facility			
Please provide the following in	nformation about each Facility/Plant that you operat	te. Use addtio	nal pages as needed.				
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)			
	(OVER)						



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

Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

1	<i>consent</i>	to	receive	my	certificate(s)	by	emial	in	lieu	of mail



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

This is page on	e of a two page form. Both pages must be completed and returned	d. Operator Certification Number	: 10929				
HARVEY JUS	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.	The fee to renew these certifications	× 1 (10)				
		Failure to complete or requirements by the ex result in an addition described in S	piration date will nal late fees as				
	CATES TO RENEW:		Training Units				
Certification 7	Type Category	Class	Required				
TEMPORARY	WASTEWATER TREATMENT	Α 2	24				
TEMPORARY	WATER TREATMENT	3	45				
TEMPORARY	WASTEWATER TREATMENT	5	45				
II. CURRENT	EMPLOYMENT INFORMATION						
Employer's Nam	e:	Phone #:					
Number of Facil	ities (or Plants) that you currently operate:	I am employed by the I	Facility owner				
I am currently no	ot operating any Facility	I provide contractual services t	rovide contractual services to the Facility				
Please provide ti	he following information about each Facility/Plant that you operate.	Use addtional pages as needed.					
Facility / Plant N	Jame	Class PDWIS (Water) NPDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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1	<i>consent</i>	to	receive	my	certificate(s)	by	emial	in	lieu	of mail



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

This is page one	e of a two page form. Both p	ages must be completed and retu	urned.	Operator Certification Nu	mber: 10931				
KIRYL KIPE	•	dress on the lines below and, if no	ecessary,	Certification(s) shelow will expire					
	correct the City, state and ZII	P Code. Please print legibly.		The fee to renew certifica	4.511				
				requirements by the 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. CERTIFIC	CATES TO RENEW:				Training Units				
Certification 7	ype C	ategory		Class	Required				
TEMPORARY	IN	IDUSTRIAL WASTEWATER		5	45				
II. CURRENT	EMPLOYMENT INFOR	RMATION							
Employer's Name	e:			Phone #:					
Number of Facili	ties (or Plants) that you curren	atly operate:		I am employed by	the Facility owner				
I am currently no	t operating any Facility		I	provide contractual serv	ices to the Facility				
Please provide th	ne following information abou	t each Facility/Plant that you ope	rate. Use addt	ional pages as needed.					
Facility / Plant N	ame		Class	PDWIS (Water) NPD	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- 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

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, 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 returne	d. Operator Certification Number	: 10932
	Please enter you're current address on the lines below and, if necess	Certification(s) shown below will expire on	6/1//11//
(correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	Q 1 / 1// 1
		Failure to complete or requirements by the ex	
		result in an addition described in S	nal late fees as
I. CERTIFICA	ATES TO RENEW:		Fraining Units
Certification Ty	rpe Category		Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	Α 2	24
TEMPORARY	WATER TREATMENT	1 2	24
II. CURRENT I	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:	I am employed by the F	Facility owner
I am currently not	operating any Facility	I provide contractual services t	to the Facility
Please provide the	following information about each Facility/Plant that you operate.	Use addtional pages as needed.	
Facility / Plant Na	me	Class PDWIS (Water) NPDES (Wastewater)
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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

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

Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two pag	perator Certifcation Nu	mber: 10933		
	vou're current address on the lines below and, if neces	sary,	Certification(s) sl below will expir	
correct the Ci	ty, state and ZIP Code. Please print legibly.		The fee to renew certifica	620
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURRENT EMPLOYM	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed by	the Facility owner
I am currently not operating any	Facility Facility	I pı	rovide contractual serv	ices to the Facility
Please provide the following in	formation about each Facility/Plant that you operate	. Use addtio	onal pages as needed.	_
Facility / Plant Name		Class P	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one	e of a two page form. Both pages must be completed and return	ed. Operator Certification Number	r: 10934
GEORGE FLO	Please enter you're current address on the lines below and, if necess	Certification(s) shown sary, below will expire on	6/1//11//
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	& I / I/ / I
		Failure to complete or requirements by the ex	piration date will
		result in an addition described in S	
I. CERTIFIC	CATES TO RENEW:		Training Units
Certification T	Type Category		Required
TEMPORARY	WATER TREATMENT	5	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	Α	24
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name	÷:	Phone #:	
Number of Facili	ties (or Plants) that you currently operate:	I am employed by the l	Facility owner
I am currently no	et operating any Facility	I provide contractual services	to the Facility
Please provide th	he following information about each Facility/Plant that you operate.	. Use addtional pages as needed.	
Facility / Plant N	ame	Class PDWIS (Water) NPDES (Wastewater)
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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This is page one	of a two page form. Both pages must be completed and returne	ed. Operator Certification Nu	mber: 10935				
	Please enter you're current address on the lines below and, if necess	Certification(s) s sary, below will expi					
C	correct the City, state and ZIP Code. Please print legibly.	The fee to renew certification	\$50				
		requirements by t	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	WATER TREATMENT	2	24				
II. CURRENT I	EMPLOYMENT INFORMATION						
Employer's Name:		Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:	I am employed by	the Facility owner				
I am currently not	operating any Facility	I provide contractual serv	provide contractual services to the Facility				
Please provide the	following information about each Facility/Plant that you operate.	Use addtional pages as needed.					
Facility / Plant Nar	me	Class PDWIS (Water) NPI	DES (Wastewater)				
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

1	<i>consent</i>	to	receive	my	certificate(s)	by	emial	in	lieu	of mail



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

This is page one of	a two page form. Both pages must be	completed and returned.	Operator Certification	on Number:	10936		
	ase enter you're current address on the li			Certification(s) shown below will expire on:			
со	rect the City, state and ZIP Code. Please	print legibly.	The fee to re	enew these rtifications:	\$50		
			requirements	s by the expi	or submit renewal expiration date will ional late fees as n Section V.		
	<u>ΓES TO RENEW:</u>				aining Units		
Certification Typ	e Category		Class	Re	quired		
TEMPORARY	INDUSTRIAL W	ASTEWATER	6	24			
II. CURRENT EN	MPLOYMENT INFORMATION						
Employer's Name:			Phone	#:			
Number of Facilities	(or Plants) that you currently operate:		I am employ	ed by the Fac	cility owner		
I am currently not op	erating any Facility		I provide contractua	al services to	the Facility		
Please provide the fo	llowing information about each Facility,	Plant that you operate. Use d	addtional pages as nee	eded.			
Facility / Plant Name	,	Clas	s PDWIS (Water)	NPDES (W	astewater)		



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of	a two page form. Both pages must be completed and retu	rned. Oj	perator Certifcation Nun	nber: 10937		
	ase enter you're current address on the lines below and, if nec	cessary,	Certification(s) sho below will expire			
coi	rect the City, state and ZIP Code. Please print legibly.		The fee to renew the certificate	\$50		
			 requirements by th result in an add 	te or submit renewal e expiration date will itional late fees as in Section V.		
I. CERTIFICAT	TES TO RENEW:			Training Units		
Certification Type	e Category		Class	Required		
TEMPORARY	INDUSTRIAL WASTEWATER		6	24		
II. CURRENT EN	IPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	(or Plants) that you currently operate:		I am employed by t	he Facility owner		
I am currently not op	erating any Facility	Ιp	rovide contractual servi	ces to the Facility		
Please provide the fo	llowing information about each Facility/Plant that you opera	ate. Use addti	onal pages as needed.	_		
Facility / Plant Name		Class	PDWIS (Water) NPDI	ES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
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This is page one of	a two page form. Both pages must be complet	Operator Certification Numb	per: 10939			
	ease enter you're current address on the lines belo		Certification(s) show below will expire	6/1//11//		
co	rrect the City, state and ZIP Code. Please print le	gibly.	The fee to renew the certificatio	950		
			Failure to complete requirements by the result in an addit described in	expiration date will ional late fees as		
	<u>ΓES TO RENEW:</u>			Training Units		
Certification Typ	e Category		Class	Required		
TEMPORARY	WATER TREATMENT		4	45		
II. CURRENT EN	PLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	(or Plants) that you currently operate:		I am employed by the	e Facility owner		
I am currently not op	erating any Facility		I provide contractual service	es to the Facility		
Please provide the fo	ollowing information about each Facility/Plant th	nat you operate. Use add	dtional pages as needed.	_		
Facility / Plant Name		Class	PDWIS (Water) NPDES	S (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd 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 Certification Number	mber: 10942					
	r you're current address on the lines below and, if neces	ssary,	Certification(s) sh below will expir				
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	\$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 T	O RENEW:			Training Units			
Certification Type	Category		Class	Required			
TEMPORARY	INDUSTRIAL WASTEWATER		2	0			
II. CURRENT EMPLOY	MENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Plan	ts) that you currently operate:		I am employed by	the Facility owner			
I am currently not operating a	any Facility	I	provide contractual services to the Facility				
Please provide the following	information about each Facility/Plant that you operate	e. Use addt	ional pages as needed.				
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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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 ref	erator Certifcation Nu	amber: 10943					
	Please enter you're current address on the lines below and, if r	necessary,	Certification(s) s below will exp					
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950				
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	/pe Category		Class	Required				
TEMPORARY	INDUSTRIAL WASTEWATER		7	24				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	es (or Plants) that you currently operate:		I am employed by	y the Facility owner				
I am currently not	operating any Facility	I pı	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed.	_				
Facility / Plant Na	me	Class F	PDWIS (Water) NPI	DES (Wastewater)				
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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This is page one of	of a two page form. Both pages must be completed a	nd returned. Op	erator Certifcation Numb	per: 10945			
	'lease enter you're current address on the lines below ar		Certification(s) shown below will expire on: 6/1/2				
С	orrect the City, state and ZIP Code. Please print legibly	y.	The fee to renew the certification	£5A			
			Failure to complete requirements by the result in an addit described in	expiration date will ional late fees as			
I. CERTIFICA	ATES TO RENEW:			Training Units			
Certification Ty	pe Category		Class	Required			
TEMPORARY	WATER TREATMENT		4	45			
II. CURRENT E	EMPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by th	e Facility owner			
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Please provide the	following information about each Facility/Plant that y	ou operate. Use addtio	nal pages as needed.				
Facility / Plant Nan	ne	Class P	DWIS (Water) NPDES	S (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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This is page one of	a two page form. Both pages must be completed and return	ed. Ope	erator Certifcation Nu	amber: 11440				
	ease enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp					
coi	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	950				
			Failure to complete or submit renewa requirements by the expiration date with result in an additional late fees as described in Section V.					
I. CERTIFICAT	ΓES TO RENEW:			Training Units				
Certification Type	e Category		Class	Required				
SUPERINTENDENT	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	y the Facility owner				
I am currently not op	erating any Facility	I provide contractual services to the Facility						
Please provide the fo	llowing information about each Facility/Plant that you operate	. Use addtion	nal pages as needed.	_				
Facility / Plant Name		Class Pl	DWIS (Water) NP	DES (Wastewater)				
	(OVER)							



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This is page on	e of a two page form. Botl	erator Certification Number: 1203				
SCOTT MUR	Please enter you're current	address on the lines below and, if neces	sary,	Certification(s below will e		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rencerti	ew these fications: \$100	
				requirements b result in an	nplete or submit renewal by the expiration date will additional late fees as abed in Section V.	
I. CERTIFIC	CATES TO RENEW:	<u>.</u>			Training Units	
Certification 7	Гуре	Category		Class	Required	
OPERATOR		WATER TREATMENT		4	30	
OPERATOR		WATER TREATMENT		5	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		6	16	
OPERATOR		WASTEWATER TREATMENT		Α	16	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed	l by the Facility owner	
I am currently no	ot operating any Facility		I pro	ovide contractual s	services to the Facility	
Please provide ti	he following information ab	out each Facility/Plant that you operate	. Use addtion	nal pages as neede	ed.	
Facility / Plant N	Jame		Class PI	OWIS (Water) N	NPDES (Wastewater)	



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This is page one of a	two page form. Both pages must be completed and return	rned. Op	erator Certifcation Nur	nber: 1304
	se enter you're current address on the lines below and, if nec	essary,	Certification(s) sh below will expir	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew to certificat	VIIII
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICATI	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (o	or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Name		Class P	PDWIS (Water) NPD	ES (Wastewater)
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	lease enter you're current address on the lin		Certification(s) she below will expire	6/1//11//		
c	orrect the City, state and ZIP Code. Please	print legibly.	The fee to renew the certificate	\$50		
			— requirements by th result in an add	te or submit renewal e expiration date will itional late fees as in Section V.		
	TES TO RENEW:			Training Units		
Certification Ty	pe Category		Class	Required		
OPERATOR	WATER TREATM	1ENT	5RO	16		
II. CURRENT E	MPLOYMENT INFORMATION					
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corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$50					
			Failure to complete or submit renew requirements by the expiration date we result in an additional late fees as described in Section V.						
I. CERTIFICAT	ES TO RENEW:			Training Units					
Certification Type	Category		Class	Required					
OPERATOR	WASTEWATER COLLECTION		2	16					
II. CURRENT EM	PLOYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities (c	or Plants) that you currently operate:		I am employed b	y the Facility owner					
I am currently not open	rating any Facility	I p	rovide contractual ser	vices to the Facility					
Please provide the foll	lowing information about each Facility/Plant that you operat	e. Use addtio	onal pages as needed.						
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

1	<i>consent</i>	to	receive	my	certificate(s)	by	emial	in	lieu	of mail



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

This is page one of a two	page form. Both pages must be completed and return	ned. (Operator Certification Number: 1467					
	nter you're current address on the lines below and, if nece	ssary,	Certification(s) s below will exp	6/1//11//				
correct th	he City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$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	WASTEWATER TREATMENT		5	30				
II. CURRENT EMPLO	DYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	y the Facility owner				
I am currently not operating	g any Facility	I	provide contractual serv	vices to the Facility				
Please provide the following	ng information about each Facility/Plant that you operat	e. Use addi	tional pages as needed.	_				
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)				
				_				



III. CONTINUING EDUCATION:

Page 2

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

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- Operators In Training 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	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE 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 re	eturned. (Operator Certification Number	mber: 1510			
	ase enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 6/1/202				
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	\$50			
			requirements by the result in an add	olete or submit renewal the expiration date will dditional late fees as ed in Section V.			
I. CERTIFICAT	ES TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
TEMPORARY	WATER TREATMENT		4	45			
II. CURRENT EM	PLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not ope	erating any Facility	I	provide contractual servi	ices to the Facility			
Please provide the fol	lowing information about each Facility/Plant that you op	perate. Use add	tional pages as needed.				
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, 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 comp	Operator Certification	Number: 1547					
	Please enter you're current address on the lines b	•	Certification(s below will ex					
C	orrect the City, state and ZIP Code. Please prin	t legibly.	The fee to reno certif	ew these fications: \$50				
			Failure to complete or submit requirements by the expiration result in an additional late for described in Section V.					
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER TREATMEN	IT	5AS	16				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	by the Facility owner				
I am currently not	operating any Facility	Ι	provide contractual s	ervices to the Facility				
Please provide the	following information about each Facility/Plan	nt that you operate. Use add	tional pages as neede	d.				
Facility / Plant Nar	ne	Class	PDWIS (Water) N	IPDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
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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 r	Operator Certification Number: 1594				
	ase enter you're current address on the lines below and, if	necessary,	Certification(s) sh below will expir			
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew t certificat	\$50		
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.		
I. CERTIFICAT	ES TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		5	30		
II. CURRENT EM	IPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not ope	erating any Facility	I	provide contractual servi	ices to the Facility		
Please provide the fol	llowing information about each Facility/Plant that you o	perate. Use addt	ional pages as needed.	_		
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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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 Certification Number: 1622					
	Please enter you're current address on the lines below and, if necessa	ıry,	Certification(s) sho below will expire				
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	450			
			requirements by the result in an addi	e or submit renewal e expiration date will tional late fees as n Section V.			
	ATES TO RENEW:			Training Units			
Certification Ty	pe Category		Class	Required			
OPERATOR	WATER DISTRIBUTION		1	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	ne Facility owner			
I am currently not	operating any Facility	ΙĮ	provide contractual services to the Facility				
Please provide the	following information about each Facility/Plant that you operate. U	Use addti	ional pages as needed.				
Facility / Plant Na	me	Class	PDWIS (Water) NPDE	S (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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

This is page one of a two page	erator Certification N	umber: 1637		
	you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	
correct the Ci	ty, state and ZIP Code. Please print legibly.		The fee to renew certific	150
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
SUPERINTENDENT	WASTEWATER TREATMENT		Α	7
SUPERINTENDENT	WASTEWATER TREATMENT		S	У
II. CURRENT EMPLOYM	MENT 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 Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the following inj	formation about each Facility/Plant that you operate.	. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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.
- 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	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

1	<i>consent</i>	to	receive	my	certificate(s)	by	emial	in	lieu	of mail



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

This is page one of a tv	wo page form. Both pages must be completed and returned	d. Operator Certification	n Number: 1672
	enter you're current address on the lines below and, if necessary	Certification(ary, below will	
correc	t the City, state and ZIP Code. Please print legibly.	The fee to rer	new these ifications: \$50
		requirements result in ar	mplete or submit renewal by the expiration date will a additional late fees as bibed in Section V.
I. CERTIFICATES	S TO RENEW:		Training Units
Certification Type	Category	Class	Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0
II. CURRENT EMP	LOYMENT 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 operat	ting any Facility	I provide contractual	services to the Facility
Please provide the follow	wing information about each Facility/Plant that you operate.	Use addtional pages as need	!ed.
Facility / Plant Name		Class PDWIS (Water)	NPDES (Wastewater)
			_



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of	a two page form. Both pages must be completed and retu	irned.	Operator Certifcation Nu	mber: 1723
	ase enter you're current address on the lines below and, if ne	ecessary,	Certification(s) sl below will expi	
coi	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICAT	<u>ΓES TO RENEW:</u>			Training Units
Certification Type	e Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EN	APLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	erating any Facility	I	provide contractual serv	rices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you oper	rate. Use addi	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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1	<i>consent</i>	to	receive	my	certificate(s)	by	emial	in	lieu	of mail



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

This is page one of a two page	Operator Certification Number: 2060					
MOLLIE P FAULKNER Please enter yo	u're current address on the lines below and, if necessary,	Certification(s) s below will exp				
correct the City	y, state and ZIP Code. Please print legibly.	The fee to renew certification	\$100			
		requirements by t	ete or submit renewal the expiration date will lditional late fees as d in Section V.			
I. CERTIFICATES TO I Certification Type	Class	Training Units Required				
OPERATOR	WASTEWATER TREATMENT	А	16			
SUPERINTENDENT	WASTEWATER TREATMENT	5	7			
SUPERINTENDENT	WASTEWATER TREATMENT	А	7			
SUPERINTENDENT	WASTEWATER TREATMENT	4	7			
SUPERINTENDENT	WATER TREATMENT	5AS	7			
SUPERINTENDENT	WATER TREATMENT	3	7			
OPERATOR	WASTEWATER TREATMENT	4	30			
OPERATOR	WASTEWATER TREATMENT	3	30			
OPERATOR	WASTEWATER TREATMENT	1	16			
OPERATOR	WATER TREATMENT	4	30			
OPERATOR	WATER TREATMENT	5AS	16			
OPERATOR	WASTEWATER TREATMENT	5	30			
II. CURRENT EMPLOYMI	ENT INFORMATION					
Employer's Name:		Phone #:				
Number of Facilities (or Plants) t	hat you currently operate:	I am employed by	y the Facility owner			
I am currently not operating any l	Facility	I provide contractual serv	vices to the Facility			
Please provide the following info	rmation about each Facility/Plant that you operate. Use a	addtional pages as needed.				
Facility / Plant Name	Clas	s PDWIS (Water) NPI	DES (Wastewater)			
	(OVER)					



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, 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	urned. Op	erator Certifcation Nu	ımber: 2172
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) so below will expi	
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	150
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
SUPERINTENDEN	NT WATER TREATMENT		3	7
SUPERINTENDEN	NT WATER TREATMENT		4	7
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	ovide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you open	rate. Use addtio	nal pages as needed.	
Facility / Plant Na	me	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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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 con	Operator Certification	erator Certification Number: 2228				
	Please enter you're current address on the lines		Certification below will				
(correct the City, state and ZIP Code. Please pri	nt legibly.	The fee to rer	new these ifications: \$50			
			requirements result in an	mplete or submit renewal by the expiration date will additional late fees as libed in Section V.			
I. CERTIFICA	ATES TO RENEW:			Training Units			
Certification Ty	rpe Category		Class	Required			
OPERATOR	INDUSTRIAL WAS	TEWATER	6	16			
II. CURRENT I	EMPLOYMENT INFORMATION						
Employer's Name:			Phone #				
Number of Faciliti	es (or Plants) that you currently operate:	_	I am employe	d by the Facility owner			
I am currently not	operating any Facility	•	I provide contractual services to the Facility				
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Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

1	<i>consent</i>	to	receive	my	certificate(s)	by	emial	in	lieu	of mail



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

This is page one of a t	two page form. Both pages must be completed and returned.	Operator Certification 1	Number: 2270
	e enter you're current address on the lines below and, if necessar	Certification(s) ry, below will ex	
correc	et the City, state and ZIP Code. Please print legibly.	The fee to rene certifi	w these ications: \$50
		requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ped in Section V.
I. CERTIFICATE	ES TO RENEW:		Training Units
Certification Type	Category	Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER	7	24
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 provide contractual se	ervices to the Facility
Please provide the follo	owing information about each Facility/Plant that you operate. U	lse addtional pages as needed	<i>d</i> .
Facility / Plant Name		Class PDWIS (Water) N	PDES (Wastewater)
	luara - I		
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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

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

Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of	a two page form. Both pages mu	ist be completed and returned.	Oper	ator Certification N	Tumber: 2316
	ase enter you're current address or	n the lines below and, if necessary	y,	Certification(s) below will exp	6/1//11/
cor	rect the City, state and ZIP Code.	Please print legibly.		The fee to renew certific	v these cations: \$50
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICAT	ES TO RENEW:				Training Units
Certification Type	Categor	у		Class	Required
OPERATOR	WASTEW	ATER TREATMENT		Α	16
OPERATOR	WASTEW	ATER TREATMENT		5	30
II. CURRENT EM	IPLOYMENT INFORMAT	ON			
Employer's Name:				Phone #:	
Number of Facilities	(or Plants) that you currently open	rate:		I am employed b	by the Facility owner
I am currently not ope	erating any Facility		I prov	vide contractual ser	rvices to the Facility
Please provide the fo	llowing information about each F	acility/Plant that you operate. Us	se addtiona	ıl pages as needed	
Facility / Plant Name		C	Class PD	WIS (Water) NP	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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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 retu	ırned. Op	erator Certifcation Nu	mber: 2563
	Please enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	150
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		1	24
TEMPORARY	WATER TREATMENT		5	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	I pı	covide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed.	
Facility / Plant Na	ame	Class F	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
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This is page one of a two page	e form. Both pages must be completed and	returned.	Operator Certification Number: 2567					
•	ou're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on: 6/1/2022					
correct the Cit	y, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50				
			Failure to complete requirements by the result in an addit					
				d in Section V.				
I. CERTIFICATES TO	RENEW:			Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	WATER TREATMENT		1	24				
II. CURRENT EMPLOYM	ENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants)	that you currently operate:		I am employed by	the Facility owner				
I am currently not operating any	Facility	I	I provide contractual services to the Facility					
Please provide the following info	ormation about each Facility/Plant that you	operate. Use addt	ional pages as needed.	_				
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)				
_	(OVER)	_						



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
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This is page one	of a two page form. Both pag	perator Certification Number: 2600					
	Please enter you're current add		necessary,	Certification(s) below will exp	6/1/2022		
(correct the City, state and ZIP		The fee to renew certific	w these cations:	\$50		
			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.				
	ATES TO RENEW:				Ti	raining Units	
Certification Ty	rpe Car	tegory		Class	Re	equired	
OPERATOR	WA	TER DISTRIBUTION		1	16	5	
II. CURRENT I	EMPLOYMENT INFORM	MATION					
Employer's Name:				Phone #:			
Number of Faciliti	es (or Plants) that you currently	y operate:		I am employed b	y the Fa	cility owner	
I am currently not	operating any Facility		I	provide contractual ser	rvices to	the Facility	
Please provide the	following information about of	each Facility/Plant that you o	perate. Use add	tional pages as needed	<u>'</u> .		
Facility / Plant Na	me		Class	PDWIS (Water) NP	PDES (W	astewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one	of a two page form. Both	n pages must be completed and retu	urned. O	perator Certifcation Nu	ımber: 2681		
	Please enter you're current	t address on the lines below and, if no	ecessary,	Certification(s) sl below will expi			
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				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.		
	ATES TO RENEW:	1. <u>4</u>			Training Units		
Certification Ty	ype	Category		Class	Required		
TEMPORARY		WATER TREATMENT		3	45		
TEMPORARY		INDUSTRIAL WASTEWATER		5	45		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name:	:			Phone #:			
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am employed by	the Facility owner		
I am currently not	operating any Facility		ΙI	ovide contractual services to the Facility			
Please provide the	e following information ab	out each Facility/Plant that you ope	rate. Use addti	ional pages as needed.			
Facility / Plant Na	ime		Class	PDWIS (Water) NPI	DES (Wastewater)		
		(OVER)			· · · · · · · · · · · · · · · · · · ·		



III. CONTINUING EDUCATION:

Page 2

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VII. APPLICANT'S STATEMENT

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

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

1	<i>consent</i>	to	receive	my	certificate(s)	by	emial	in	lieu	of mail



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

This is page one of a t	two page form. Both pages must be completed and returne	erator Certifcation N	umber: 2719					
	e enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp					
correc	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	~~~~ ¢50				
			Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.					
I. CERTIFICATE	ES TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	WATER TREATMENT		5AS	24				
II. CURRENT EMP	PLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	y the Facility owner				
I am currently not opera	ating any Facility	I pr	ovide contractual ser	vices to the Facility				
Please provide the follo	owing information about each Facility/Plant that you operate.	. Use addtio	nal pages as needed.					
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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

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

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

Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, 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	perator Certification Number: 2726					
	ase enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp				
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	~~~~ ¢50			
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.				
I. CERTIFICAT	TES TO RENEW:			Training Units			
Certification Type	e Category		Class	Required			
TEMPORARY	WATER TREATMENT		1	24			
II. CURRENT EM	IPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner			
I am currently not ope	erating any Facility	I pr	provide contractual services to the Facility				
Please provide the fo	llowing information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.				
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, 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	rned.	Operator Certifcation Nu	mber: 2745			
	ase enter you're current address on the lines below and, if neo	cessary,	Certification(s) sl below will expi	6/1//11//			
coi	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50			
			requirements by to result in an ad-	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.			
	TES TO RENEW:			Training Units			
Certification Type	e Category		Class	Required			
OPERATOR	WATER TREATMENT		4	30			
II. CURRENT EN	IPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not op	erating any Facility	I	provide contractual services to the Facility				
Please provide the fo	llowing information about each Facility/Plant that you opera	ate. Use addı	tional pages as needed.	_			
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, 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	Operator Certifcati	erator Certification Number: 2747						
	ease enter you're current address on the			Certification(s) shown below will expire on: 6/1/2					
cc	rrect the City, state and ZIP Code. Plea	se print legibly.	The fee to 1	renew these ertifications:	\$50				
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.						
I. CERTIFICA	TES TO RENEW:			Т	raining Units				
Certification Typ	e Category		Class		equired				
TEMPORARY	WASTEWATE	R TREATMENT	5A	6	9				
II. CURRENT E	MPLOYMENT INFORMATION								
Employer's Name:			Phone	#:					
Number of Facilities	(or Plants) that you currently operate:		I am employ	yed by the Fa	acility owner				
I am currently not o	perating any Facility		I provide contractual services to the Facility						
Please provide the f	ollowing information about each Facili	ty/Plant that you operate. Use a	ddtional pages as ne	eded.					
Facility / Plant Nam	e	Class	PDWIS (Water)	NPDES (V	Vastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, 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	Operator Certification N	Number: 2765						
	Please enter you're current address on the lines below		Certification(s) below will ex						
•	correct the City, state and ZIP Code. Please print legi	bly.	The fee to renev	w these cations: \$50					
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.						
I. CERTIFICA	ATES TO RENEW:			Training Units					
Certification Ty	ype Category		Class	Required					
TEMPORARY	INDUSTRIAL WASTEWA	TER	1	0					
II. CURRENT	EMPLOYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Faciliti	es (or Plants) that you currently operate:		I am employed l	by the Facility owner					
I am currently not	operating any Facility	I	provide contractual se	rvices to the Facility					
Please provide the	following information about each Facility/Plant tha	t you operate. Use addi	ional pages as needed	<u></u>					
Facility / Plant Na	me	Class	PDWIS (Water) NI	PDES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
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This is page or	ne of a two page form. Both pages must be	completed and returned.	Operator Certification Nun	nber: 2768			
DARRELL BI	Please enter you're current address on the li		Certification(s) sho below will expire				
	correct the City, state and ZIP Code. Please	print legibly.	The fee to renew the certificate	\$50			
			requirements by th result in an add	te or submit renewal e expiration date will itional late fees as in Section V.			
	CATES TO RENEW:			Training Units			
Certification	Type Category		Class	Required			
TEMPORARY	WASTEWATER	TREATMENT	5	45			
TEMPORARY	WASTEWATER	TREATMENT	А	24			
II. CURREN	Γ EMPLOYMENT INFORMATION						
Employer's Nan	ne:		Phone #:				
Number of Faci	lities (or Plants) that you currently operate:		I am employed by t	he Facility owner			
I am currently n	ot operating any Facility		I provide contractual service	rovide contractual services to the Facility			
Please provide	the following information about each Facility	Plant that you operate. Use ad	ldtional pages as needed.				
Facility / Plant 1	Name	Class	PDWIS (Water) NPDI	ES (Wastewater)			
		(OVER)					



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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This is page one	of a two page form. Both pages must be completed and return	ed. Op	erator Certifcation Nu	mber: 2770
	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) shelow will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facility	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	ices to the Facility
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant Na	nme	Class P	DWIS (Water) NPD	DES (Wastewater)
	(OVER)			
	(O VEIC)			



III. CONTINUING EDUCATION:

Page 2

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	Please enter you're current address on the lines below and, if nee	cessary,	Certification(s) s below will expi				
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	150			
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.			
I. CERTIFIC	ATES TO RENEW:			Training Units			
Certification T	ype Category		Class	Required			
TEMPORARY	WASTEWATER TREATMENT		Α	24			
TEMPORARY	WASTEWATER TREATMENT		5	45			
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			
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Facility / Plant Na	ame	Class P	DWIS (Water) NPI	DES (Wastewater)			
<u> </u>	(OVER)		<u> </u>				



III. CONTINUING EDUCATION:

Page 2

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	Please enter you're current ac	ddress on the lines below and, if nece	essary,	Certification(s) s below will expi		6/1/2022
	correct the City, state and ZI	P Code. Please print legibly.		The fee to renew certification	,	\$50
				Failure to comple requirements by t result in an ad described	the expir Iditional	ation date will late fees as
	ATES TO RENEW:					ining Units
Certification T	ype C	ategory		Class	Red	quired
TEMPORARY	V	ASTEWATER TREATMENT		5	45	
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		(OVER)				



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	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) sl below will expi			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	150		
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Certification Ty	ype Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		5	45		
TEMPORARY	WASTEWATER TREATMENT		Α	24		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:	:		Phone #:			
Number of Facility	ies (or Plants) that you currently operate:		I am employed by	the Facility owner		
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	(OVER)					



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	nter you're current address on the lines below and, if neces	ssary,	Certification(s) sl below will expi			
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I. CERTIFICATES	TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
II. CURRENT EMPLO	DYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Pl	lants) that you currently operate:		I am employed by	the Facility owner		
I am currently not operating	g any Facility	I p	rovide contractual serv	ices to the Facility		
Please provide the following	ng information about each Facility/Plant that you operate	. Use addti	onal pages as needed.	_		
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)		



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correc	t the City, state and ZIP Code. Please print legibly.		The fee to renew t certificat	X 1 / W 1
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operat	ting any Facility	I pr	ovide contractual servi	ces to the Facility
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	(OVER)			



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

Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

1	<i>consent</i>	to	receive	my	certificate(s)	by	emial	in	lieu	of mail



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This is page on	e of a two page form. Both pages must be completed and return	ned. Oper	ator Certifcation Nu	mber: 2810
ZACHARY T.	Please enter you're current address on the lines below and, if nece	ssary,	Certification(s) sh below will expin	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	£100
				te or submit renewal ne expiration date will
			result in an add	ditional late fees as
I. CERTIFIC	CATES TO RENEW:		desci ibed	Training Units
Certification ⁻	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		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 prov	vide contractual serv	ices to the Facility
Please provide t	he following information about each Facility/Plant that you operate	e. Use addtiona	ıl pages as needed.	
Facility / Plant N	Name	Class PD	WIS (Water) NPD	ES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
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Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, 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	Operator Certification Number: 2844						
	nter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will expi					
correct th	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4.511				
I. CERTIFICATES	TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	INDUSTRIAL WASTEWATER		1	0				
II. CURRENT EMPLO	OYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Pl	lants) that you currently operate:		I am employed by	the Facility owner				
I am currently not operatin	ng any Facility	I	provide contractual serv	rices to the Facility				
Please provide the following	ing information about each Facility/Plant that you oper	rate. Use add	tional pages as needed.					
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)				
-								
				_				



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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This is page one of a	a two page form. Both pages must be completed and return	ed. Operator Certifcati	on Number: 2854
	ase enter you're current address on the lines below and, if neces		on(s) shown Il expire on: 6/1/2022
cori	rect the City, state and ZIP Code. Please print legibly.	The fee to r	renew these ertifications: \$100
		requirement result in	complete or submit renewal is by the expiration date will an additional late fees as cribed in Section V.
I. CERTIFICAT	ES TO RENEW:		Training Units
Certification Type	Category	Class	Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16
II. CURRENT EM	IPLOYMENT INFORMATION		
Employer's Name:		Phone	#:
Number of Facilities ((or Plants) that you currently operate:	I am employ	yed by the Facility owner
I am currently not ope	erating any Facility	I provide contractua	al services to the Facility
Please provide the fol	llowing information about each Facility/Plant that you operate	. Use addtional pages as neo	eded.
Facility / Plant Name		Class PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
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This is page on	e of a two page form. Both pages	must be completed and returne	ed. Ope	erator Certification Nu	mber: 2857			
TARA FIERY	Please enter you're current addres		sary,	Certification(s) sl below will expi				
	correct the City, state and ZIP Co	de. Please print legibly.		The fee to renew certification	450			
				requirements by t	ete or submit renewal he expiration date will ditional late fees as l in Section V.			
	CATES TO RENEW:				Training Units			
Certification ¹	Type Categ	jory		Class	Required			
OPERATOR	WAST	EWATER TREATMENT		5	30			
OPERATOR	WAST	EWATER TREATMENT		А	16			
II. CURRENT	TEMPLOYMENT INFORMA	ATION						
Employer's Nam	e:			Phone #:				
Number of Facil	ities (or Plants) that you currently of	perate:		I am employed by	the Facility owner			
I am currently no	ot operating any Facility		I pro	provide contractual services to the Facility				
Please provide t	he following information about eac	h Facility/Plant that you operate.	. Use addtior	nal pages as needed.				
Facility / Plant N	Name		Class Pl	DWIS (Water) NPD	DES (Wastewater)			
		(OVER)						



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This is page one of a tv	wo page form. Both pages must be completed and returne	d. O	perator Certifcation Nur	mber: 2861			
	e enter you're current address on the lines below and, if necess	sary,	Certification(s) sh below will expir				
correc	t the City, state and ZIP Code. Please print legibly.		The fee to renew to certificat	\$50			
		Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICATE	S TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
TEMPORARY	WASTEWATER TREATMENT		S	24			
II. CURRENT EMP	LOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not operate	ting any Facility	Ιp	provide contractual services to the Facility				
Please provide the follow	wing information about each Facility/Plant that you operate.	Use addti	onal pages as needed.				
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)			



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This is page one of a two	page form. Both pages must be completed and returne	ed. Operator Certification Number	r: 2905
	nter you're current address on the lines below and, if necess	Certification(s) shown below will expire or	
correct ti	he City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	XIOO
		Failure to complete o requirements by the executed in an additio	xpiration date will
		described in S	
I. CERTIFICATES	TO RENEW:		Training Units
Certification Type	Category	Class	Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
II. CURRENT EMPLO	OYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Pl	lants) that you currently operate:	I am employed by the	Facility owner
I am currently not operatin	g any Facility	I provide contractual services	to the Facility
Please provide the following	ng information about each Facility/Plant that you operate.	. Use addtional pages as needed.	
Facility / Plant Name		Class PDWIS (Water) NPDES ((Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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This is page one o	f a two page form. Both pages m	perator Certification Number: 3300						
	lease enter you're current address o	The state of the s	ssary,	Certification(s below will e	6/1/2022			
Co	orrect the City, state and ZIP Code	. Please print legibly.		The fee to rend certif	ew these fications:	\$50		
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICA	TES TO RENEW:					aining Units		
Certification Type	oe Catego	ry		Class		equired		
TEMPORARY	WASTE	WATER COLLECTION		2	24	ļ		
II. CURRENT E	MPLOYMENT INFORMAT	TION						
Employer's Name:				Phone #:				
Number of Facilitie	s (or Plants) that you currently ope	erate:		I am employed	by the Fa	cility owner		
I am currently not o	perating any Facility		Ιp	provide contractual s	services to	the Facility		
Please provide the	following information about each	Facility/Plant that you operat	e. Use addti	onal pages as neede	ed.			
Facility / Plant Nan	ne		Class	PDWIS (Water) N	NPDES (W	astewater)		



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two p	page form. Both pages must be completed and return	ed. Op	erator Certifcation Nu	mber: 3357
	er you're current address on the lines below and, if neces	ssary,	Certification(s) sh below will expin	
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	X 1 () ()
			requirements by the result in an add	ete or submit renewal the expiration date will ditional late fees as I in Section V.
I. CERTIFICATES T	TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		3	45
OPERATOR	WATER TREATMENT		3	30
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	any Facility	I pr	ovide contractual serv	ices to the Facility
Please provide the following	; information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPD	ES (Wastewater)
	(OVER)			



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	ou're current address on the lines below and, if	`necessary,	Certification(s) s below will expi					
correct the Ci	ty, state and ZIP Code. Please print legibly.		The fee to renew certifica	~~~~ ¢50				
			requirements by t result in an ad	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:		40001100	Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	WATER TREATMENT		3	45				
II. CURRENT EMPLOYM	IENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants)	that you currently operate:		I am employed by	the Facility owner				
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Please provide the following inj	formation about each Facility/Plant that you o	perate. Use addt	ional pages as needed.					
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This is page one of a two p	page form. Both pages must be completed and re	eturned.	Operator Certification Number: 3730				
	er you're current address on the lines below and, if	necessary,	Certification(s) sl below will expi				
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certification	4. F. V.			
				ete or submit renewal			
			result in an ad	he expiration date will ditional late fees as l in Section V.			
I. CERTIFICATES T	O RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WATER TREATMENT		2	16			
II. CURRENT EMPLO	YMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	the Facility owner			
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	(OVER)						



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	e enter you're current address on the lines below and, if	necessary,	Certification(s) sh below will expir	
correc	t the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	\$50
			— requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
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II. CURRENT EMP	LOYMENT INFORMATION			
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This is page one	of a two page form. Both pages must be completed and returned.	perator Certification Number: 3779				
	Please enter you're current address on the lines below and, if necessary,		Certification(s below will e	6/1/2022		
	correct the City, state and ZIP Code. Please print legibly.		The fee to rencerti	ew these fications:	\$100	
			Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.			
I. CERTIFIC	ATES TO RENEW:			Т	raining Units	
Certification T	ype Category		Class	R	equired	
OPERATOR	WATER TREATMENT		3	3	0	
OPERATOR	WASTEWATER TREATMENT		3	3	0	
SUPERINTENDE	NT WATER TREATMENT		3	7		
SUPERINTENDE	NT WASTEWATER TREATMENT		3	7		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	::		Phone #:			
Number of Facilit	ties (or Plants) that you currently operate:		I am employed	l by the F	acility owner	
I am currently not	t operating any Facility	I pro	vide contractual s	services to	the Facility	
Please provide th	e following information about each Facility/Plant that you operate. Use	e addtion	al pages as neede	ed.		
Facility / Plant Na	ame Cla	ass PI	OWIS (Water) N	NPDES (V	Wastewater)	
	lores :					
	(OVER)					



III. CONTINUING EDUCATION:

Page 2

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

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

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

Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

1	<i>consent</i>	to	receive	my	certificate(s)	by	emial	in	lieu	of mail



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This is page one of a	two page form. Both pages must be completed and returned.	Operator Certification Number	er: 3780
	se enter you're current address on the lines below and, if necessary	Certification(s) show below will expire o	
corre	ect the City, state and ZIP Code. Please print legibly.	The fee to renew the certification	4 1 / 1// 1
		Failure to complete o	expiration date will
		result in an additi described in	
I. CERTIFICATI	ES TO RENEW:	described iii	Training Units
Certification Type	Category	Class	Required
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	3	45
TEMPORARY	WASTEWATER TREATMENT	6	24
II. CURRENT EMI	PLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (c	or Plants) that you currently operate:	I am employed by the	Facility owner
I am currently not oper	ating any Facility	I provide contractual services	s to the Facility
Please provide the follo	owing information about each Facility/Plant that you operate. U	se addtional pages as needed.	
Facility / Plant Name	C	Class PDWIS (Water) NPDES	(Wastewater)
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two	page form. Both pages must be completed and return	ed. Oper	Operator Certification Number: 3825					
	ter you're current address on the lines below and, if neces	ssary,	Certification(s) below will exp					
correct th	e City, state and ZIP Code. Please print legibly.		The fee to renew certific	X 1 (1)(1)				
			Failure to complete or submit reneware requirements by the expiration date was result in an additional late fees as described in Section V.					
I. CERTIFICATES	TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WASTEWATER TREATMENT		5	30				
OPERATOR	WASTEWATER TREATMENT		Α	16				
OPERATOR	WATER TREATMENT		4	30				
OPERATOR	WATER TREATMENT		3	30				
OPERATOR	WASTEWATER TREATMENT		3	30				
II. CURRENT EMPLO	DYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Pla	ants) that you currently operate:		I am employed b	y the Facility owner				
I am currently not operating	g any Facility	I prov	vide contractual ser	vices to the Facility				
Please provide the followin	g information about each Facility/Plant that you operate	e. Use addtiond	al pages as needed.					
Facility / Plant Name		Class PD	WIS (Water) NP	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
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This is page on	ne of a two page form. Both pages must be completed and return	ned. Operator Certification Number	: 4357
MELVIN A. B	Please enter you're current address on the lines below and, if nece	Certification(s) shown below will expire on	6/1//11//
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	Q 1 / W 1
		Failure to complete or requirements by the ex	
		result in an addition described in S	
I. CERTIFIC	CATES TO RENEW:		Training Units
Certification ⁻	Type Category		Required
TEMPORARY	INDUSTRIAL WASTEWATER	1	0
TEMPORARY	WATER TREATMENT	1	24
TEMPORARY	WASTEWATER TREATMENT	1	24
II. CURRENT	Γ EMPLOYMENT INFORMATION		
Employer's Nam	ne:	Phone #:	
Number of Facil	lities (or Plants) that you currently operate:	I am employed by the l	Facility owner
I am currently no	ot operating any Facility	I provide contractual services	to the Facility
Please provide t	the following information about each Facility/Plant that you operat	te. Use addtional pages as needed.	
Facility / Plant N	Name	Class PDWIS (Water) NPDES (Wastewater)
			_
	(OVER)		
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, 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	Operator Certifo	perator Certification Number: 4395							
•	ou're current address on the lines below and, if necessary		Certification(s) shown below will expire on: 6/1						
correct the Cit	y, state and ZIP Code. Please print legibly.	The fee	to renew these certifications	\$100					
		requirem result	Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.						
I. CERTIFICATES TO	RENEW:		•	Training Units					
Certification Type	Category	Cla	SS	Required					
OPERATOR	WASTEWATER COLLECTION	2		16					
OPERATOR	WATER DISTRIBUTION	1		16					
II. CURRENT EMPLOYM	ENT INFORMATION								
Employer's Name:		Pho	one #:						
Number of Facilities (or Plants)	that you currently operate:	I am emp	ployed by the	Facility owner					
I am currently not operating any	Facility	I provide contra	ctual services	to the Facility					
Please provide the following info	ormation about each Facility/Plant that you operate. Us	e addtional pages as	needed.	_					
Facility / Plant Name	Cl	ass PDWIS (Wate	er) NPDES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two p	page form. Both pages must be completed and retu	rned. C	Operator Certification Number: 4505					
	er you're current address on the lines below and, if nec	essary,	Certification(s) sl below will expi					
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50				
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICATES T	O RENEW:			Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	WASTEWATER COLLECTION		2	24				
II. CURRENT EMPLOY	YMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	the Facility owner				
I am currently not operating	any Facility	Ι ₁	I provide contractual services to the Facility					
Please provide the following	g information about each Facility/Plant that you opera	ate. Use addt	ional pages as needed.	_				
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)				
	(OVER)							



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Page 2

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This is page one	of a two page form. Both pages must be completed and return	erator Certifcation N	umber: 4668	
	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) below will exp	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	150
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
SUPERINTENDEN	NT WASTEWATER TREATMENT		5	7
SUPERINTENDEN	NT WASTEWATER TREATMENT		А	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 pr	ovide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant Nar	me	Class P	DWIS (Water) NP	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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

Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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This is page one of a t	wo page form. Both pages must be completed and ret	Operator Certification Nur	mber: 5072				
	e enter you're current address on the lines below and, if n	ecessary,	Certification(s) sh below will expir				
correc	et the City, state and ZIP Code. Please print legibly.		The fee to renew t	\$50			
			Failure to complete or submit renewa requirements by the expiration date wi result in an additional late fees as described in Section V.				
I. CERTIFICATE	S TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
TEMPORARY	WASTEWATER TREATMENT		5	45			
II. CURRENT EMP	LOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not opera	iting any Facility	I	provide contractual servi	ices to the Facility			
Please provide the follo	wing information about each Facility/Plant that you ope	erate. Use addi	ional pages as needed.				
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of	of a two page form. Both p	eturned.	Operator Certification Number: 5312					
	Please enter you're current a	ddress on the lines below and, if	necessary,	Certification(s) below will exp	6/1//11//			
C	correct the City, state and ZI	P Code. Please print legibly.		The fee to renev	w these cations: \$50			
				requirements by result in an a	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.			
	ATES TO RENEW:				Training Units			
Certification Ty	pe C	Category		Class	Required			
OPERATOR	V	VASTEWATER TREATMENT		1	16			
II. CURRENT I	EMPLOYMENT INFO	RMATION						
Employer's Name:				Phone #:				
Number of Facilitie	es (or Plants) that you curre	ntly operate:		I am employed b	by the Facility owner			
I am currently not	operating any Facility		I	I provide contractual services to the Facility				
Please provide the	following information abou	ut each Facility/Plant that you o _l	perate. Use ada	ltional pages as needed	<u></u>			
Facility / Plant Nar	me		Class	PDWIS (Water) NF	PDES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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This is page one of	of a two page form. Both pages must be comple	Operator Certification N	umber: 5323					
	lease enter you're current address on the lines belo		Certification(s) below will exp					
C	orrect the City, state and ZIP Code. Please print le	egibly.	The fee to renew certific	v these cations: \$50				
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
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 Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner				
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Please provide the	following information about each Facility/Plant t	hat you operate. Use addi	ional pages as needed					
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III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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This is page one of a tv	vo page form. Both pages must be completed and return	rned. O	perator Certifcation Nu	mber: 5336			
	enter you're current address on the lines below and, if nec	essary,	Certification(s) sh below will expir				
correct	t the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	d. F 11			
				ete or submit renewal			
			result in an add	he expiration date will ditional late fees as l in Section V.			
I. CERTIFICATES	S TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WASTEWATER TREATMENT		5	30			
II. CURRENT EMPI	LOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner			
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Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)			
	(OVER)						



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Page 2

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This is page one of	a two page form. Both pages must be completed and retur	perator Certification Number: 5376				
	ase enter you're current address on the lines below and, if necessary	essary,	Certification(s) s below will expi			
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	d. F.V.		
				ete or submit renewal he expiration date will		
			result in an ad	ditional late fees as l in Section V.		
I. CERTIFICAT	ΓES TO RENEW:		40001100	Training Units		
Certification Type	e Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER		1	0		
II. CURRENT EM	APLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner		
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	(OVER)					



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Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

1	<i>consent</i>	to	receive	my	certificate(s)	by	emial	in	lieu	of mail



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This is page one o	f a two page form. Both pages must be completed	Operator Certification Number: 5665					
	lease enter you're current address on the lines below	· · · · · · · · · · · · · · · · · · ·	Certification(s) show below will expire				
C	orrect the City, state and ZIP Code. Please print legib	oly.	The fee to renew the certification	\$50			
			— requirements by the result in an addit	olete or submit renewal the expiration date will dditional late fees as ed in Section V.			
I. CERTIFICA	TES TO RENEW:			Training Units			
Certification Type	De Category		Class	Required			
OPERATOR	WATER DISTRIBUTION		1	16			
II. CURRENT E	MPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by th	e Facility owner			
I am currently not o	perating any Facility	I	provide contractual service	es to the Facility			
Please provide the	following information about each Facility/Plant that	you operate. Use ada	ltional pages as needed.				
Facility / Plant Nan	ne	Class	PDWIS (Water) NPDES	S (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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	erator Certification Number: 5802						
	ease enter you're current address on the lines below and,	if necessary,	Certification(s) s below will exp	6/1//11//				
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	950				
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICA	<u> TES TO RENEW:</u>			Training Units				
Certification Typ	e Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
II. CURRENT EN	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner				
I am currently not op	perating any Facility	I pr	ovide contractual ser	vices to the Facility				
Please provide the fo	ollowing information about each Facility/Plant that you	operate. Use addtio	nal pages as needed.					
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)				



III. CONTINUING EDUCATION:

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Operator in Responsible Charge:	

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This is page one of	of a two page form. Both pages must be completed and retu	r ned. Op	erator Certifcation Nu	mber: 6293		
	Please enter you're current address on the lines below and, if ne	cessary,	Certification(s) sl below will expi		6/1/2022	
c	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 rend he expiration dat ditional late fees I in Section V.	e will	
	ATES TO RENEW:			Training Ur	nits	
Certification Ty	pe Category		Class	Required		
SUPERINTENDEN	T WASTEWATER TREATMENT		5	7		
SUPERINTENDEN	T WASTEWATER TREATMENT		Α	7		
II. CURRENT E	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	es (or Plants) that you currently operate:		I am employed by	the Facility owner	r	
I am currently not o	operating any Facility	I pr	ovide contractual serv	rices to the Facility	y 🔲	
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	(OVER)					



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•	u're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp						
correct the City	, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100					
			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 Type	Category		Class	Required					
OPERATOR	WASTEWATER COLLECTION		2	16					
OPERATOR	WATER DISTRIBUTION		1	16					
II. CURRENT EMPLOYM	ENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities (or Plants) t	hat you currently operate:		I am employed b	y the Facility owner					
I am currently not operating any	Facility	I pro	vide contractual ser	vices to the Facility					
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	ou're current address on the lines below and, if r	necessary,	Certification(s) sh below will expir	
correct the Ci	ty, state and ZIP Code. Please print legibly.		The fee to renew to certificate	620
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
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Employer's Name:			Phone #:	
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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This is page one of a tv	vo page form. Both pages must be completed and retur	perator Certifcation Nu	mber: 7802						
	enter you're current address on the lines below and, if necessity	essary,	Certification(s) sl below will expi						
correct	t the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50					
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.						
I. CERTIFICATES				Training Units					
Certification Type	Category		Class	Required					
SUPERINTENDENT	WASTEWATER TREATMENT		Α	7					
SUPERINTENDENT	WASTEWATER TREATMENT		5	7					
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	Ιp	rovide contractual services to the Facility						
Please provide the follow	ving information about each Facility/Plant that you operat	te. Use addtio	onal pages as needed.						
Facility / Plant Name		Class 1	PDWIS (Water) NPD	DES (Wastewater)					
	(OVER)								



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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This is page one of a two p	perator Certification Nu	mber: 7908		
	er you're current address on the lines below and, if neces	ssary,	Certification(s) shelow will expire	
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$ 100
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES T	TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		5	30
TEMPORARY	WATER TREATMENT		3	45
II. CURRENT EMPLOY	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	any Facility	I pr	rovide contractual serv	ices to the Facility
Please provide the following	g information about each Facility/Plant that you operate	e. Use addtio	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			



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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	Operator Certification Number: 8064					
	nter you're current address on the lines below and, if neces	ssary,	Certification(s) sh below will expir				
correct t	he City, state and ZIP Code. Please print legibly.		The fee to renew t	\$50			
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.			
I. CERTIFICATES	TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WATER TREATMENT		4	30			
II. CURRENT EMPLO	OYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or P	lants) that you currently operate:		I am employed by	the Facility owner			
I am currently not operating	ng any Facility	Ιŗ	provide contractual servi	ces to the Facility			
Please provide the followi	ng information about each Facility/Plant that you operate	e. Use addti	onal pages as needed.	_			
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)			



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Operator in Responsible Charge:	

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This is page one of a two page	form. Both pages must be completed and returned.	Operator Certification N	Jumber: 8497					
•	ou're current address on the lines below and, if necessar	Certification(s) below will ex						
correct the City	y, state and ZIP Code. Please print legibly.	The fee to renecertifi	w these cations: \$100					
		requirements by	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	WASTEWATER COLLECTION	2	16					
OPERATOR	WATER DISTRIBUTION	1	16					
II. CURRENT EMPLOYM	ENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities (or Plants) t	hat you currently operate:	I am employed l	by the Facility owner					
I am currently not operating any	Facility	I provide contractual se	rvices to the Facility					
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Facility / Plant Name		Class PDWIS (Water) NI	PDES (Wastewater)					



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Page 2

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Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and	erator Certifcation Nu	ımber: 8699						
	Please enter you're current address on the lines below and,	if necessary,	Certification(s) s below will exp						
•	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	~~~~ ¢50					
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I. CERTIFICA	ATES TO RENEW:			Training Units					
Certification Ty	ype Category		Class	Required					
OPERATOR	WATER TREATMENT		2	16					
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	Please enter you're current address on the lines below and, if necessity	essary,	Certification(s) s below will expi				
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OPERATOR	WASTEWATER TREATMENT		Α	16			
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<u> </u>	(OVER)		<u> </u>				



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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

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

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

1	<i>consent</i>	to	receive	my	certificate(s)	by	emial	in	lieu	of mail



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This is page one	of a two page form. Both pages must be completed and return	rned. Op	erator Certifcation Nu	mber: 8937			
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) sl below will expi				
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450			
			requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.			
	ATES TO RENEW:			Training Units			
Certification Ty	ype Category		Class	Required			
OPERATOR	WASTEWATER TREATMENT		Α	16			
OPERATOR	WASTEWATER TREATMENT		5	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	rovide contractual services to the Facility				
Please provide the	e following information about each Facility/Plant that you opera	ate. Use addtio	nal pages as needed.				
Facility / Plant Na	me	Class P	DWIS (Water) NPD	DES (Wastewater)			
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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

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- 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).
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	•
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, 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	Operator Certification Number: 9120								
	ou're current address on the lines below and, if nec	cessary,	Certification(s) s below will exp						
correct the Cit	y, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100					
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.						
I. CERTIFICATES TO	RENEW:			Training Units					
Certification Type	Category		Class	Required					
OPERATOR	WATER TREATMENT		4	30					
SUPERINTENDENT	WATER TREATMENT		4	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	I p	rovide contractual serv	vices to the Facility					
Please provide the following info	ormation about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.						
Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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

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

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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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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of a tw	o page form. Both pages must be completed and returned	erator Certifcation Nu	ımber: 9279				
	enter you're current address on the lines below and, if necessa	ry,	Certification(s) s below will exp				
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50			
			Failure to complete or submit renew requirements by the expiration date we result in an additional late fees as described in Section V.				
I. CERTIFICATES	TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
SUPERINTENDENT	WASTEWATER COLLECTION		2	7			
II. CURRENT EMPL	OYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or P	Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not operation	ng any Facility	I pr	I provide contractual services to the Facility				
Please provide the follows	ing information about each Facility/Plant that you operate. U	Jse addtio	nal pages as needed.				
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)			
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
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This is page one of a two pag	ge form. Both pages must be completed and retu	irned.	Operator Certification Number: 9565				
•	you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp				
correct the C	ity, state and ZIP Code. Please print legibly.		The fee to renew certification	d. E 11			
				ete or submit renewal he expiration date will			
			result in an ad	ditional late fees as d in Section V.			
I. CERTIFICATES TO	RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	INDUSTRIAL WASTEWATER		2	0			
II. CURRENT EMPLOYM	MENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Plants)) that you currently operate:		I am employed by	the Facility owner			
I am currently not operating an	y Facility	I	provide contractual services to the Facility				
Please provide the following in	formation about each Facility/Plant that you oper	rate. Use addt	ional pages as needed.				
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)			
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of a two	o page form. Both pages must be completed and returne	ed. O	perator Certifcation Nu	mber: 9621			
	enter you're current address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 6/1/20				
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	\$50			
			requirements by the result in an add	plete or submit renewal the expiration date will additional late fees as ed in Section V.			
I. CERTIFICATES	TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WATER TREATMENT		4	30			
II. CURRENT EMPL	OYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or P	Plants) that you currently operate:		I am employed by	the Facility owner			
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				_			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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This is page one of a two	o page form. Both pages must be completed and return	perator Certifcation Number: 9758							
	enter you're current address on the lines below and, if neces	sary,	Certification(s) s below will exp						
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	~~~~ ¢50					
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.						
I. CERTIFICATES	TO RENEW:			Training Units					
Certification Type	Category		Class	Required					
OPERATOR	WASTEWATER TREATMENT		5	30					
II. CURRENT EMPL	OYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities (or P	Plants) that you currently operate:		I am employed by	y the Facility owner					
I am currently not operating	ng any Facility	I pr	ovide contractual ser	vices to the Facility					
Please provide the followi	ing information about each Facility/Plant that you operate	. Use addtio	nal pages as needed.						
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III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	•
Operator in Responsible Charge:	

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: N	Maryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE 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	f a two page form. Both pages must be complete	Operator Certification Number: 9780				
	lease enter you're current address on the lines below		Certification(s) sh below will expir	6/1//11//		
C	orrect the City, state and ZIP Code. Please print leg	ibly.	The fee to renew t certificat	\$50		
			— requirements by the result in an add	or submit renewal expiration date will tional late fees as n Section V.		
	TES TO RENEW:			Training Units		
Certification Ty	pe Category		Class	Required		
OPERATOR	WATER TREATMENT		5AS	16		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not o	perating any Facility]	I provide contractual servi	ces to the Facility		
Please provide the	following information about each Facility/Plant the	ıt you operate. Use add	dtional pages as needed.	_		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPD	ES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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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	Operator Certification Number: 9937							
	ase enter you're current address on the lines below and	, if necessary,	Certification(s) shown below will expire on: 6/1/202						
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50					
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.						
I. CERTIFICAT	ES TO RENEW:			Training Units					
Certification Type	Category		Class	Required					
OPERATOR	WATER DISTRIBUTION		1	16					
II. CURRENT EM	IPLOYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner					
I am currently not ope	erating any Facility	I pı	ovide contractual ser	vices to the Facility					
Please provide the fo	llowing information about each Facility/Plant that you	ı operate. Use addtio	nal pages as needed.						
Facility / Plant Name		Class F	PDWIS (Water) NP	DES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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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 ret	urned. O _l	perator Certifcation Nu	mber: 9977			
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) sl below will expir				
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450			
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.			
	ATES TO RENEW:			Training Units			
Certification T	ype Category		Class	Required			
OPERATOR	WASTEWATER TREATMENT		5	30			
OPERATOR	WASTEWATER TREATMENT		Α	16			
II. CURRENT	EMPLOYMENT INFORMATION						
Employer's Name	:		Phone #:				
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner			
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Facility / Plant Na	ame	Class 1	PDWIS (Water) NPD	DES (Wastewater)			
	(OVER)						



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Name and Certification Number of	•
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This is page one o	f a two page form. Both pages must be com	Operator Certification Nun	nber: 9991			
	ease enter you're current address on the lines		Certification(s) she below will expire			
co	errect the City, state and ZIP Code. Please pri	nt legibly.	The fee to renew the certificate	\$50		
			— requirements by th result in an add	plete or submit renewal the expiration date will additional late fees as ed in Section V.		
I. CERTIFICA	TES TO RENEW:			Training Units		
Certification Typ	e Category		Class	Required		
OPERATOR	WATER TREATME	NT	3	30		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by t	the Facility owner		
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Facility / Plant Nam	e	Class	PDWIS (Water) NPDI	ES (Wastewater)		



III. CONTINUING EDUCATION:

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	enter you're current address on the lines below and, if nec	essary,	Certification(s) sl below will expir	
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I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WATER TREATMENT		4	7
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EMPI	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or I	Plants) that you currently operate:		I am employed by	the Facility owner
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