

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

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

This is page one of a two page form. Both pages must be completed and returned.			e d. Op	erator Certifcation	n Number:	0113	
HASTINGS, JR. Please enter you're current address on the lines be correct the City, state and ZIP Code. Please print lines be correct the City.	•	· · · · · · · · · · · · · · · · · · ·	sary,	Certification(below will		7/1/2024	
	Please print legibly.		The fee to renew these certifications: \$50				
				requirements result in ar	by the exp	submit renewal iration date will al late fees as ction V.	
I. CERTIFICA	TES TO RENEW:				т	raining Units	
Certification Typ	oe Categor	у		Class		equired	
OPERATOR	WASTEV	VATER COLLECTION		2	10	6	
II. CURRENT E	MPLOYMENT INFORMAT	ION					
Employer's Name:				Phone #:	: <u> </u>		
Number of Facilitie	s (or Plants) that you currently open	rate:		I am employe	d by the Fa	acility owner	
I am currently not operating any Facility		I pı	rovide contractual	services to	the Facility		
Please provide the j	following information about each F	Facility/Plant that you operate.	Use addtio	onal pages as need	led.		
Facility / Plant Name			Class F	PDWIS (Water)	NPDES (W	Vastewater)	



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
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and retur			perator Certifcation Nu	mber: 0282	
•	Please enter you're current address on the lines below		Certification(s) sh below will expir		
	correct the City, state and ZIP Code. Please print legi	bly.	The fee to renew to certificate	\$50	
			 requirements by the result in an add 	te or submit renewal ne expiration date will ditional late fees as in Section V.	
I. CERTIFI	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nan	me:		Phone #:		
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		ΙŢ	I provide contractual services to the Facility		
Please provide	the following information about each Facility/Plant tha	t you operate. Use addti	ional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)	
	(OV	ER)			



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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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•	Please enter you're current address on the lines belo		Certification(s below will e	
	correct the City, state and ZIP Code. Please print leg	gibly.	The fee to ren certi	ew these fications: \$50
			— requirements b	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTIO	N	1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed	by the Facility owner
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	Please enter you're current address on the lines below an		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly		The fee to renew certification	450
			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 T	ype Category		Class	Required
OPERATOR	WASTEWATER TREATME	NT	5	30
OPERATOR	WASTEWATER TREATME	NT	А	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	t operating any Facility	Ιı	provide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that yo	ou operate. Use addt	ional pages as needed.	
Facility / Plant Na	ame	Class	PDWIS (Water) NPI	DES (Wastewater)
-				
	(OVER)		<u> </u>



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•	•	rent address on the lines below and, if necessary,		Certification below will		
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						submit renewal piration date will
				result in a	nal late fees as ection V.	
I. CERTIFIC	ATES TO RENEW:			desci		Fraining Units
Certification T	/pe Category			Class		Required
SUPERINTEND	ENT WATER TREA	ATMENT		4	7	,
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name				Phone #	: <u> </u>	
Number of Facilit	es (or Plants) that you currently operate:			I am employe	d by the F	acility owner
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III. CONTINUING EDUCATION:

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•	•	urrent address on the lines below and, if r	•		shown 7/1/2024 ire on:
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I. CERTIFI	ICATES TO REN	EW:		describe	
Certification		Category		Class	Training Units Required
OPERATOR		WATER DISTRIBUTION		1	16
OPERATOR		WATER TREATMENT		1	16
SUPERINTEN	IDENT	WATER DISTRIBUTION		1	7
SUPERINTEN	IDENT	WATER TREATMENT		1	7
II. CURREN	T EMPLOYMENT	INFORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	ilities (or Plants) that ye	ou currently operate:		I am employed by	y the Facility owner
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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	on Number: 0695		
	Please enter you're current address on the lines below and, if necessary,		Certification below will	n(s) shown 7/1/2024		
	correct the City, state and ZIP Code. Please prin	nt legibly.	The fee to re	renew these rtifications: \$50		
			requirements result in a	omplete or submit renewa s by the expiration date w an additional late fees as cribed in Section V.		
I. CERTIFI	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
OPERATOR	WATER DISTRIBU	TION	1	16		
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nar	me:		Phone 7	#:		
Number of Faci	ilities (or Plants) that you currently operate:		I am employ	ved by the Facility owner	$\overline{1}$	
I am currently n	not operating any Facility		I provide contractua	al services to the Facility		
Please provide	the following information about each Facility/Pla	nt that you operate. Use ad	ldtional pages as nee	eded.		
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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•	-	r you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.		Certification(s) s below will expi		7/1/2024
	correct the City, state ar			The fee to renew certification	,	\$50
				Failure to comple requirements by t result in an ad	the expir Iditional	ration date will late fees as
	<u>ICATES TO RENEV</u>					aining Units
Certification	n Type	Category		Class	Red	quired
SUPERINTEN	NDENT	WASTEWATER TREATMENT		5	7	
SUPERINTEN	NDENT	WASTEWATER TREATMENT		А	7	
II. CURREN	NT EMPLOYMENT IN	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you c	currently operate:		I am employed by	the Fac	ility owner
I am currently	not operating any Facility		I	provide contractual serv	vices to t	he Facility
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Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wa	astewater)
		(OVER)		<u> </u>		



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•	•	r you're current address on the lines below and, if necessary,		Certification(s) below will ex		7/1/2024	
	correct the City, state and ZIP Code. Ple	d ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
				Failure to comp requirements by result in an a	the expi	ration date will l late fees as	
I. CERTIFIC	CATES TO RENEW:					aining Units	
Certification	Type Category			Class		quired	
OPERATOR	WATER DIS	TRIBUTION		1	16)	
II. CURREN	FEMPLOYMENT INFORMATION	N					
Employer's Nan	ne:			Phone #:			
Number of Facil	lities (or Plants) that you currently operate	:		I am employed l	y the Fa	cility owner	
I am currently not operating any Facility			I provide contractual services to the Facility				
Please provide i	the following information about each Faci	lity/Plant that you operate. U	Jse addtio	nal pages as needed	l.		
Facility / Plant Name		(Class P	DWIS (Water) NI	PDES (W	astewater)	



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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 returned.			rned. O	perator Certifcation Nu	mber: 0708	
•	•	nter you're current address on the lines below and, if necessary,		Certification(s) s below will expi		
	correct the City, state and ZIP Code	nd ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIF	ICATES TO RENEW:			ueseribee	Training Units	
Certification	Type Catego	ry		Class	Required	
OPERATOR	WATER	DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFORMAT	CION				
Employer's Na	me:			Phone #:		
Number of Fac	ilities (or Plants) that you currently ope	erate:		I am employed by	the Facility owner	
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Page 2

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	se enter you're current address on the lines below and, if necessary	Certification(s) sho y, below will expire			
correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	450		
		result in an addit	e or submit renewal expiration date will tional late fees as n Section V.		
I. CERTIFICAT	ES TO RENEW:		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WATER DISTRIBUTION	1	16		
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	(OVER)				
	(OVER)				



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Certification 7	ype Category		C	lass	Required	
OPERATOR	WATER TR	EATMENT	1		16	
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VII. APPLICANT'S STATEMENT

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Applicant's Signature		Date		
Last 4 digits of Social Security Number	Email Address			
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *		
I consent to receive my certificate(s)	by emial in lieu of mail			



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This is page one of a two page form. Both pages must be completed and return			perator Certification Nu	ımber: 0825
DEAL Please ente	se 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	y.	The fee to renew certification	\$5A
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER TREATME	NT	5	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		Ιp	rovide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that y	ou operate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
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This is page one of a two page form. Both pages must be completed and returned.			ed. Oj	perator Certification	0826	
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	ssary,	Certification(s below will e		7/1/2024
	correct the City, state and ZIP Cod			The fee to renew these certifications: \$50		
				requirements bresult in an	y the exp	submit renewal iration date will all late fees as ction V.
I. CERTIFIC	ATES TO RENEW:				Tı	aining Units
Certification T	ype Catego	ory		Class		equired
OPERATOR	WASTE	EWATER COLLECTION		2	16	6
II. CURRENT	EMPLOYMENT INFORMA	ΓΙΟΝ				
Employer's Name	:			Phone #:		
Number of Facili	ties (or Plants) that you currently op	erate:		I am employed	l by the Fa	cility owner
I am currently not operating any Facility		Ιp	rovide contractual s	services to	the Facility	
Please provide th	e following information about each	Facility/Plant that you operate	e. Use addti	onal pages as neede	ed.	
Facility / Plant Name		Class	PDWIS (Water) N	NPDES (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 retur		nd returned. Op	erator Certifcation Nu	ımber: 0838	
•	Please enter you're current address on the lines below ar	•	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly	y.	The fee to renew certification	150	
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nar	me:		Phone #:		
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	y the 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 Name		Class P	DWIS (Water) NPI	DES (Wastewater)	
	(OVER	(3)			



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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This is page of	one of a two page form. Both pages must be completed and return	ed. Operat	tor Certifcation N	umber: 0909
	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	6.100
		1	requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WATER TREATMENT		2	16
OPERATOR	WATER TREATMENT		4	30
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility	I provi	de contractual ser	vices to the Facility
Please provide	e the following information about each Facility/Plant that you operate.	. Use addtional	pages as needed.	
Facility / Plant	t Name	Class PDV	VIS (Water) NP	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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			The fee to renew certific	\$ 100	
				lete 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 1	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		1	24	
OPERATOR	WASTEWATER TREATMENT		Α	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner	
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Please provide th	he following information about each Facility/Plant that you operat	e. Use addtiona	l pages as needed.		
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	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Open			rator Certifcation Nu	mber: 10055	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi		
correct the City, st	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	620	
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I. CERTIFICAT	ES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
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 prov	vide contractual serv	vices to the Facility	
Please provide the fol	lowing information about each Facility/Plant that you operate. U	Use addtion	al pages as needed.	_	
Facility / Plant Name		Class PD	OWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPI	LETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned			perator Certification Nu	umber: 10056
	e 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	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
OPERATOR	WATER TREATMENT		5AS	16
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 operating any Facility		I p	rovide contractual serv	vices to the Facility
Please provide the follo	wing information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)
<u> </u>	(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).
- · 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:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returne			urned.	Operator Certifcation Nu	ımber: 1020
•	•	you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp	
	correct the City, state and			The fee to renew certification	\$50
				Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I	provide contractual serv	vices to the Facility	
Please provide	the following information a	— bout each Facility/Plant that you oper	rate. Use addi	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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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:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page or	ne of a two page form. Both pages must be completed and return	ned. Operator Cert	ifcation Number	r: 10495
•	Please enter you're current address on the lines below and, if nece		ication(s) shown w will expire or	
	correct the City, state and ZIP Code. Please print legibly.	The fe	ee to renew these certifications	4511
		require	ments by the ex	r submit renewal xpiration date will mal late fees as Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category	CI	lass	Required
TEMPORARY	WASTEWATER TREATMENT	5		45
TEMPORARY	WASTEWATER TREATMENT	А		24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:	P	hone #:	
Number of Faci	lities (or Plants) that you currently operate:	I am er	mployed by the	Facility owner
I am currently not operating any Facility		I provide contr	ractual services	to the Facility
Please provide	the following information about each Facility/Plant that you operat	e. Use addtional pages o	as needed.	
Facility / Plant 1	Name	Class PDWIS (Wa	ater) 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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			turned. C	perator Certifcation Nu	umber: 10519
•	•	e enter you're current address on the lines below and, if necessary, et the City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) s below will exp	
	correct the City, state and ZIP C			The fee to renew certification	\$50
				requirements by tresult in an additional and additional additional and additional addition	ete or submit renewal the expiration date will Iditional late fees as
I. CERTIFIC	CATES TO RENEW:			— describe	d in Section V. Training Units
Certification		gory		Class	Required
OPERATOR	WAT	ER DISTRIBUTION		1	16
II. CURREN	Γ EMPLOYMENT INFORM	ATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you currently	operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide i	the following information about ea	ch Facility/Plant that you ope	erate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	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:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			irned. C	Pperator Certification N	umber: 10525
•	•	ter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and Z	y, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
TEMPORARY		INDUSTRIAL WASTEWATER		1	0
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you curr	rently operate:		I am employed b	y the Facility owner
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide	the following information abo	_ out each Facility/Plant that you oper	rate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	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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This is page one of a two page form. Both pages must be completed and returned.			Op	erator Certifcation Nu	umber: 10533
•	•	ter you're current address on the lines below and, if necessary, as City, state and ZIP Code. Please print legibly.	y,	Certification(s) shown below will expire on: 7/1/20	
	correct the City, state and ZIP Code.			The fee to renew these certifications: \$50	
				requirements by t result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification T	ype Categor	у		Class	Required
OPERATOR	WATER ⁻	TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMAT	ION			
Employer's Name	»:			Phone #:	
Number of Facili	ties (or Plants) that you currently open	rate:		I am employed by	y the Facility owner
I am currently no	t operating any Facility		I pr	ovide contractual serv	vices to the Facility
Please provide th	e following information about each F	Cacility/Plant that you operate. U	se addtio	nal pages as needed.	_
Facility / Plant Name		C	Class P	DWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- 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:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			ator Certifcation Nu	mber: 10592
GORDON, III Please enter you're current address on the lines belo correct the City, state and ZIP Code. Please print leg	se enter you're current address on the lines below and, if n	necessary,	Certification(s) sh below will expin	
	ect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			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	WATER DISTRIBUTION		1	16
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 prov	vide contractual serv	ices to the Facility
Please provide the follo	owing information about each Facility/Plant that you ope	erate. Use addtiona	ıl pages as needed.	
Facility / Plant Name		Class PD'	WIS (Water) NPD	ES (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.
- 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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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			urned. C	perator Certifcation Nu	ımber: 10594	
•	•	ease enter you're current address on the lines below and, if necessary, erect the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp		
	correct the City, state and ZIP (The fee to renew these certifications: \$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. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type Cat	egory		Class	Required	
OPERATOR	WA	TER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFORM	IATION				
Employer's Nar	me:			Phone #:		
Number of Fac	ilities (or Plants) that you currently	operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ιj	provide contractual serv	vices to the Facility		
Please provide	the following information about e	ach Facility/Plant that you ope	rate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of	of a two page form. Both pages must be completed and returned.	Operator Certification	n Number: 10596
	se enter you're current address on the lines below and, if necessary,	Certification(below will	
	orrect the City, state and ZIP Code. Please print legibly.	The fee to rer	new these ifications: \$50
			mplete or submit renewal by the expiration date will additional late fees as bibed in Section V.
I. CERTIFICA	ATES TO RENEW:		Training Units
Certification Ty	pe Category	Class	Required
OPERATOR	WATER DISTRIBUTION	1	16
II. CURRENT E	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #	
Number of Facilitie	es (or Plants) that you currently operate:	I am employe	d by the Facility owner
I am currently not o	operating any Facility	I provide contractual	services to the Facility
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Facility / Plant Name		class PDWIS (Water)	NPDES (Wastewater)



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

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•	Please enter you're current address on the lines below and, if no	ecessary,	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 renewal requirements by the expiration date will result in an additional late fees as		
I. CERTIFIC	ATES TO RENEW:		— describe	d in Section V.	
Certification T			Class	Training Units Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you open	rate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	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 one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 10728		
	lease enter you're current address on the lines below and, if necessary,		Certification below will		
	correct the City, state and ZIP Code. Please print le	egibly.	The fee to rer	new these ifications: \$50	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as		
I. CERTIFI	CATES TO RENEW:		— descr	bed in Section V.	
Certification			Class	Training Units Required	
OPERATOR	WATER TREATMENT	-	1	16	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nar	me:		Phone #	:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employe	d by the Facility owner	
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Please provide	the following information about each Facility/Plant	that you operate. Use add	dtional pages as need	led.	
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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 returned.			Operator Certification Number: 11136		
•	Please enter you're current address on the lines below and,	if necessary,	Certification(s) s below will expi		
	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		
I. CERTIFI	CATES TO RENEW:		– describe	d in Section V.	
Certification			Class	Training Units Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nar	me:		Phone #:		
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently n	not operating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide	the following information about each Facility/Plant that you	operate. Use addtie	onal pages as needed.		
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Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			rned. O	perator Certification I	Number:	11164	
•	-	you're current address on the lines below and, if necessary		Certification(s) below will ex		7/1/2024	
	correct the City, state and ZI	nd ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		\$50	
				result in an a	the exp	iration date will Il late fees as	
I. CERTIFIC	CATES TO RENEW:				Tı	raining Units	
Certification	Type C	Category		Class		equired	
TEMPORARY	V	VASTEWATER COLLECTION		2	24	1	
II. CURREN	ΓEMPLOYMENT INFO	RMATION					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you curre	ntly operate:		I am employed	by the Fa	cility owner	
I am currently n	ot operating any Facility	, 	ΙI	provide contractual se	ervices to	the Facility	
Please provide	the following information abou	ut each Facility/Plant that you operc	ite. Use addti	ional pages as needed	d.		
Facility / Plant Name		Class	PDWIS (Water) N	PDES (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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- 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.
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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and return			d. Operator Certification Number: 11411		
•	Please enter you're current address on the lines below and, if necessary,	•	Certification below will	n(s) shown expire on: 7/1/2024	
	correct the City, state and ZIP Code. Please	print legibly.	The fee to re	enew these tifications: \$50	
			requirements result in a	omplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.	
I. CERTIFIC	CATES TO RENEW:		uesc.	Training Units	
Certification '	Type Category		Class	Required	
OPERATOR	WATER DISTR	IBUTION	1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #	<i>‡</i> :	
Number of Facil	ities (or Plants) that you currently operate:		I am employe	ed by the Facility owner	
I am currently no	ot operating any Facility		I provide contractual	l services to the Facility	
Please provide t	he following information about each Facility	/Plant that you operate. Use ad	ldtional pages as nee	ded.	
Facility / Plant Name		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.

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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Name and Certification Number of
Operator in Responsible Charge:

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

This is page one of a two page form. Both pages must be completed and return			ned. O	perator Certifcation Nur	mber: 11496
	Please enter you're current address on the lines below and, if necess		essary,	Certification(s) sh below will expir	
	correct the City, state and	the City, state and ZIP Code. Please print legibly.		The fee to renew t certificat	\$50
				Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
II. CURRENT	Γ EMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	7	Ιp	provide contractual servi	ices to the Facility
Please provide t	the following information al	oout each Facility/Plant that you opera	te. Use addti	onal pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPD	ES (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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returne			turned.	d. Operator Certification Number: 11662		
•	•	er you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and ZIP (r, 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		
I. CERTIF	CATES TO RENEW:			— describe	d in Section V.	
Certification		egory		Class	Training Units Required	
TEMPORARY	WA	TER DISTRIBUTION		1	24	
II. CURREN	T EMPLOYMENT INFORM	IATION				
Employer's Na	me:			Phone #:		
Number of Fac	ilities (or Plants) that you currently	operate:		I am employed by	the Facility owner	
I am currently	not operating any Facility		I	provide contractual serv	vices to the Facility	
Please provide	the following information about e	ach Facility/Plant that you op	erate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			d returned.	Operator Certification Number: 12066		
	Please enter you're current address on the lines below and, if necessary,	l, if necessary,	Certification(s) s below will exp	// / / / / / / / / / / / / / / / /		
	correct the City, state and Z	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
				Failure to complete or submit renews requirements by the expiration date we result in an additional late fees as described in Section V.		
	CATES TO RENEW:				Training Units	
Certification T	Т уре	Category		Class	Required	
TEMPORARY		INDUSTRIAL WASTEWATE	R	2	0	
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ties (or Plants) that you curr	ently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I	I provide contractual services to the Facility			
Please provide th	ne following information abo	– out each Facility/Plant that you	u operate. Use ada	ltional pages as needed.		
Facility / Plant N	ame		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
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This is page one of a two page form. Both pages must be completed and returned.				Pperator Certifcation N	umber: 12068
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will exp		
			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. CERTIFI	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
TEMPORARY		INDUSTRIAL WASTEWATER		2	0
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed b	y the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility			
Please provide	the following information ab	— out each Facility/Plant that you oper	rate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)



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Page 2

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPI	LETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and return			erator Certifcation Nu	ımber: 12069
STOTTLEMYER Please enter you're current address on the lines below and, i correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification(s) s below will exp	
			The fee to renew certification	950
			requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		I provide contractual services to the Facility		
Please provide the fold	lowing information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed.	
Facility / Plant Name		Class F	PDWIS (Water) NPI	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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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			rned. O	perator Certifcation 1	12071		
SHIDEMANTLE Please enter you're current address on the		The state of the s	essary,	Certification(s) shown below will expire on:		7/1/2024	
correct the City, state and ZIP Code. Please print legi	P Code. Please print legibly.		The fee to rene certif	w these ications:	\$50		
				requirements by result in an	y the exp	submit renewal iration date will al late fees as ction V.	
I. CERTIFIC	ATES TO RENEW:					raining Units	
Certification Ty	ype C	ategory		Class		equired	
TEMPORARY	11	NDUSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFO	RMATION					
Employer's Name:	: <u></u>			Phone #:			
Number of Facilit	ies (or Plants) that you curre	ntly operate:		I am employed	by the Fa	cility owner	
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility				
Please provide the	e following information abou	t each Facility/Plant that you operc	ate. Use addti	onal pages as neede	d.		
Facility / Plant Name		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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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page on	This is page one of a two page form. Both pages must be completed and return			perator Certifcation Nu	mber: 12073
ULRICH	•	rrent address on the lines below and, if necessar		Certification(s) sh below will expir	
correct the City, sta	correct the City, state and ZI	e 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 ditional late fees as in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification 7	Гуре С	ategory		Class	Required
TEMPORARY	11	NDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ties (or Plants) that you curre	ntly operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I provide contractual services to the Facility			
Please provide th	ne following information abou	t each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (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:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and return			rned. O	d. Operator Certification Number: 12075		
•	-	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) below will ex		
	correct the City, state and ZIP			The fee to renew these certifications: \$50		
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as sed in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification ⁻	Гуре Са	tegory		Class	Required	
TEMPORARY	INI	DUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFOR	MATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you current	ly operate:		I am employed b	by the Facility owner	
I am currently no	ot operating any Facility		Ιp	provide contractual se	rvices to the Facility	
Please provide ti	he following information about	each Facility/Plant that you oper	ate. Use addti	ional pages as needea	<i></i>	
Facility / Plant Name		Class	PDWIS (Water) NI	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 return			rned. O	perator Certifcation Nu	mber: 12078
TORRES Please enter you're	•	re current address on the lines below and, if necessar		Certification(s) sh below will expir	
	correct the City, state and	ate and ZIP Code. Please print legibly.		The fee to renew to certificate	\$50
				 requirements by the result in an add 	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification ⁷	Туре	Category		Class	Required
TEMPORARY		INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Nam	e:			Phone #:	
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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 returned.			urned. C	Operator Certification Number: 1207		
WOLFE Please enter you're current address or correct the City, state and ZIP Code.	•	re current address on the lines below and, if necessary,	ecessary,	Certification(s) s below will exp		
	ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFI	CATES TO RENEW	<u>:</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		INDUSTRIAL WASTEWATER		2	0	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility		
Please provide	the following information a	bout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NP	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

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned			urned. O	Operator Certification Number: 1208		
•	•	er you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will ex		
	correct the City, state and			The fee to renew these certifications: \$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. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		INDUSTRIAL WASTEWATER		2	0	
II. CURREN	Γ EMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cur	rrently operate:		I am employed	by the Facility owner	
I am currently not operating any Facility		Ιŗ	provide contractual se	ervices to the Facility		
Please provide t	the following information ab	oout each Facility/Plant that you ope	rate. Use addti	ional pages as needed	d.	
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (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:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			Operator Certification Number: 120		
•	Please enter you're current address on the lines below and, if	necessary,	Certification(s) sho below will expire		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew th certification	X 1 1 1 1 1 1	
			- requirements by the result in an addi	e or submit renewal expiration date will tional late fees as n Section V.	
I. CERTIFI	ICATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Naı	me:		Phone #:		
Number of Fac	ilities (or Plants) that you currently operate:		I am employed by the	ne Facility owner	
I am currently i	not operating any Facility	I pr	rovide contractual servic	es to the Facility	
Please provide	the following information about each Facility/Plant that you op	erate. Use addtio	onal pages as needed.		
Facility / Plant	Name	Class I	PDWIS (Water) NPDE	S (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	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Nu	ımber: 12084	
•	•	se enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state an	ity, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEV	<u>V:</u>			Training Units
Certification	n Type	Category		Class	Required
TEMPORARY	<i>(</i>	WATER DISTRIBUTION		1	24
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility		I	provide contractual serv	vices to the Facility
Please provide	the following information	— about each Facility/Plant that you o	perate. Use add	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	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 returned.			ned. O	perator Certification	12088	
VAN FOSSEN Please enter you're current address		dress on the lines below and, if necessary,	essary,	Certification(s below will ex		7/1/2024
correct the City, state and ZIP Code. Please print le	P Code. Please print legibly.		The fee to renew these certifications: \$50			
				requirements by result in an	y the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFIC	ATES TO RENEW:					raining Units
Certification T	ype C	ategory		Class		equired
TEMPORARY	11	NDUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFOI	RMATION				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you curren	ntly operate:		I am employed	by the Fa	cility owner
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility			
Please provide the	e following information abou	t each Facility/Plant that you opera	te. Use addti	onal pages as neede	d.	
Facility / Plant Name		Class	PDWIS (Water) N	PDES (W	/astewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page on	e of a two page form. Both pages must be compl	Operator Certifcation Numb	er: 12089			
	Please enter you're current address on the lines below and, if necessar		Certification(s) show below will expire of			
	correct the City, state and ZIP Code. Please print	legibly.	The fee to renew the certification	£100		
			Failure to complete requirements by the			
			result in an additi	result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:		— described iii	Training Units		
Certification 7			Class	Required		
TEMPORARY	INDUSTRIAL WASTI	EWATER	2	0		
TEMPORARY	WATER TREATMEN	Т	4	45		
TEMPORARY	WASTEWATER TREA	ATMENT	5A	69		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	e:		Phone #:			
Number of Facili	ities (or Plants) that you currently operate:		I am employed by the	Facility owner		
I am currently no	ot operating any Facility	I	provide contractual services	s to the Facility		
Please provide th	he following information about each Facility/Plant	that you operate. Use add	ltional pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NPDES	(Wastewater)		
	16	OVER)				



III. CONTINUING EDUCATION:

Page 2

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•	•	e enter you're current address on the lines below and, if necessar		Certification(s) sl below will expir	
	correct the City, state and	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.
I. CERTIFI	CATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		INDUSTRIAL WASTEWATER		2	0
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιŗ	I provide contractual services to the Facility		
Please provide	the following information d	ubout each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (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.

- 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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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned			Operator Certification Number: 12092			
•	Please enter you're current address on the lines below as	•	Certification(s) s below will exp			
	correct the City, state and ZIP Code. Please print legibly	y.	The fee to renew these certifications: \$50			
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFIC	ATES TO RENEW:		describe	Training Units		
Certification T	ype Category		Class	Required		
TEMPORARY	WATER TREATMENT		4	45		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	::		Phone #:			
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not operating any Facility		I pr	I provide contractual services to the Facility			
Please provide th	e following information about each Facility/Plant that y	ou operate. Use addtio	onal pages as needed.	_		
Facility / Plant Name		Class P	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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Applicant's Signature		Date		
Last 4 digits of Social Security Number	Email Address			
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
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Please verify your information shown on this application and make any corrections as needed.

This is page on	e of a two page form. Both pages mu	st be completed and returne	e d. Op	perator Certification	Number:	12093
•	•	ou're current address on the lines below and, if necessary, ty, state and ZIP Code. Please print legibly.	sary,	Certification(s below will e		7/1/2024
	correct the City, state and ZIP Code. I			The fee to reno certification	ew these fications:	\$50
				requirements bresult in an	y the exp	submit renewal piration date will al late fees as ection V.
I. CERTIFIC	CATES TO RENEW:					raining Units
Certification 7	Type Category	,		Class		equired
TEMPORARY	WASTEW	ATER TREATMENT		5A	6	9
II. CURRENT	EMPLOYMENT INFORMATION	ON				
Employer's Nam	2:			Phone #:		
Number of Facil	ties (or Plants) that you currently opera	ite:		I am employed	by the Fa	acility owner
I am currently not operating any Facility		I provide contractual services to the Facility				
Please provide ti	ne following information about each Fo	acility/Plant that you operate.	. Use addtio	onal pages as neede	ed.	_
Facility / Plant Name			Class I	PDWIS (Water) N	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:	Maryland Board of Waterworks an	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned			urned. C	Operator Certification Number: 12094			
-	•	re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp			
	correct the City, state and ZIP Co			The fee to renew certification	\$5A		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
I. CERTIFI	CATES TO RENEW:			describe	Training Units		
Certification	Type Categ	jory		Class	Required		
TEMPORARY	WATE	ER DISTRIBUTION		1	24		
II. CURREN	Γ EMPLOYMENT INFORMA	ATION					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you currently of	operate:		I am employed by	y the Facility owner		
I am currently not operating any Facility		I provide contractual services to the Facility					
Please provide	the following information about eac	ch Facility/Plant that you ope	rate. Use addt	ional pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NPI	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:	Maryland Board of Waterworks an	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
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This is page or	ne of a two page form. Both pages must be complete	ted and returned.	Operator Certification Numb	per: 12095	
	Please enter you're current address on the lines belo		Certification(s) show below will expire		
	correct the City, state and ZIP Code. Please print le	gibly.	The fee to renew the certification	CIAA	
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a		
				n Section V.	
I. CERTIFI	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
TEMPORARY	WASTEWATER TREA	TMENT	5	45	
TEMPORARY	WASTEWATER TREA	TMENT	Α	24	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	lities (or Plants) that you currently operate:		I am employed by th	e Facility owner	
I am currently n	not operating any Facility	I	provide contractual service	es to the Facility	
Please provide	the following information about each Facility/Plant t	hat you operate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPDE	S (Wastewater)	
	Ir-				
	(C	OVER)			



III. CONTINUING EDUCATION:

Page 2

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•	Please enter you're current address on the lines belo		Certification(below will e		
	correct the City, state and ZIP Code. Please print le	gibly.	The fee to ren	ew these fications: \$50	
			— requirements by result in an	nplete or submit renewal by the expiration date will additional late fees as abed in Section V.	
I. CERTIFICA	ATES TO RENEW:		deseri	Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WATER DISTRIBUTIO	N	1	24	
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]	provide contractual s	services to the Facility	
Please provide the	e following information about each Facility/Plant th	at you operate. Use add	dtional pages as need	ed	
Facility / Plant Na	me	Class	PDWIS (Water) N	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature		Date	
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This is page one of a two page form. Both pages must be completed and returned.			perator Certification Number: 12097		
	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s) below will ex		
	correct the City, state and ZIP Code. Please print legibly.			The fee to rene 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. CERTIFI	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you curr	rently operate:		I am employed	by the Facility owner
I am currently n	not operating any Facility		ΙĮ	provide contractual se	ervices to the Facility
Please provide	the following information ab	— out each Facility/Plant that you operd	ate. Use addti	ional pages as neede	ed.
Facility / Plant	Name		Class	PDWIS (Water) N	IPDES (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.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPI	LETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and return			ned. O	d. Operator Certification Number: 121 0		
	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) sh below will expir		
	correct the City, state and	ect the City, state and ZIP Code. Please print legibly.		The fee to renew t certificat	950	
				requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.	
I. CERTIFIC	CATES TO RENEW:	<u>.</u>			Training Units	
Certification ⁷	Type	Category		Class	Required	
TEMPORARY		WASTEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility				
Please provide t	he following information ab	— out each Facility/Plant that you opera	te. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (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:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page of	one of a two page form. Both pages	must be completed and returned.	. Ope	rator Certifcation	Number:	12106
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.		Certification(s below will e	/	7/1/2024
	correct the City, state and ZIP Coo			The fee to reno certification	ew these fications:	\$100
				requirements b result in an	y the exp	submit renewal iration date will al late fees as ction V.
I. CERTIF	ICATES TO RENEW:				Т	raining Units
Certification	Type Categ	ory		Class		equired
TEMPORARY	WATE	R DISTRIBUTION		1	24	4
TEMPORARY	WAST	EWATER COLLECTION		2	24	4
II. CURREN	T EMPLOYMENT INFORMA	ATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you currently o	perate:		I am employed	l by the Fa	cility owner
I am currently	not operating any Facility		I pro	vide contractual s	services to	the Facility
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Facility / Plant	Name	(Class PI	OWIS (Water) N	NPDES (W	/astewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			returned. C	perator Certifcation Nu	umber: 12107
•	•	ease enter you're current address on the lines below and, if necessary, rrect the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	//1//////
	correct the City, state a			The fee to renew certification	\$100
				requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIF	ICATES TO RENE	<u>W:</u>			Training Units
Certification	n Type	Category		Class	Required
TEMPORAR'	Υ	WASTEWATER COLLECTION	N	2	24
TEMPORAR'	Υ	WATER DISTRIBUTION		1	24
II. CURREN	NT EMPLOYMENT IN	NFORMATION			
Employer's Na	ame:			Phone #:	
Number of Fa	cilities (or Plants) that you	currently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility		Ιj	provide contractual serv	vices to the Facility
Please provid	e the following information	about each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plan	t Name		Class	PDWIS (Water) NPI	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 returne			urned. (Operator Certification Number: 12108		
	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) below will exp		
	correct the City, state and	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. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		WASTEWATER COLLECTION		2	24	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner	
I am currently r	not operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide	the following information a	— bout each Facility/Plant that you ope	erate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Certification	Type	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
TEMPORARY		WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nan	me:			Phone #:	
Number of Faci	ilities (or Plants) that you c	urrently operate:		I am employed by	y the Facility owner
I am currently n	not operating any Facility		Ιp	rovide contractual serv	vices to the Facility
Please provide	the following information o	— about each Facility/Plant that you oper	ate. Use addtie	onal pages as needed.	
Facility / Plant	Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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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 Nur	mber: 12110
	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.		Certification(s) sh below will expir	
	correct the City, state and			The fee to renew t	950
				requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFI	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORARY	,	WATER TREATMENT		4	45
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		I	provide contractual servi	ices to the Facility
Please provide	the following information a	 about each Facility/Plant that you c	perate. Use addi	tional pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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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:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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LAUTERBACH Please enter you're current address of		ess on the lines below and, if necessary,	,	Certification(s) shown below will expire on:			
correct the City, state and Z	correct the City, state and ZIP Code. P	ZIP Code. Please print legibly.		The fee to re	enew these rtifications	£50	
				requirements result in a	s by the ex	submit renewal piration date will nal late fees as ection V.	
I. CERTIFICA	ATES TO RENEW:					Training Units	
Certification Ty	pe Category			Class		Required	
TEMPORARY	INDUSTRI	AL WASTEWATER		5	4	45	
II. CURRENT I	EMPLOYMENT INFORMATIO	ON					
Employer's Name:				Phone #	#: 		
Number of Faciliti	es (or Plants) that you currently operate	e:		I am employ	ed by the I	Facility owner	
I am currently not	operating any Facility		I pro	vide contractua	ıl services t	to the Facility	
Please provide the	following information about each Fa	cility/Plant that you operate. Use	e addtion	al pages as nee	eded.		
Facility / Plant Name		Cla	ass PI	OWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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•	•	ease enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	// / / / / / / / / / / / / / / / / /	
	correct the City, state a			The fee to renew certific	\$100	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIF	ICATES TO RENE	<u>W:</u>			Training Units	
Certification	n Type	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION		2	16	
OPERATOR		WATER DISTRIBUTION		1	16	
II. CURREN	NT EMPLOYMENT IN	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you	currently operate:		I am employed by	y the Facility owner	
I am currently	not operating any Facility		Ιį	provide contractual ser	vices to the Facility	
Please provide	e the following information	about each Facility/Plant that you of	perate. Use addt	ional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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Page 2

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•	•	ter you're current address on the lines below and, if necess		Certification(s) sl below will expi	// / / / / / / / / / / / / / / / /
	correct the City, state an	ate and ZIP Code. Please print legibly.		The fee to renew certifica	\$ 1000
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEV	<u>V:</u>			Training Units
Certification	n Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	J	2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	ime:			Phone #:	
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III. CONTINUING EDUCATION:

Page 2

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•	•	er you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.	essary,	Certification(s) below will ex		
	correct the City, state and ZIP Coo			The fee to renew these certifications: \$50		
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ted in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification 1	ype Categ	ory		Class	Required	
OPERATOR	WAST	EWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMA	TION				
Employer's Name	e:			Phone #:		
Number of Facili	ties (or Plants) that you currently of	perate:		I am employed	by the Facility owner	
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Please provide th	ee following information about each	n Facility/Plant that you operat	te. Use addti	onal pages as needed	<i></i>	
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Certification	Туре	Category		Class	Required	
OPERATOR	,	WASTEWATER TREATMENT		6	16	
II. CURREN	ΓEMPLOYMENT INFO	RMATION				
Employer's Nan	ne:			Phone #:		
Number of Facil	lities (or Plants) that you curre	ently operate:		I am employed b	y the Facility owner	
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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and retu			rned. O	ied. Operator Certification Number: 161		
BELLAMY Please enter yo	•	ter you're current address on the lines below and, if necessa		Certification(s) sho below will expire		
	correct the City, state and	ate and ZIP Code. Please print legibly.		The fee to renew the certification	\$50	
				requirements by the result in an add	te or submit renewal e expiration date will itional late fees as in Section V.	
I. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		5A	69	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nan	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by t	the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility				
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPDI	ES (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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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- 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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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.				perator Certifcation Nu	nber: 1782
•	•	lease enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly.		Certification(s) sh below will expir	
	correct the City, state and Z			The fee to renew t certificat	£100
					te or submit renewal ne expiration date will
				result in an add	litional late fees as in Section V.
I. CERTIF	ICATES TO RENEW:			– uescribeu	Training Units
Certification		Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
II. CURREN	NT EMPLOYMENT INFO	ORMATION			
Employer's Na	ame:			Phone #:	
Number of Fac	cilities (or Plants) that you curr	rently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιp	rovide contractual servi	ces to the Facility
Please provide	e the following information ab	out each Facility/Plant that you ope	rate. Use addti	onal pages as needed.	
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III. CONTINUING EDUCATION:

Page 2

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		you're current address on the lines below and, if necessar		Certification(s) s below will expi	// / / / / / / / / / / / / / / / / /	
	correct the City, state and	state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units	
Certification 7	Гуре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner	
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Please provide th	he following information al	oout each Facility/Plant that you op	erate. Use addi	tional pages as needed.		
Facility / Plant N	lame		Class	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of
Operator in Responsible Charge:

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	Please enter you're current address on the lines below and, if necessary		necessary,	Certification(s) s below will exp	// / / / / / / / / / / / / / / / / /
	correct the City, state and	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	¥1/W
				Failure to complete or submit ren requirements by the expiration day result in an additional late fees described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	I	2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURRENT	Γ EMPLOYMENT IN	FORMATION			
Employer's Nan	ne:			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			Ιį	provide contractual ser	vices to the Facility
Please provide i	the following information a	bout each Facility/Plant that you o _l	perate. Use addt	ional 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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	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
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				ete or submit renewal	
			result in an ad	the expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	ATES TO RENEW:		– describe	Training Units	
Certification T			Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	::		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner	
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III. CONTINUING EDUCATION:

Page 2

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	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) below will exp		
	correct the City, state and ZIP C	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$50
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I. CERTIFIC	CATES TO RENEW:				Training Units
Certification ⁻	Гуре Cate	gory		Class	Required
OPERATOR	INDU	JSTRIAL WASTEWATER		5	30
II. CURRENT	EMPLOYMENT INFORM	ATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you currently	operate:		I am employed b	by the Facility owner
I am currently no	ot operating any Facility		Ιp	rovide contractual ser	rvices to the Facility
Please provide t	he following information about ea	ch Facility/Plant that you opera	te. Use addti	onal pages as needed.	•
Facility / Plant N	Jame		Class 1	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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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.
- 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:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPI	LETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one	e of a two page form. Bot	h pages must be completed and re	eturned. O	perator Certifcation Nu	ımber: 1993
•	Please enter you're current address on the lines below and, if necessar	necessary,	Certification(s) s below will expi	//1/////	
	correct the City, state and	state and ZIP Code. Please print legibly.		The fee to renew certification	\$100
				Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification 1	Гуре	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ties (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility		Ιj	provide contractual serv	vices to the Facility
Please provide th	ne following information al	out each Facility/Plant that you op	perate. Use addt	ional pages as needed.	
Facility / Plant N	ame		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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- 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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- 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

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

This is page one of a two page form. Both pages must be completed and returned.			rator Certifcation N	umber: 2007
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) shown below will expire on: 7/1/2024	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100
				lete or submit renewal the expiration date will
			result in an a	dditional late fees as
I. CERTIFI	ICATES TO RENEW:		ueseribe	Training Units
Certification			Class	Required
TEMPORARY	WATER TREATMENT		1	24
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently r	not operating any Facility	I pro	vide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you operate	ate. Use addtion	al pages as needed	
Facility / Plant	Name	Class PD	OWIS (Water) NP	DES (Wastewater)
	I. 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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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date		
Last 4 digits of Social Security Number	Email Address			
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
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This is page one of a two page form. Both pages must be completed and returned.			rned. Oj	perator Certifcation Nu	ımber:	2227	
•	•	you're current address on the lines below and, if necessar		Certification(s) s below will expi		7/1/2024	
correct the City, state and ZIP Code. Please print legibly		d ZIP Code. Please print legibly.		The fee to renew certification		\$100	
				Failure to comple requirements by t result in an ad described	the expi ditiona	iration date will Il late fees as	
	ICATES TO RENEW	<u>/:</u>				aining Units	
Certification	Type	Category		Class	Re	equired	
OPERATOR		INDUSTRIAL WASTEWATER		2	0		
SUPERINTEN	NDENT	INDUSTRIAL WASTEWATER		2	0		
II. CURREN	T EMPLOYMENT IN	FORMATION					
Employer's Na	me:			Phone #:			
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	the Fa	cility owner	
I am currently	not operating any Facility		Ιp	rovide contractual serv	vices to	the Facility	
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addti	onal pages as needed.			
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (W	'astewater)	
		(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:	Maryland Board of Waterworks an	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
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This is page one of a two page form. Both pages must be completed and returned.			rned. O	Operator Certification Number: 223		
•	•	se enter you're current address on the lines below and, if necessar		Certification(s) s below will exp		7/1/2024
correct the City, state and ZIP Code. Please print legibly.		ZIP Code. Please print legibly.		The fee to renew certific		\$50
				Failure to complete requirements by result in an action describe	the exp dditiona	iration date will al late fees as
	CATES TO RENEW:					raining Units
Certification ⁻	Гуре	Category		Class	Re	equired
SUPERINTENE	DENT	WASTEWATER TREATMENT		5	7	
SUPERINTENE	DENT	WASTEWATER TREATMENT		Α	7	
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you curr	rently operate:		I am employed b	y the Fa	cility owner
I am currently no	ot operating any Facility	_	Ιp	rovide contractual ser	vices to	the Facility
Please provide to	he following information ab	out each Facility/Plant that you operc	ite. Use addti	onal pages as needed.		
Facility / Plant N	Jame		Class	PDWIS (Water) NP	DES (W	/astewater)
		(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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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: 2250		
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi		
	correct the 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		
I. CERTIFIC	CATES TO RENEW:		- described	l in Section V. Training Units	
Certification			Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone #:		
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility	I pı	ovide contractual serv	vices to the Facility	
Please provide t	he following information about each Facility/Plant that you open	rate. Use addtio	nal pages as needed.		
Facility / Plant Name		Class F	DWIS (Water) NPI	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 returned.			. Ор	Operator Certification Number: 2293			
	Please enter you're current address on the lines below and, if necessary,		ry,	Certification(s) below will exp		7/1/2024	
	correct the City, state and ZIP Code. P	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations:	\$5A	
				requirements by result in an a	Failure to complete or submit requirements by the expiration of result in an additional late fe described in Section V.		
I. CERTIFI	CATES TO RENEW:				Tra	aining Units	
Certification	Type Category			Class		quired	
TEMPORARY	WATER D	ISTRIBUTION		1	24		
II. CURREN	T EMPLOYMENT INFORMATIO	ON					
Employer's Naı	ne:			Phone #:			
Number of Fac	ilities (or Plants) that you currently operate	te:		I am employed b	y the Fac	ility owner	
I am currently i	not operating any Facility		I pr	ovide contractual ser	rvices to t	the Facility	
Please provide	the following information about each Fa	cility/Plant that you operate. U	Jse addtio	nal pages as needed	! .		
Facility / Plant Name		(Class P	DWIS (Water) NP	PDES (Wa	astewater)	



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page on	ne of a two page form. Both pages must be completed and re	eturned. Op	rned. Operator Certification Number: 2379			
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) sho below will expire			
			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. CERTIFIC	CATES TO RENEW:			Training Units		
Certification 7	Type Category		Class	Required		
OPERATOR	WATER TREATMENT		5GW	16		
II. CURRENT	FEMPLOYMENT INFORMATION					
Employer's Nam	ne:		Phone #:			
Number of Facil	lities (or Plants) that you currently operate:		I am employed by t	the Facility owner		
I am currently no	ot operating any Facility	I pı	ovide contractual servi	ces to the Facility		
Please provide t	the following information about each Facility/Plant that you op	erate. Use addtio	onal pages as needed.			
Facility / Plant N	Name	Class P	PDWIS (Water) NPDI	ES (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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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one	e of a two page form. Both pa	ges must be completed and retui	ned. O	perator Certifcation	Number:	2439
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		essary,	Certification(below will e	/	7/1/2024
				The fee to ren	new these fications:	450
,			requireme result i		o complete or submit rene ents by the expiration date in an additional late fees a lescribed in Section V.	
I. CERTIFIC	ATES TO RENEW:				Tı	aining Units
Certification T	ype Ca	tegory		Class		equired
OPERATOR	IN	DUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFOR	MATION				
Employer's Name	::			Phone #:		
Number of Facili	ties (or Plants) that you current	ly operate:		I am employed	d by the Fa	cility owner
I am currently no	t operating any Facility		Ιp	provide contractual	services to	the Facility
Please provide th	e following information about	each Facility/Plant that you operc	ite. Use addti	onal pages as need	ed.	
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (W	astewater)



III. CONTINUING EDUCATION:

Page 2

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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.

OPERATORWATER TREATMENT516OPERATORWASTEWATER TREATMENT530	This is page of	one of a two page form. Both	pages must be completed and returne	d. Ope	erator Certifcation N	umber: 2514
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: Certification Type Category Class Pequired OPERATOR WATER TREATMENT OPERATOR WASTEWATER TREATMENT OPERATOR WASTEWATER TREATMENT OPERATOR WASTEWATER TREATMENT Training Units Required OPERATOR OPERATOR WASTEWATER TREATMENT To all OPERATOR Phone #: I am employed by the Facility owner I am currently not operating any Facility Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed. Class PDWIS (Water) NPDES (Wastewater)	TREGO			ary,		
Requirements by the expiration date will result in an additional late fees as described in Section V. I. CERTIFICATES TO RENEW: Certification Type Category Class Required OPERATOR WATER TREATMENT 3 30 OPERATOR WASTEWATER TREATMENT 5 16 OPERATOR WASTEWATER TREATMENT 5 30 OPERATOR WASTEWATER TREATMENT A 16 II. CURRENT EMPLOYMENT INFORMATION Employer's Name: Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner I am currently not operating any Facility Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed. Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)	correct the City, state and ZIP Code. Please print legibly.		ZIP Code. Please print legibly.			\$100
Certification Type Category Class Required OPERATOR OPERATOR OPERATOR WATER TREATMENT S 16 OPERATOR OPERATOR WASTEWATER TREATMENT DOPERATOR WASTEWATER TREATMENT MASTEWATER TREATMENT A 16 II. CURRENT EMPLOYMENT INFORMATION Employer's Name: Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner I am currently not operating any Facility Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed. Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)					requirements by result in an a	the expiration date will dditional late fees as
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OPERATOR WASTEWATER TREATMENT 5 30 OPERATOR WASTEWATER TREATMENT A 16 II. CURRENT EMPLOYMENT INFORMATION Employer's Name: Phone #: Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner I am currently not operating any Facility I provide contractual services to the Facility Plant was provide the following information about each Facility/Plant that you operate. Use additional pages as needed. Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)	OPERATOR		WATER TREATMENT		3	30
OPERATOR WASTEWATER TREATMENT A 16 II. CURRENT EMPLOYMENT INFORMATION Employer's Name: Phone #: Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner I am currently not operating any Facility I provide contractual services to the Facility Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed. Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)	OPERATOR		WATER TREATMENT		5	16
Employer's Name: Phone #: Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner I am currently not operating any Facility I provide contractual services to the Facility Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed. Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)	OPERATOR		WASTEWATER TREATMENT		5	30
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I provide contractual services to the Facility Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed. Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)	Employer's Na	me:			Phone #:	
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Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)	I am currently	not operating any Facility	_	I pro	ovide contractual ser	vices to the Facility
	Please provide	the following information abo	out each Facility/Plant that you operate.	Use addtion	nal pages as needed	
(OVFR)	Facility / Plant	Name		Class P	DWIS (Water) NP	DES (Wastewater)
(OVFR)						
(OVFR)						
(OVFR)						
			(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page one o	f a two page form. Both pages must be completed and return	rned. Operator Certification Num	mber: 2543
•	lease enter you're current address on the lines below and, if nece	Certification(s) shessary, below will expin	
	orrect the City, state and ZIP Code. Please print legibly.	The fee to renew to certificate	950
		requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICA	TES TO RENEW:		Training Units
Certification Typ	oe Category	Class	Required
OPERATOR	WATER TREATMENT	1	16
II. CURRENT E	MPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities	s (or Plants) that you currently operate:	I am employed by	the Facility owner
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•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) s below will exp	
	correct the City, state and			The fee to renew certification	\$50
				requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner
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Page 2

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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.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page o	ne of a two page form. Both	pages must be completed and return	ned. Ope	erator Certifcation I	Number: 2	2565	
	•	a're current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s) below will ex		7/1/2024	
	correct the City, state and Z			The fee to rene certifi	ew these sications:	5100	
				Failure to com			
				requirements by result in an a			
				- describ	oed in Secti	ion V.	
	ICATES TO RENEW:				Tra	ining Units	
Certification	Type	Category		Class	Red	_l uired	
TEMPORARY		WATER TREATMENT		3	45		
OPERATOR		WATER TREATMENT		5	16		
OPERATOR		WASTEWATER TREATMENT		5	30		
OPERATOR		WASTEWATER TREATMENT		Α	16		
II. CURREN	T EMPLOYMENT INFO	ORMATION					
Employer's Na	me:			Phone #:			
Number of Fac	ilities (or Plants) that you curr	ently operate:		I am employed	by the Faci	lity owner	
I am currently i	not operating any Facility	7	I pro	ovide contractual se	ervices to th	ne Facility	
Please provide	the following information abo	– out each Facility/Plant that you opera	te. Use addtio	nal pages as needed	d.		
Facility / Plant	Name		Class P	DWIS (Water) N	PDES (Was	stewater)	



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:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			perator Certifcation Nu	ımber: 2581	
•	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) si below will expi		
	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 described in Section V.		
I. CERTIFIC	CATES TO RENEW:		described	Training Units	
Certification T	Гуре Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility			
Please provide th	he following information about each Facility/Plant that you opera	ate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and return			rned. O	d. Operator Certification Number: 2593		
•	•	a're current address on the lines below and, if necessary		Certification(s) below will exp		
	correct the City, state and	ity, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFI	CATES TO RENEW:	<u>.</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION		2	16	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility		Ιį	provide contractual se	rvices to the Facility		
Please provide	the following information ab	out each Facility/Plant that you oper	ate. Use addt	ional 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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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			urned. O	perator Certification Nu	ımber: 2640
		enter you're current address on the lines below and, if necessar		Certification(s) s below will exp	//1//////
	correct the City, state and	state and ZIP Code. Please print legibly.		The fee to renew certification	\$100
				requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER		2	0
OPERATOR		WATER TREATMENT		1	16
II. CURRENT	T EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner
I am currently n	ot operating any Facility		Ιŗ	provide contractual serv	vices to the Facility
Please provide	the following information at	bout each Facility/Plant that you open	rate. Use addti	ional pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	ımber: 2798	
GILLIARD, JR. Please enter you're current address on the lines bel		necessary,	Certification(s) shown below will expire on: 7/1/2		
correct the City, state and ZIP Code. Please print le	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t result in an ad	plete or submit renewal y the expiration date will additional late fees as oed in Section V.	
I. CERTIFICA	TES TO RENEW:		40001100	Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility		
Please provide the f	collowing information about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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•	•	er you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) s below will expi	
	correct the City, state and			The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type	Category		Class	Required
OPERATOR		WATER TREATMENT		1	16
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility] —	I	provide contractual serv	vices to the Facility
Please provide	the following information ab	— out each Facility/Plant that you o	perate. Use addt	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 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:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned. Op				perator Certification Number: 2825		
	Please enter you're current address on the lines below and, if necessary,	f necessary,	Certification(s) s below will expi			
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950	
				Failure to complete or submit renewa requirements by the expiration date wi result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW	<u>7:</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WATER TREATMENT		2	16	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nar	ne:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently r	not operating any Facility		Ιj	provide contractual serv	vices to the Facility	
Please provide	the following information a	bout each Facility/Plant that you o	operate. Use addt	ional pages as needed.	_	
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III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one of a	a two page form. Both pages must be completed and return	ed. Ope	erator Certifcation Nu	ımber: 2835
	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	//1/////
corr			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. 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 employed by	the Facility owner
I am currently not ope	erating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the fol	lowing information about each Facility/Plant that you operate	e. Use addtior	nal pages as needed.	
Facility / Plant Name		Class PI	DWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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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	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page on	ie of a two page form. Both	pages must be completed and retu	r ned. O	perator Certifcation N	Number:	2838
•	Please enter you're current	you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	essary,	Certification(s) below will ex		7/1/2024
	correct the City, state and			The fee to renev	w these cations:	\$100
,				Failure to comp requirements by result in an a describ	the expi	ration date will I late fees as
I. CERTIFIC	CATES TO RENEW:				Tr	aining Units
Certification ⁷	Type	Category		Class	Re	equired
OPERATOR		WASTEWATER COLLECTION		2	16	;
OPERATOR		WATER DISTRIBUTION		1	16	;
II. CURRENT	ΓEMPLOYMENT INFO	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cur	rently operate:		I am employed l	by the Fac	cility owner
I am currently no	ot operating any Facility	<u> </u>	Ιı	provide contractual se	ervices to	the Facility
Please provide t	he following information ab	— out each Facility/Plant that you operd	ate. Use addt	ional pages as needed	d.	
Facility / Plant N	Name		Class	PDWIS (Water) NI	PDES (W	astewater)
		(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:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			rned. O	perator Certifcation N	Tumber: 2873
•	•	ase enter you're current address on the lines below and, if necessary, rect the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) below will exp	
	correct the City, state and Z			The fee to renew these certifications: \$50	
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER		6	16
II. CURREN	ΓEMPLOYMENT INFO	RMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you curr	ently operate:		I am employed b	by the Facility owner
I am currently n	ot operating any Facility]	ΙĮ	provide contractual ser	rvices to the Facility
Please provide	the following information abo	_ ut each Facility/Plant that you oper	ate. Use addt	ional pages as needed	<u> </u>
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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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 returned.			Operator Certification Number: 3097		
•	Please enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFICA	ATES TO RENEW:		40501150	Training Units	
Certification Ty	rpe Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
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Page 2

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•	•	ase enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) s below will exp	
	correct the City, state and ZIF			The fee to renew these certifications: \$50	
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification ⁻	Гуре Са	itegory		Class	Required
OPERATOR	IN	DUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFOR	MATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you curren	tly operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility		ΙĮ	provide contractual ser	vices to the Facility
Please provide t	he following information about	each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant Name		Class	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
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and ret			rned. Operator Certification Number: 3295			
•	•	ss on the lines below and, if necess	ary,	Certification(s) sh below will expir		
	correct the City, state and ZIP Co	and ZIP Code. Please print legibly.		The fee to renew to certificat	450	
				Failure to complete or submit renews requirements by the expiration date we result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification ⁷	Type Cate	gory		Class	Required	
OPERATOR	WATE	ER TREATMENT		2	16	
II. CURRENT	EMPLOYMENT INFORMA	ATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you currently of	operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility		I pr	rovide contractual servi	ces to the Facility	
Please provide t	he following information about eac	ch Facility/Plant that you operate.	Use addtio	onal pages as needed.	<u> </u>	
Facility / Plant Name			Class I	PDWIS (Water) NPD	ES (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:	Maryland Board of Waterworks an	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
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I consent to receive my certificate(s)	by emial in lieu of mail			



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

This is page on	e of a two page form. Both pages m	ust be completed and returned.	Oper	ator Certifcatio	n Number:	3304
•	•	rrent address on the lines below and, if necessary,		Certification below will	` /	7/1/2024
	correct the City, state and ZIP Code.	nd ZIP Code. Please print legibly.		The fee to re	\$50	
				requirements result in a	by the exp	submit renewal piration date will al late fees as ection V.
I. CERTIFIC	CATES TO RENEW:				Т	raining Units
Certification ⁻	Гуре Categor	у		Class		equired
SUPERINTEND	DENT WATER	TREATMENT		4	7	
II. CURRENT	EMPLOYMENT INFORMAT	ION				
Employer's Nam	e:			Phone #	<u></u>	
Number of Facil	ities (or Plants) that you currently open	rate:		I am employe	ed by the F	acility owner
I am currently no	ot operating any Facility		I pro	vide contractual	services to	the Facility
Please provide ti	he following information about each H	Facility/Plant that you operate. Use	e addtion	al pages as need	ded.	
Facility / Plant Name		ass PD	WIS (Water)	NPDES (V	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:	Maryland Board of Waterworks an	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
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This is page one of a two page form. Both pages must be completed and return			ed. Operator Certification Number: 3396			
	ease enter you're current address on the lines below and, if nec	essary,	Certification(s) sl below will expir			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50		
			Failure to complete or submit renewa requirements by the expiration date wiresult in an additional late fees as described in Section V.			
I. CERTIFICA	TES TO RENEW:			Training Units		
Certification Typ	e Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		1	16		
II. CURRENT EN	MPLOYMENT INFORMATION					
Employer's Name:		Phone #:				
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not operating any Facility		I provide contractual services to the Facility				
Please provide the fe	ollowing information about each Facility/Plant that you opera	ite. Use addtio	nal pages as needed.	_		
Facility / Plant Name		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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Applicant's Signature		Date		
Last 4 digits of Social Security Number	Email Address			
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators		
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned		ned. O _j	Operator Certification Number: 3429			
WASHINGTON Please enter you're current address on the lin correct the City, state and ZIP Code. Please	•	arrent address on the lines below and, if necessary,	essary,	Certification(s below will ex		7/1/2024
	ode. Please print legibly.		The fee to rene certif	\$50		
				requirements b result in an	y the expi	ubmit renewal ration date will I late fees as ction V.
I. CERTIFICA	TES TO RENEW:					aining Units
Certification Typ	e Cate	egory		Class		equired
OPERATOR	IND	JSTRIAL WASTEWATER		2	0	
II. CURRENT E	MPLOYMENT INFORM	ATION				
Employer's Name:				Phone #:		
Number of Facilities	(or Plants) that you currently	operate:		I am employed	by the Fa	cility owner
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Facility / Plant Name		Class	PDWIS (Water) N	IPDES (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 returned.			rned. O	Operator Certification Number: 3498		
•	•	enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi		
	correct the City, state and ZIP Code	ne City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type Catego	ory		Class	Required	
OPERATOR	WATER	TREATMENT		2	16	
II. CURREN	Γ EMPLOYMENT INFORMAT	ΓΙΟΝ				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you currently op	erate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility				
Please provide	the following information about each	Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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



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

This is page one of a two page form. Both pages must be completed and returned			rned.	Operator Certification Number: 351		
-	•	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) selow will exp		
	correct the City, state and			The fee to renew these certifications: \$50		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW	<u>-</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		WASTEWATER COLLECTION		2	24	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility		
Please provide	the following information at	bout each Facility/Plant that you oper	ate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	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.
- 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

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 364		
	lease enter you're current address on the lines below and, if necessar		ertification(s) sho below will expire		
	orrect the City, state and ZIP Code. Please print legibly.	The	The fee to renew these certifications: \$50		
		requ	irements by the esult in an addi	e or submit renewal e expiration date will tional late fees as in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	oe Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:	I an	n employed by t	he Facility owner	
I am currently not of	perating any Facility	I provide c	ontractual servic	es to the Facility	
Please provide the f	following information about each Facility/Plant that you operate. U	Use addtional pag	ges as needed.		
Facility / Plant Name		Class PDWIS	(Water) NPDE	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	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page o	ne of a two page form. Both	pages must be completed and retu	urned. C	Operator Certification Nu	mber: 3816
-	2	ou're current address on the lines below and, if necess		Certification(s) sl below will expi	
correct the City, state and ZI		IP Code. Please print legibly.		The fee to renew certifica	X 17111
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as
I CEDTIEI	CATEC TO DENEW.			described in Section	
Certification	ICATES TO RENEW: Type	Category		Class	Training Units Required
OPERATOR		WASTEWATER COLLECTION		2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that you curr	ently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I	provide contractual serv	rices to the Facility	
Please provide	the following information abo	out each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	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	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 3969			
•	ease enter you're current address on the lines below and, if necessary,		Certification(s) below will exp			
	correct the City, state and ZIP Code. Please print leg	ibly.	The fee to renev	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. CERTIFI	CATES TO RENEW:		describe	Training Units		
Certification	Type Category		Class	Required		
TEMPORARY	WATER TREATMENT		3	45		
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone #:			
Number of Faci	ilities (or Plants) that you currently operate:		I am employed b	by the Facility owner		
I am currently not operating any Facility		I	provide contractual ser	rvices to the Facility		
Please provide	the following information about each Facility/Plant the	at you operate. Use add	tional pages as needed	<u> </u>		
Facility / Plant Name		Class	PDWIS (Water) NF	PDES (Wastewater)		
·						



III. CONTINUING EDUCATION:

Page 2

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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:	Maryland Board of Waterworks an	d Waste Systems Operators	
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This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation Nu	mber: 3981
•	Please enter you're current address on the lines below and, if n	necessary,	Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	4511
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIF	FICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		Α	16
OPERATOR	WASTEWATER TREATMENT		5	30
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fa	cilities (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 provid	le the following information about each Facility/Plant that you ope	erate. Use addtio	nal pages as needed.	
Facility / Plan	t Name	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 two page form. Both pages must be completed and retur			ned. O	perator Certifcation Nu	mber: 4101
•	•	e enter you're current address on the lines below and, if necessar		Certification(s) sh below will expir	
	correct the City, state and	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. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
II. CURRENT	Γ EMPLOYMENT INFO	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
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		(OVER)			



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Page 2

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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			eturned. (Operator Certification N	lumber: 4363
•	Please enter you're current address on the lines below and, if necessary,		necessary,	Certification(s) below will exp	
	correct the City, state an	ct the City, state and ZIP Code. Please print legibly.		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. CERTIFIC	CATES TO RENEV	<u>/:</u>			Training Units
Certification	Туре	Category		Class	Required
SUPERINTEN	DENT	WASTEWATER COLLECTION		2	7
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you c	urrently operate:		I am employed b	by the Facility owner
I am currently not operating any Facility		I	provide contractual ser	rvices to the Facility	
Please provide i	the following information o	 about each Facility/Plant that you op	perate. Use addi	tional pages as needed	<u></u>
Facility / Plant Name		Class	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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VII. APPLICANT'S STATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		ssary,	Certification(s) sl below will expi		
				The fee to renew certifica	\$100	
				requirements by t result in an ad	plete or submit renewal the expiration date will additional late fees as ed in Section V.	
I. CERTIFIC	ATES TO RENEW	<u>.</u>			Training Units	
Certification T	ype	Category		Class	Required	
OPERATOR		WATER TREATMENT		2	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		Α	16	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	::			Phone #:		
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employed by	the Facility owner	
I am currently not	t operating any Facility		Ιp	rovide contractual serv	rices to the Facility	
Please provide th	e following information ab	out each Facility/Plant that you operate	e. Use addti	onal pages as needed.		
Facility / Plant Na	ame		Class 1	PDWIS (Water) NPI	DES (Wastewater)	
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) s below will exp	
corre			The fee to renew certific	950
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATI	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (o	r Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not oper	ating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you operat	e. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)
	(OVER)			·



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	•	se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) s below will exp		
	correct the City, state and ZIP C			The fee to renew these certifications: \$50		
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			— describe	Training Units	
Certification		gory		Class	Required	
OPERATOR	WAT	ER TREATMENT		4	30	
II. CURREN	Γ EMPLOYMENT INFORM	ATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you currently	operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ιj	provide contractual serv	vices to the Facility		
Please provide	the following information about ed	ch Facility/Plant that you op	erate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (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 p	pages must be completed and retur	ned. O	perator Certifcation N	umber: 4830
•	•	se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) selow will exp	//1/////
	correct the City, state and ZI			The fee to renew certific	\$50
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification 7	Гуре С	ategory		Class	Required
OPERATOR	II	NDUSTRIAL WASTEWATER		7	16
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ities (or Plants) that you curre	ntly operate:		I am employed b	y the Facility owner
I am currently no	ot operating any Facility		Ιp	rovide contractual ser	vices to the Facility
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III. CONTINUING EDUCATION:

Page 2

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WELLER, IV Please enter you're current address on the lines below and, if r correct the City, state and ZIP Code. Please print legibly.		ssary,	Certification(s) s below will exp		
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	TES TO RENEW:			Training Units	S
Certification Typ	e Category		Class	Required	
SUPERINTENDEN	IT WATER TREATMENT		3	7	
SUPERINTENDEN	IT WATER TREATMENT		2	7	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
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I am currently not op	perating any Facility	I provi	de contractual ser	vices to the Facility	
Please provide the fo	ollowing information about each Facility/Plant that you operate	. Use addtional	! pages as needed.		
Facility / Plant Name	e	Class PDV	VIS (Water) NPI	DES (Wastewater)	
	(OVER)				



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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation Nu	ımber: 4925
•	Please enter you're current address on the lines below ar		Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly	ý.	The fee to renew these certifications: \$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
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 Facility owner
I am currently no	ot operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide t	the following information about each Facility/Plant that y	ou operate. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			rned. O	perator Certifcation Nu	ımber: 5098
•	•	ease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZI	ity, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:				Training Units
Certification	Туре	ategory		Class	Required
OPERATOR	V	VASTEWATER TREATMENT		5	30
II. CURREN	T EMPLOYMENT INFO	RMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that you curre	ntly operate:		I am employed by	y the Facility owner
I am currently i	not operating any Facility	<u></u>	Ιį	provide contractual serv	vices to the Facility
Please provide	the following information abou	ut each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page of	one of a two page form. Both p	ages must be completed and retur	ned. O	perator Certifcation Nu	mber: 5116
•	•	ter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.		Certification(s) sl below will expir	//1//////
	correct the City, state and ZI			The fee to renew certifica	
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEW:				Training Units
Certification	n Type C	ategory		Class	Required
OPERATOR	V	/ASTEWATER TREATMENT		5	30
OPERATOR	V	/ASTEWATER TREATMENT		Α	16
II. CURREN	T EMPLOYMENT INFO	RMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you curre	ntly operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	<u>—</u>	Ιp	provide contractual serv	ices to the Facility
Please provide	the following information abou	t each Facility/Plant that you opera	te. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page o	ne of a two page form. Both	pages must be completed and retu	rned. O	perator Certifcation Nu	mber: 5165
•	•	r you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi	// / / / / / / / / / / / / / / / / /
	correct the City, state and Z			The fee to renew certifica	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you curr	ently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	<u></u>	Ιp	provide contractual serv	vices to the Facility
Please provide	the following information abo	— out each Facility/Plant that you oper	ate. Use addti	onal 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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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	on Number: 5173		
•	Please enter you're current address on the lines below and, if necessary,		Certification below wil	on(s) shown Il expire on: 7/1/2024		
	correct the City, state and ZIP Code. Pleas	ity, state and ZIP Code. Please print legibly.	The fee to re	renew these striffications: \$50		
			requirements	complete or submit renewal is by the expiration date wi an additional late fees as cribed in Section V.		
I. CERTIFI	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
OPERATOR	WATER DISTF	RIBUTION	1	16		
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nar	me:		Phone	#:		
Number of Fac	ilities (or Plants) that you currently operate:		I am employ	yed by the Facility owner	Ī	
I am currently i	not operating any Facility		I provide contractua	al services to the Facility	Ī	
Please provide	the following information about each Facility	y/Plant that you operate. Use ac	ddtional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)		
					_	



III. CONTINUING EDUCATION:

Page 2

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•	•	're current address on the lines below and, if necessary,		Certification(s) below will exp		
	correct the City, state and Z	City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$50	
				requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	ATES TO RENEW:			4650110	Training Units	
Certification T	ype (Category		Class	Required	
OPERATOR	\	WASTEWATER TREATMENT		5	30	
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name	::			Phone #:		
Number of Facilit	ties (or Plants) that you curre	ently operate:		I am employed b	y the Facility owner	
I am currently not	t operating any Facility]	Ιj	provide contractual ser	vices to the Facility	
Please provide th	e following information abo	- ut each Facility/Plant that you oper	ate. Use addt	ional pages as needed		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned. Open			perator Certification Number	ber: 5814		
		you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.		Certification(s) sho below will expire	// / / / / /	
	correct the City, state and Z			The fee to renew the certification	4 1 / 1 / 1	
				Failure to complete		
				result in an addit	y the expiration date will additional late fees as bed in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type	Category		Class	Required	
OPERATOR	\	WATER TREATMENT		4	30	
OPERATOR	\	WASTEWATER TREATMENT		4	30	
OPERATOR	\	WASTEWATER TREATMENT		5	30	
II. CURREN	T EMPLOYMENT INFO	RMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you curre	ently operate:		I am employed by the	ne Facility owner	
I am currently r	not operating any Facility]	Ιp	rovide contractual service	es to the Facility	
Please provide	the following information abo	- ut each Facility/Plant that you opera	te. Use addti	onal pages as needed.		
Facility / Plant	Name		Class]	PDWIS (Water) NPDE	S (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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- 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:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and retu			ned. O	ed. Operator Certification Number: 603		
•	•	e current address on the lines below and, if necessar		Certification(s) sh below will expir		
	correct the City, state and Z	tate 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. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION		2	16	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you curr	ently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility				
Please provide	the following information abo	— out each Facility/Plant that you opera	ıte. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (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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- 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:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			returned.	Operator Certifcation Nu	ımber: 6106
•	•	current address on the lines below and, if necessary, te and ZIP Code. Please print legibly.		Certification(s) s below will exp	//1/////
	correct the City, state a			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.
I. CERTIFIC	CATES TO RENE	<u>W:</u>			Training Units
Certification ⁷	Type	Category		Class	Required
SUPERINTENI	DENT	WASTEWATER TREATMENT	-	Α	7
SUPERINTENI	DENT	WASTEWATER TREATMENT	-	5	7
II. CURRENT	TEMPLOYMENT IN	NFORMATION			
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	provide contractual serv	vices to the Facility
Please provide t	he following information	about each Facility/Plant that you	operate. Use addt	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation Nun	nber: 6337
	Please enter you're current address on the lines below and, if necessary		Certification(s) sho below will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	X 1 / 1 / 1 / 1
			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
OPERATOR	WATER DISTRIBUTION		1	16
OPERATOR	WATER TREATMENT		4	30
II. CURREN	T 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 not operating any Facility		I pro	ovide contractual servi	ces to the Facility
Please provide	the following information about each Facility/Plant that you opera	ate. Use addtio	nal pages as needed.	
Facility / Plant 1	Name	Class P	DWIS (Water) NPDI	ES (Wastewater)
	(OVER)			



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 necessary,		ecessary,	Certification(s) sh below will expire	
	correct the City, state and ZIP	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
		requirements by the result in an add		ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Cat	egory		Class	Required
OPERATOR	WA	TER TREATMENT		4	30
II. CURREN	Γ EMPLOYMENT INFORM	MATION			
Employer's Nan	ne:			Phone #:	
Number of Facilities (or 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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This is page or	ne of a two page form. Both pa	ages must be completed and retu	rned. O	perator Certifcation Nu	mber: 7830
-	•	e enter you're current address on the lines below and, if necessary, et the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) shelow will expire	//1//////
	correct the City, state and ZIF			The fee to renew certifica	
				 requirements by the result in an add 	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Ca	ategory		Class	Required
OPERATOR	W	ATER TREATMENT		3	30
OPERATOR	W	ATER TREATMENT		5	16
II. CURREN	Γ EMPLOYMENT INFOR	MATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you curren	tly operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιp	provide contractual serv	ices to the Facility	
Please provide	the following information about	each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	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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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation Nu	ımber: 7965	
SCHILDWACHTER Please enter you're	Please enter you're current address on the lines below and, if necessary	y,	Certification(s) s below will exp		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		I pro	ovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate. Us	se addtioi	nal pages as needed.		
Facility / Plant Nan	me C	Class Pl	DWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned. Open				ator Certifcation	n Number:	8079
HURLEY	Please enter you're current address on the lines below and, if necessary,			Certification below will		7/1/2024
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50		
				Failure to complete or submit reneware requirements by the expiration date was result in an additional late fees as described in Section V.		piration date will al late fees as
I. CERTIFI	CATES TO RENEW:			desci		
Certification				Class		raining Units Lequired
OPERATOR	WATER TRE	ATMENT		4	3	0
II. CURREN	T EMPLOYMENT INFORMATION	N				
Employer's Name:			Phone #:			
Number of Faci	ilities (or Plants) that you currently operate			I am employe	ed by the F	acility owner
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide	the following information about each Faci	lity/Plant that you operate. Use	addtiona	ıl pages as need	ded.	_
Facility / Plant	Name	Clas	ss PD	WIS (Water)	NPDES (V	Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708		
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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcation N	umber: 8231		
	•	current address on the lines below and, if necessar	cessary,	Certification(s) below will exp			
correct the City, state and ZIP Code. Ple	IP Code. Please print legibly.		The fee to renew certific	\$50			
				Failure to complete or submit renewa requirements by the expiration date wiresult in an additional late fees as described in Section V.			
I. CERTIFIC	ATES TO RENEW:			4050110	Training Units		
Certification T	ype	Category		Class	Required		
OPERATOR		WASTEWATER TREATMENT		5	30		
II. CURRENT	EMPLOYMENT INFO	ORMATION					
Employer's Name:				Phone #:			
Number of Facilities (or Plants) that you currently operate:				I am employed by the Facility owner			
I am currently not operating any Facility			Ιj	I provide contractual services to the Facility			
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Facility / Plant Na	ame		Class	PDWIS (Water) NP	DES (Wastewater)		



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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 returned.			rator Certifcation Nur	mber: 8305
	Please enter you're current address on the lines below and, if r	necessary,	Certification(s) sh below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificat	\$100
				te or submit renewal
			requirements by the expiration dat result in an additional late fees a described in Section V.	
I. CERTIFIC	CATES TO RENEW:		ucscribeu	Training Units
Certification ¹	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	I pro	vide contractual servi	ces to the Facility
Please provide t	he following information about each Facility/Plant that you ope	erate. Use addtion	al pages as needed.	
Facility / Plant N	Name	Class PI	OWIS (Water) NPD	ES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 8842		
•	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	
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V		
I. CERTIFIC	CATES TO RENEW:		describe	Training Units	
Certification ⁻	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
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Page 2

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•	•	ease enter you're current address on the lines below and, if necessary,		Certification(s below will ex	
	correct the City, state and	ct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications: \$50
				requirements by result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed	by the Facility owner
I am currently not operating any Facility		ΙĮ	provide contractual se	ervices to the Facility	
Please provide	the following information ab	— out each Facility/Plant that you oper	ate. Use addt	ional pages as neede	ed.
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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned			returned.	Operator Certifcation Nu	ımber: 9293
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	if necessary,	Certification(s) s below will expi	
	correct the City, state an			The fee to renew certification	950
				— requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEV	<u>∀:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT	Γ	5	30
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I	provide contractual serv	vices to the Facility	
Please provide	the following information	about each Facility/Plant that you	operate. Use add	tional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPI	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:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	n Number: 9531
ZAMBITO		address on the lines below and, if necessary,		(s) shown expire on: 7/1/2024
correct the City, state and ZIP Code. Please print legible		print legibly.	The fee to re	new these tifications: \$100
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	INDUSTRIAL V	VASTEWATER	2	0
OPERATOR	WATER TREAT	MENT	2	16
SUPERINTENI	DENT INDUSTRIAL V	VASTEWATER	2	0
SUPERINTENI	DENT WATER TREAT	MENT	2	7
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #	:
Number of Facil	ities (or Plants) that you currently operate:		I am employe	ed by the Facility owner
I am currently no	ot operating any Facility		I provide contractual	services to the Facility
Please provide t	he following information about each Facility,	Plant that you operate. Use add	dtional pages as need	ded.
Facility / Plant N	Vame	Class	PDWIS (Water)	NPDES (Wastewater)
		(OVER)		
		(UVEK)		



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
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Applicant's Signature		Date		
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This is page of	ne of a two page form. Both pages r	nust be completed and returned.	Opera	tor Certification	Number:	9532
	Please enter you're current address	· · · · · · · · · · · · · · · · · · ·	Certification(s) shown below will expire on:			7/1/2024
	correct the City, state and ZIP Cod	ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$100
				requirements by result in an	y the exp	submit renewal iration date will al late fees as ction V.
	CATES TO RENEW:					raining Units
Certification	Type Catego	pry		Class	Re	equired
OPERATOR	WASTE	WATER COLLECTION		2	16	6
OPERATOR	WATER	RDISTRIBUTION		1	16	6
II. CURREN	T EMPLOYMENT INFORMA	ΓΙΟΝ				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you currently op	erate:		I am employed	by the Fa	cility owner
I am currently r	not operating any Facility		I prov	ide contractual so	ervices to	the Facility
Please provide	the following information about each	Facility/Plant that you operate. U	se addtiona	l pages as neede	ed.	
Facility / Plant	Name	C	Class PDV	WIS (Water) N	PDES (W	astewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	ımber: 9695			
•	Please enter you're current address of				shown ire on: 7/1/2024		
	correct the City, state and ZIP Code.	s, state and ZIP Code. Please print legibly.		The fee to renew certification	\$5A		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as			
I. CERTIFI	CATES TO RENEW:			– describe	d in Section V.		
Certification		у		Class	Training Units Required		
OPERATOR	WATER ⁻	TREATMENT		2	16		
II. CURREN	Γ EMPLOYMENT INFORMAT	ION					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you currently open	rate:		I am employed by	y the Facility owner		
I am currently n	ot operating any Facility		Ιp	provide contractual serv	vices to the Facility		
Please provide	the following information about each F	Facility/Plant that you opera	te. Use addti	onal pages as needed.	_		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)			



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Page 2

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•	Please enter you're current address on th	•	Certification(s) shown below will expire on: 7/1,			
	correct the City, state and ZIP Code. Ple	tate and ZIP Code. Please print legibly.		The fee to re	enew these rtifications	950
				requirements result in a	s by the ex	submit renewal piration date will nal late fees as ection V.
I. CERTIFI	CATES TO RENEW:					Training Units
Certification	Type Category			Class		Required
OPERATOR	WATER DIS	TRIBUTION		1		16
II. CURREN	T EMPLOYMENT INFORMATION	N				
Employer's Nar	me:			Phone	#:	
Number of Faci	ilities (or Plants) that you currently operate			I am employ	ed by the I	Facility owner
I am currently r	not operating any Facility		I prov	vide contractua	al services	to the Facility
Please provide	the following information about each Faci	lity/Plant that you operate. Use	addtiona	ıl pages as nee	eded.	
Facility / Plant Name		Clas	ss PD	WIS (Water)	NPDES (Wastewater)



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