



APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **0161**

BARRY TODD MARVEL

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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)

(OVER)



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Page 2

**III. CONTINUING EDUCATION:**

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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**VII. APPLICANT'S STATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **0190**

DAVID FINCK

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OPERATOR	WATER TREATMENT	3	30

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Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **0473**

MICHAEL TEMPLETON

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16

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_____			
_____			
_____			
_____			
_____			

(OVER)



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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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Operator Certification Number: **0488**

FRED WALKER

Certification(s) shown  
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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
SUPERINTENDENT	INDUSTRIAL WASTEWATER	6	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

**II. CURRENT EMPLOYMENT INFORMATION**

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(OVER)



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**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **0599**

ANDREW OWEN WEST

Certification(s) shown below will expire on: **7/1/2023**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
TEMPORARY	INDUSTRIAL WASTEWATER	2	0
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	2	16
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SUPERINTENDENT	WATER TREATMENT	2	7

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Operator Certification Number: **0626**

MATTHEW A. HERING

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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Operator Certification Number: **0711**

GREGORY EVANS

Certification(s) shown  
below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary,  
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these  
certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**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 ☐

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Operator Certification Number: **0744**

GEORGE DOM

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	3	30
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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 \_\_\_\_\_

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Operator Certification Number: **0749**

MARLON ALVARADO

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
SUPERINTENDENT	WATER DISTRIBUTION	1	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **0837**

GEORGE A. GIBSON

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Name and Certification Number of  
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Operator Certification Number: **1002**

BRADLEY DICK

Certification(s) shown  
below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary,  
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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	2	16

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Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***

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



APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10075**

AARON DAVIS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**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)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- 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 \_\_\_\_\_

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Operator Certification Number: **10076**

ROBERT JORDAN

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**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 ☐

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_____			
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_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10082**

SCOTT SINARE

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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*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)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- 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 \_\_\_\_\_

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Operator Certification Number: **10107**

BRADLEY CHAMBERS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
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 ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **10111**

BENJAMIN WEST

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Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	3	30
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **10113**

DEVON RASHARD

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	S	24

**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)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10129**

JAMES T DAVIS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	5	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10762**

JAI DIXON

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	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 ☐

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10944**

BRANDON T ANDERSON

Certification(s) shown  
below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary,  
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these  
certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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**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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11114**

SEAN P STACEY

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Operator Certification Number: **11135**

KYLE GREEN

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0
TEMPORARY	WATER TREATMENT	4	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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_____			
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11381**

MICHAEL C BREWINGTON

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	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)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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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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Date \_\_\_\_\_

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Operator Certification Number: **11384**

ZACKARY E. WALLS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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 \_\_\_\_\_

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Operator Certification Number: **11399**

DAVID L ZEPP, JR

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Operator Certification Number: **11400**

ALEXANDER SCHWARTZ

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Operator Certification Number: **11401**

DOUGLAS WISE

Certification(s) shown  
below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary,  
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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

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(OVER)



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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11402**

JASON M OWENS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**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)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- No course can be used more than one time for any three-year renewal period.
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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **11403**

MATTHEW STOUT

Certification(s) shown below will expire on: **7/1/2023**

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The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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_____			
_____			
_____			
_____			
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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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 \_\_\_\_\_

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Operator Certification Number: **11404**

DAVID LEE HOFF

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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_____			
_____			
_____			
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(OVER)



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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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Operator Certification Number: **11405**

RANDALL ANDREW HILL

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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**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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Operator Certification Number: **11406**

DAVID MILLER

Certification(s) shown below will expire on: **7/1/2023**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)



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Page 2

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Operator Certification Number: **11410**

WYATT BOWERS

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Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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☐

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



APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11412**

JOSHUA WILES

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	5A	69
TEMPORARY	WASTEWATER TREATMENT	A	24

**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)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **11414**

LAMONT THOMAS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

**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 ☐

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11422**

DELANEY DUNNAVANT

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**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 ☐

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*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)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11423**

MARISSA HOFFMAN

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **11424**

MATTHEW FLOYD

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***

☐

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



APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **11426**

ADAM JAMAR

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	5	45
TEMPORARY	WATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- No course can be used more than one time for any three-year renewal period.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11427**

EMIL SCHULTZ

Certification(s) shown  
below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary,  
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these  
certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11428**

DUSTIN HARLEY OVERHOLTZER

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

**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)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11429**

CHRISTOPHER THOMAS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	3	45
TEMPORARY	WASTEWATER TREATMENT	5	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **11430**

JARED BURNS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**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 ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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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Operator Certification Number: **11431**

ROGER M ROYER

Certification(s) shown  
below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary,  
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these  
certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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Operator Certification Number: **11451**

DAVID WONEKE

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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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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**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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Operator Certification Number: **1321**

STANLEY ZACZKIEWICZ

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
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 ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **1799**

DONALD LEE DAWSON

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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.
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Operator Certification Number: **1899**

KEVIN MCFADDEN

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
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: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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Operator Certification Number: **1943**

MARK ALLEN NEWMAN

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***

☐

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





APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **1989**

MARK D LEISTER

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	3	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2109**

MICHAEL BLACKMON

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**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)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2129**

GREGORY D. MCFARLAND

Certification(s) shown  
below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary,  
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these  
certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	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 ☐

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*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)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **2133**

KERRON R. CLARK

Certification(s) shown  
below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary,  
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these  
certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	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 ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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**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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Operator Certification Number: **2192**

RENE F. LEMUS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2231**

GLENN ROBERT GIBSON

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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TONY FRYE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2248**

Certification(s) shown below will expire on: **7/1/2023**

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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I provide contractual services to the Facility ☐

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **2255**

MARK DOUGHERTY

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	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)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **2344**

CHRISTOPHER EVANS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	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 ☐

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **2784**

JEFFREY D. MORTON

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	4	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Operator Certification Number: **2858**

JASON BARRETT

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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_____			
_____			
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **2860**

ELIN BETANZO

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	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 ☐

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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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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Operator Certification Number: **2986**

PHILLIP W. MEEKINS, JR.

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **3042**

JEFFERY HOUCK

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **3213**

CHARLES E HART

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	4	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Operator Certification Number: **3322**

EMMANUEL H LIM

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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_____			
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **3488**

DONALD R HOFF

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**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)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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**VII. APPLICANT'S STATEMENT**

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

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Operator Certification Number: **3514**

BRYANT TRAVERS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER TREATMENT	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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 \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **3517**

KEVIN L. MCCLANATHAN, JR

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
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 ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **3601**

CURTIS BALL

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	2	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WATER TREATMENT	3	7
SUPERINTENDENT	WATER TREATMENT	4	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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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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Operator Certification Number: **3635**

ELVIN L COX III

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
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 ☐

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(OVER)



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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **3672**

JOSEPH A. WRIGHT

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	INDUSTRIAL WASTEWATER	6	7
SUPERINTENDENT	WATER TREATMENT	2	7
SUPERINTENDENT	INDUSTRIAL WASTEWATER	2	0
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WATER TREATMENT	2	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
OPERATOR	INDUSTRIAL WASTEWATER	6	16
OPERATOR	INDUSTRIAL WASTEWATER	5	30
OPERATOR	INDUSTRIAL WASTEWATER	2	0
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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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)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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Operator Certification Number: **3738**

JAMES ELLIOTT

Certification(s) shown  
below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary,  
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these  
certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **3944**

TYRONE GAMBRILL

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
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 ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **4350**

KENNETH C. SIGWART

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **4377**

HAROLD B LAWSON

Certification(s) shown  
below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary,  
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
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result in an additional late fees as  
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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	3	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **4564**

HAROLD M. SMITH

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

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

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(OVER)



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**VII. APPLICANT'S STATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***

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





APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **4641**

DOMINIC V ROSS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
OPERATOR	WASTEWATER TREATMENT	5	30
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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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Operator Certification Number: **4846**

WILLIAM ZIRKLE

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**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 ☐

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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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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Operator Certification Number: **4960**

HERBERT N DELP

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	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 ☐

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **5112**

PATRICK M HOFFMASTER

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
SUPERINTENDENT	WATER TREATMENT	4	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
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**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Operator Certification Number: **5365**

LARRY A BLOOM

Certification(s) shown below will expire on: **7/1/2023**

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **5378**

DWAYNE K HARLEY

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	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)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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**VII. APPLICANT'S STATEMENT**

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

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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Operator Certification Number: **5379**

NOELLE ANUSZKIEWICZ

Certification(s) shown below will expire on: **7/1/2023**

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The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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 \_\_\_\_\_

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Operator Certification Number: **5577**

WYATT R CORBIN

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16
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: \_\_\_\_\_

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(OVER)



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Name and Certification Number of  
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**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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Operator Certification Number: **5894**

ROBERT P VALENTINE

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
SUPERINTENDENT	WATER DISTRIBUTION	1	7
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	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 ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



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Name and Certification Number of  
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**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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Operator Certification Number: **6244**

MARK S EDES

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



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Applicant's Signature \_\_\_\_\_

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Operator Certification Number: **6546**

WILLIAM C. ANDERSON

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	5	45

**II. CURRENT EMPLOYMENT INFORMATION**

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_____			
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(OVER)



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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **6610**

MICHAEL T BARKDOLL

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

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Operator Certification Number: **6701**

PATRICIA A. LYONS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	INDUSTRIAL WASTEWATER	6	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WATER TREATMENT	4	7
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WATER TREATMENT	4	30
OPERATOR	INDUSTRIAL WASTEWATER	6	16
SUPERINTENDENT	WASTEWATER TREATMENT	4	7
OPERATOR	WASTEWATER TREATMENT	A	16

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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Applicant's Signature \_\_\_\_\_

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Operator Certification Number: **7340**

LARRY DEAN ROBERTS, JR.

Certification(s) shown below will expire on: **7/1/2023**

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The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Date \_\_\_\_\_

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Operator Certification Number: **7788**

JAMES E. TAYLOR

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

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(OVER)



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Operator Certification Number: **7846**

ROBERT L. DOWNS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	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 and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***

☐ *I consent to receive my certificate(s) by email in lieu of mail*



APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **7862**

LINWOOD HARMON

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Date \_\_\_\_\_

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Operator Certification Number: **8030**

SHAWN PATCHELL

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
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 ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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 \_\_\_\_\_

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Operator Certification Number: **8055**

TROY LEE WALTON

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	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 ☐

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*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)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **8303**

RAYMOND PIPIK

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	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 ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **8349**

SCOTT A. WELLS

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Operator Certification Number: **8519**

MARK K. KAISER

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	4	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **9076**

CHARLES H. GORDY, JR.

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER TREATMENT	2	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 ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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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Operator Certification Number: **9138**

BRUCE A. CARBAUGH

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Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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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**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **9169**

ROBERT JARED STONE

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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*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)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **9605**

ASBURY PARKER

Certification(s) shown below will expire on: **7/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
SUPERINTENDENT	WATER DISTRIBUTION	1	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner ☐

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Operator Certification Number: **9801**

DENNIS HARRIS

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7

**II. CURRENT EMPLOYMENT INFORMATION**

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(OVER)



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

**VII. APPLICANT'S STATEMENT**

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

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***

☐ *I consent to receive my certificate(s) by email in lieu of mail*