

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

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

| This is page one     | of a two page form. Both pages must be comple       | Operator Certifcation     | Number: <b>0161</b>                            |   |  |  |  |  |
|----------------------|---|---------------------------|--|---|--|--|--|--|
|                      | Please enter you're current address on the lines be |                           | Certification(s below will e                   |   |  |  |  |  |
| C                    | correct the City, state and ZIP Code. Please print  | legibly.                  | The fee to ren certi                           | ew these fications: \$50  |  |  |  |  |
|                      |   |                           | — requirements b                               | nplete or submit renewal<br>by the expiration date will<br>additional late fees as<br>bed in Section V. |  |  |  |  |
| I. CERTIFICA         | ATES TO RENEW:                                      |                           |  | Training Units  |  |  |  |  |
| Certification Ty     | pe Category   |                           | Class  | Required  |  |  |  |  |
| OPERATOR             | WATER TREATMENT                                     |                           | 4  | 30  |  |  |  |  |
| II. CURRENT I        | EMPLOYMENT INFORMATION                              |                           |  |   |  |  |  |  |
| Employer's Name:     |   |                           | Phone #:                                       |   |  |  |  |  |
| Number of Facilitie  | es (or Plants) that you currently operate:          |                           | I am employed by the Facility owner            |   |  |  |  |  |
| I am currently not   | operating any Facility                              | 1                         | I provide contractual services to the Facility |   |  |  |  |  |
| Please provide the   | following information about each Facility/Plant     | that you operate. Use add | ltional pages as neede                         | <u>—</u><br>гd.   |  |  |  |  |
| Facility / Plant Nar | me  | Class                     | PDWIS (Water) N                                | NPDES (Wastewater)  |  |  |  |  |
|                      |   |                           |  |   |  |  |  |  |
|                      |   |                           |  |   |  |  |  |  |
|                      |   |                           |  |   |  |  |  |  |
|                      |   |                           |  |   |  |  |  |  |
|                      |   |                           |  |   |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of |
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| Operator in Responsible Charge:  |

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
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| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s, | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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| This is page one    | of a two page form. Both pages m      | Operator Certification                 | Number: <b>0190</b>                            |   |  |  |  |  |
|---------------------|---------------------------------------|--|--|---|--|--|--|--|
|                     | Please enter you're current address o |  | Certification(s<br>below will e                | ////////  |  |  |  |  |
| (                   | correct the City, state and ZIP Code. | Please print legibly.                  | The fee to reno certif                         | ew these fications: \$50  |  |  |  |  |
|                     |                                       |  | requirements b                                 | nplete or submit renewal<br>by the expiration date will<br>additional late fees as<br>bed in Section V. |  |  |  |  |
| I. CERTIFICA        | ATES TO RENEW:                        |  |  | Training Units  |  |  |  |  |
| Certification Ty    | rpe Categor                           | у                                      | Class  | Required  |  |  |  |  |
| OPERATOR            | WATER <sup>-</sup>                    | REATMENT                               | 3  | 30  |  |  |  |  |
| II. CURRENT I       | EMPLOYMENT INFORMAT                   | ION                                    |  |   |  |  |  |  |
| Employer's Name:    |                                       |  | Phone #:                                       |   |  |  |  |  |
| Number of Faciliti  | es (or Plants) that you currently ope | rate:                                  | 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 I    | Tacility/Plant that you operate. Use a | ddtional pages as neede                        | ed.   |  |  |  |  |
| Facility / Plant Na | me                                    | Class                                  | PDWIS (Water) N                                | IPDES (Wastewater)  |  |  |  |  |
|                     |                                       |  |  |   |  |  |  |  |
|                     |                                       |  |  |   |  |  |  |  |
|                     |                                       |  |  |   |  |  |  |  |
|                     |                                       |  |  |   |  |  |  |  |
|                     |                                       |  |  |   |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| This is page one of   | a two page form. Both pages must be completed and retu          | ırned. O <sub>f</sub> | perator Certification N                        | umber: <b>0473</b>  |  |  |  |  |
|-----------------------|---|-----------------------|--|---|--|--|--|--|
|                       | ease enter you're current address on the lines below and, if ne | ecessary,             | Certification(s) s<br>below will exp           | //1//11/3   |  |  |  |  |
| coi                   | rrect the City, state and ZIP Code. Please print legibly.       |                       | The fee to renew certific                      |   |  |  |  |  |
|                       |   |                       | requirements by result in an ac                | lete or submit renewal<br>the expiration date will<br>Iditional late fees as<br>d in Section V. |  |  |  |  |
| I. CERTIFICAT         | <u>ΓES TO RENEW:</u>  |                       |  | <b>Training Units</b>   |  |  |  |  |
| Certification Type    | e Category  |                       | Class  | Required  |  |  |  |  |
| OPERATOR              | WATER TREATMENT   |                       | 1  | 16  |  |  |  |  |
| II. CURRENT EN        | MPLOYMENT INFORMATION   |                       |  |   |  |  |  |  |
| Employer's Name:      |   |                       | Phone #:                                       |   |  |  |  |  |
| Number of Facilities  | (or Plants) that you currently operate:                         |                       | I am employed by                               | y the Facility owner  |  |  |  |  |
| I am currently not op | erating any Facility  | I p                   | I provide contractual services to the Facility |   |  |  |  |  |
| Please provide the fo | ollowing information about each Facility/Plant that you oper    | rate. Use addtio      | onal pages as needed.                          |   |  |  |  |  |
| Facility / Plant Name |   | Class I               | PDWIS (Water) NPI                              | DES (Wastewater)  |  |  |  |  |
|                       |   |                       |  |   |  |  |  |  |
|                       |   |                       |  |   |  |  |  |  |
|                       |   |                       |  |   |  |  |  |  |
|                       |   |                       |  |   |  |  |  |  |
|                       | (OVER)  |                       |  |   |  |  |  |  |



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| This is page one of a two page  | Operator Certification N                                    | erator Certification Number: <b>0488</b> |   |  |  |  |  |
|---------------------------------|---|--|---|--|--|--|--|
| FRED WALKER Please enter        | you're current address on the lines below and, if necessary | Certification(s)<br>y, below will ex     |   |  |  |  |  |
| correct the C                   | City, state and ZIP Code. Please print legibly.             | The fee to rene certifi                  | w these cations: \$100  |  |  |  |  |
|                                 |   | requirements by                          | olete or submit renewal<br>the expiration date will<br>dditional late fees as<br>ed in Section V. |  |  |  |  |
| I. CERTIFICATES TO              | <u> RENEW:</u>  |  | Training Units  |  |  |  |  |
| Certification Type              | Category  | Class                                    | Required  |  |  |  |  |
| OPERATOR                        | INDUSTRIAL WASTEWATER                                       | 6  | 16  |  |  |  |  |
| OPERATOR                        | WASTEWATER TREATMENT  | 5  | 30  |  |  |  |  |
| OPERATOR                        | WASTEWATER TREATMENT  | А  | 16  |  |  |  |  |
| SUPERINTENDENT                  | INDUSTRIAL WASTEWATER                                       | 6  | 7   |  |  |  |  |
| SUPERINTENDENT                  | WASTEWATER TREATMENT  | 5  | 7   |  |  |  |  |
| SUPERINTENDENT                  | WASTEWATER TREATMENT  | А  | 7   |  |  |  |  |
| II. CURRENT EMPLOY              | MENT INFORMATION  |  |   |  |  |  |  |
| Employer's Name:                |   | Phone #:                                 |   |  |  |  |  |
| Number of Facilities (or Plants | s) that you currently operate:                              | I am employed by the Facility owner      |   |  |  |  |  |
| I am currently not operating an | y Facility  | I provide contractual se                 | rvices to the Facility  |  |  |  |  |
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| Facility / Plant Name           | C   | class PDWIS (Water) NI                   | PDES (Wastewater)   |  |  |  |  |
|                                 |   |  |   |  |  |  |  |
|                                 |   |  |   |  |  |  |  |
|                                 |   |  |   |  |  |  |  |
|                                 |   |  |   |  |  |  |  |
|                                 | (OVER)  |  |   |  |  |  |  |



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|------------------------------------|--|------------|--|--|--|--|--|--|
|                                    | u're current address on the lines below and, if necessar | ry,        | Certification(s) shown below will expire on: 7/1/2 |  |  |  |  |  |
| correct the City                   | , state and ZIP Code. Please print legibly.              |            | The fee to renew certific                          | X 1 (1)(1)   |  |  |  |  |
|                                    |  |            | requirements by result in an ac                    | lete or submit renewal<br>the expiration date will<br>dditional late fees as<br>ed in Section V. |  |  |  |  |
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| Certification Type                 | Category   |            | Class  | Required   |  |  |  |  |
| OPERATOR                           | WASTEWATER TREATMENT                                     |            | Α  | 16   |  |  |  |  |
| TEMPORARY                          | INDUSTRIAL WASTEWATER                                    |            | 2  | 0  |  |  |  |  |
| SUPERINTENDENT                     | WASTEWATER TREATMENT                                     |            | Α  | 7  |  |  |  |  |
| SUPERINTENDENT                     | WASTEWATER TREATMENT                                     |            | 5  | 7  |  |  |  |  |
| SUPERINTENDENT                     | WASTEWATER COLLECTION                                    |            | 2  | 7  |  |  |  |  |
| OPERATOR                           | WASTEWATER TREATMENT                                     |            | 5  | 30   |  |  |  |  |
| OPERATOR                           | WATER TREATMENT  |            | 2  | 16   |  |  |  |  |
| OPERATOR                           | WASTEWATER COLLECTION                                    |            | 2  | 16   |  |  |  |  |
| SUPERINTENDENT                     | WATER TREATMENT  |            | 2  | 7  |  |  |  |  |
| II. CURRENT EMPLOYMI               | ENT INFORMATION  |            |  |  |  |  |  |  |
| Employer's Name:                   |  |            | Phone #:   |  |  |  |  |  |
| Number of Facilities (or Plants) t | hat you currently operate:                               |            | I am employed by                                   | y the Facility owner   |  |  |  |  |
| I am currently not operating any l | Facility   | I pr       | I provide contractual services to the Facility     |  |  |  |  |  |
| Please provide the following info  | ormation about each Facility/Plant that you operate. U   | Jse addtio | onal pages as needed.                              | _  |  |  |  |  |
| Facility / Plant Name              |  | Class P    | PDWIS (Water) NP                                   | DES (Wastewater)   |  |  |  |  |
|                                    |  |            |  |  |  |  |  |  |
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|                                    |  |            |  |  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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|----------------------------------|
| Operator in Responsible Charge:  |

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s, | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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| This is page one o   | f a two page form. Both pages must be completed and return          | red. Ope                                       | erator Certifcation Nu                 | mber: <b>0626</b>  |  |  |  |
|----------------------|---|--|--|--|--|--|--|
|                      | lease enter you're current address on the lines below and, if neces | ssary,   | Certification(s) so<br>below will expi | //1//11/3  |  |  |  |
| co                   | orrect the City, state and ZIP Code. Please print legibly.          |  | The fee to renew certifica             | 950  |  |  |  |
|                      |   |  | requirements by t<br>result in an ad   | ete or submit renewal<br>he expiration date will<br>ditional late fees as<br>I in Section V. |  |  |  |
| I. CERTIFICA         | TES TO RENEW:   |  |  | Training Units   |  |  |  |
| Certification Typ    | oe Category   |  | Class                                  | Required   |  |  |  |
| OPERATOR             | WATER TREATMENT   |  | 4                                      | 30   |  |  |  |
| II. CURRENT E        | MPLOYMENT INFORMATION   |  |  |  |  |  |  |
| Employer's Name:     |   |  | Phone #:                               |  |  |  |  |
| Number of Facilitie  | s (or Plants) that you currently operate:                           | I am employed by the Facility owner            |  |  |  |  |  |
| I am currently not o | perating any Facility   | I provide contractual services to the Facility |  |  |  |  |  |
| Please provide the j | following information about each Facility/Plant that you operate    | e. Use addtion                                 | nal pages as needed.                   | _  |  |  |  |
| Facility / Plant Nam | ne  | Class Pl                                       | DWIS (Water) NPI                       | DES (Wastewater)   |  |  |  |
|                      |   |  |  |  |  |  |  |
|                      |   |  |  | _  |  |  |  |
|                      |   |  |  |  |  |  |  |
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|                      | (OVER)  |  |  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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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    | perator Certifcation Nu                             | ımber: <b>0711</b>                             |   |  |  |  |  |  |
|-----------------------------------|---|--|---|--|--|--|--|--|
| •                                 | ou're current address on the lines below and, if no | ecessary,                                      | Certification(s) shown below will expire on: 7/1/20 |  |  |  |  |  |
| correct the Cit                   | y, state and ZIP Code. Please print legibly.        |  | The fee to renew certification                      | 620  |  |  |  |  |
|                                   |   |  | requirements by t<br>result in an ad                | ete or submit renewal<br>he expiration date will<br>ditional late fees as<br>d in Section V. |  |  |  |  |
| I. CERTIFICATES TO                | RENEW:  |  |   | Training Units   |  |  |  |  |
| Certification Type                | Category  |  | Class   | Required   |  |  |  |  |
| TEMPORARY                         | WATER DISTRIBUTION                                  |  | 1   | 24   |  |  |  |  |
| II. CURRENT EMPLOYM               | ENT INFORMATION                                     |  |   |  |  |  |  |  |
| Employer's Name:                  |   |  | Phone #:  |  |  |  |  |  |
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|                                   |   |  |   |  |  |  |  |  |
|                                   |   |  |   |  |  |  |  |  |
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Page 2

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| This is page one    | of a two page form. Both pages must be co       | Operator Certification        | n Number: <b>0744</b>                          |  |  |  |  |
|---------------------|---|-------------------------------|--|--|--|--|--|
|                     | Please enter you're current address on the line |                               | Certification below will                       | ~ //1//11/3  |  |  |  |
| (                   | correct the City, state and ZIP Code. Please p  | rint legibly.                 | The fee to recent                              | new these ifications: \$100  |  |  |  |
|                     |   |                               | requirements result in a                       | mplete or submit renewal by the expiration date will additional late fees as ribed in Section V. |  |  |  |
|                     | ATES TO RENEW:                                  |                               |  | <b>Training Units</b>  |  |  |  |
| Certification Ty    | pe Category                                     |                               | Class  | Required   |  |  |  |
| OPERATOR            | WASTEWATER T                                    | REATMENT                      | 3  | 30   |  |  |  |
| TEMPORARY           | INDUSTRIAL WAS                                  | STEWATER                      | 2  | 0  |  |  |  |
| II. CURRENT I       | EMPLOYMENT INFORMATION                          |                               |  |  |  |  |  |
| Employer's Name:    |   |                               | Phone #  | :  |  |  |  |
| Number of Faciliti  | es (or Plants) that you currently operate:      |                               | I am employe                                   | d by the Facility owner  |  |  |  |
| I am currently not  | operating any Facility                          | _                             | I provide contractual services to the Facility |  |  |  |  |
| Please provide the  | following information about each Facility/P     | lant that you operate. Use ac | ldtional pages as need                         | led.   |  |  |  |
| Facility / Plant Na | me  | Class                         | PDWIS (Water)                                  | NPDES (Wastewater)   |  |  |  |
|                     |   |                               |  |  |  |  |  |
|                     |   |                               |  |  |  |  |  |
|                     |   |                               |  |  |  |  |  |
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#### **III. CONTINUING EDUCATION:**

Page 2

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| This is page one of   | a two page form. Both pages must be comple          | Operator Certification  | n Number: <b>0</b>                                      | 0749  |            |  |  |  |
|-----------------------|---|-------------------------|---|---|------------|--|--|--|
|                       | ease enter you're current address on the lines bel  |                         |   | Certification(s) shown below will expire on: 7/ |            |  |  |  |
| co                    | rrect the City, state and ZIP Code. Please print le | egibly.                 | The fee to rer  | new these ifications: \$                        | 100        |  |  |  |
|                       |   |                         | Failure to con<br>requirements<br>result in ar<br>descr | ation date will ate fees as                     |            |  |  |  |
|                       | TES TO RENEW:                                       |                         |   |   | ning Units |  |  |  |
| Certification Typ     | e Category  |                         | Class   | Req   | uired      |  |  |  |
| SUPERINTENDENT        | WASTEWATER COLLE                                    | ECTION                  | 2   | 7   |            |  |  |  |
| SUPERINTENDENT        | WATER DISTRIBUTIO                                   | N                       | 1   | 7   |            |  |  |  |
| II. CURRENT E         | MPLOYMENT INFORMATION                               |                         |   |   |            |  |  |  |
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| Facility / Plant Name | e   | Class                   | PDWIS (Water)   | NPDES (Was                                      | tewater)   |  |  |  |
|                       |   |                         |   |   |            |  |  |  |
|                       |   |                         |   |   |            |  |  |  |
|                       |   |                         |   |   |            |  |  |  |
|                       |   |                         |   |   |            |  |  |  |
|                       |   |                         |   |   |            |  |  |  |
|                       | ((  | OVER)                   |   |   |            |  |  |  |



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| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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

| This is page one o   | f a two page form. Both pages must be o       | ompleted and returned.         | Operator Certification N   | Number: <b>0837</b>    |  |  |  |  |  |
|----------------------|---|--------------------------------|--|------------------------|--|--|--|--|--|
|                      | lease enter you're current address on the lin | •                              | Certification(s) below will ex   | //1//11/3              |  |  |  |  |  |
| co                   | orrect the City, state and ZIP Code. Please   | print legibly.                 | The fee to renevertific  | w these cations: \$100 |  |  |  |  |  |
|                      |   |                                | Failure to complete or submit renewa requirements by the expiration date we result in an additional late fees as described in Section V. |                        |  |  |  |  |  |
| I. CERTIFICA         | TES TO RENEW:                                 |                                |  | Training Units         |  |  |  |  |  |
| Certification Typ    | oe Category                                   |                                | Class  | Required               |  |  |  |  |  |
| OPERATOR             | WATER DISTRII                                 | BUTION                         | 1  | 16                     |  |  |  |  |  |
| OPERATOR             | WASTEWATER                                    | COLLECTION                     | 2  | 16                     |  |  |  |  |  |
| II. CURRENT E        | MPLOYMENT INFORMATION                         |                                |  |                        |  |  |  |  |  |
| Employer's Name:     |   |                                | Phone #:   |                        |  |  |  |  |  |
| Number of Facilitie  | s (or Plants) that you currently operate:     |                                | I am employed l  | by the Facility owner  |  |  |  |  |  |
| I am currently not o | perating any Facility                         |                                | I provide contractual se   | rvices to the Facility |  |  |  |  |  |
| Please provide the j | following information about each Facility,    | Plant that you operate. Use ad | dtional pages as needea  | <i></i>                |  |  |  |  |  |
| Facility / Plant Nam | e   | Class                          | PDWIS (Water) NI   | PDES (Wastewater)      |  |  |  |  |  |
|                      |   |                                |  |                        |  |  |  |  |  |
|                      |   |                                |  |                        |  |  |  |  |  |
|                      |   |                                |  |                        |  |  |  |  |  |
| _                    |   |                                |  |                        |  |  |  |  |  |
|                      |   |                                |  |                        |  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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|----------------------------------|
| 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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| This is page one of   | a two page form. Both pages must be completed and ret         | t <b>urned.</b> Op | erator Certifcation Nu  | mber: <b>1002</b>     |  |  |  |  |
|-----------------------|---|--------------------|---|-----------------------|--|--|--|--|
|                       | ase enter you're current address on the lines below and, if n | necessary,         | Certification(s) si<br>below will expi  |                       |  |  |  |  |
| cor                   | rect the City, state and ZIP Code. Please print legibly.      |                    | The fee to renew certification  |                       |  |  |  |  |
|                       |   |                    | Failure to complete or submit rene<br>requirements by the expiration date<br>result in an additional late fees a<br>described in Section V. |                       |  |  |  |  |
|                       | <u>ΓES TO RENEW:</u>  |                    |   | <b>Training Units</b> |  |  |  |  |
| Certification Type    | e Category  |                    | Class   | Required              |  |  |  |  |
| OPERATOR              | WASTEWATER TREATMENT  |                    | 5   | 30                    |  |  |  |  |
| OPERATOR              | WATER TREATMENT   |                    | 2   | 16                    |  |  |  |  |
| II. CURRENT EN        | IPLOYMENT INFORMATION   |                    |   |                       |  |  |  |  |
| Employer's Name:      |   |                    | Phone #:  |                       |  |  |  |  |
| Number of Facilities  | (or Plants) that you currently operate:                       |                    | I am employed by  | the Facility owner    |  |  |  |  |
| I am currently not op | erating any Facility  | I pı               | I provide contractual services to the Facility  |                       |  |  |  |  |
| Please provide the fo | llowing information about each Facility/Plant that you ope    | erate. Use addtio  | onal pages as needed.   |                       |  |  |  |  |
| Facility / Plant Name |   | Class F            | PDWIS (Water) NPI   | DES (Wastewater)      |  |  |  |  |
|                       |   |                    |   |                       |  |  |  |  |
|                       |   |                    |   |                       |  |  |  |  |
|                       |   |                    |   |                       |  |  |  |  |
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|                       |   |                    |   |                       |  |  |  |  |
|                       | (OVER)  |                    |   |                       |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| Operator in Responsible Charge:  |

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| This is page one of   | a two page form. Both pages must be completed and retu         | perator Certifcation Nu | mber: <b>10075</b>   |                       |  |  |  |
|-----------------------|--|-------------------------|--|-----------------------|--|--|--|
|                       | ase enter you're current address on the lines below and, if ne | cessary,                | Certification(s) sl<br>below will expi   |                       |  |  |  |
| cor                   | rect the City, state and ZIP Code. Please print legibly.       |                         | The fee to renew certifica   | \$50                  |  |  |  |
|                       |  |                         | Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. |                       |  |  |  |
| I. CERTIFICAT         | TES TO RENEW:  |                         |  | <b>Training Units</b> |  |  |  |
| Certification Type    | e Category   |                         | Class  | Required              |  |  |  |
| TEMPORARY             | INDUSTRIAL WASTEWATER  |                         | 2  | 0                     |  |  |  |
| II. CURRENT EM        | IPLOYMENT INFORMATION  |                         |  |                       |  |  |  |
| Employer's Name:      |  |                         | Phone #:   |                       |  |  |  |
| Number of Facilities  | (or Plants) that you currently operate:                        |                         | I am employed by   | the Facility owner    |  |  |  |
| I am currently not op | erating any Facility   | I pı                    | rovide contractual serv  | vices to the Facility |  |  |  |
| Please provide the fo | llowing information about each Facility/Plant that you oper    | ate. Use addtio         | onal pages as needed.  |                       |  |  |  |
| Facility / Plant Name |  | Class F                 | PDWIS (Water) NPD  | DES (Wastewater)      |  |  |  |
|                       |  |                         |  |                       |  |  |  |
|                       |  |                         |  |                       |  |  |  |
|                       |  |                         |  |                       |  |  |  |
|                       |  |                         |  |                       |  |  |  |
|                       |  |                         |  |                       |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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| This is page one of  | of a two page form. Both pages must be completed and retu         | urned. Op        | erator Certifcation Nu   | mber: <b>10076</b>    |  |  |  |  |
|----------------------|---|------------------|--|-----------------------|--|--|--|--|
|                      | Please enter you're current address on the lines below and, if ne | ecessary,        | Certification(s) s<br>below will expi  | //1/////              |  |  |  |  |
| c                    | orrect the City, state and ZIP Code. Please print legibly.        |                  | The fee to renew certification   |                       |  |  |  |  |
|                      |   |                  | Failure to complete or submit ren requirements by the expiration day result in an additional late fees described in Section V. |                       |  |  |  |  |
|                      | ATES TO RENEW:  |                  |  | <b>Training Units</b> |  |  |  |  |
| Certification Ty     | pe Category   |                  | Class  | Required              |  |  |  |  |
| TEMPORARY            | WASTEWATER TREATMENT  |                  | 5  | 45                    |  |  |  |  |
| TEMPORARY            | WASTEWATER TREATMENT  |                  | Α  | 24                    |  |  |  |  |
| II. CURRENT E        | EMPLOYMENT INFORMATION  |                  |  |                       |  |  |  |  |
| Employer's Name:     |   |                  | Phone #:   |                       |  |  |  |  |
| Number of Facilitie  | es (or Plants) that you currently operate:                        |                  | I am employed by   | the Facility owner    |  |  |  |  |
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| Facility / Plant Nar | ne  | Class P          | DWIS (Water) NPI   | DES (Wastewater)      |  |  |  |  |
|                      |   |                  |  |                       |  |  |  |  |
|                      |   |                  |  |                       |  |  |  |  |
|                      |   |                  |  |                       |  |  |  |  |
|                      |   |                  |  |                       |  |  |  |  |
|                      |   |                  |  |                       |  |  |  |  |
|                      | (OVER)  |                  |  |                       |  |  |  |  |



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| Operator in Responsible Charge:  |

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| This is page one of a two page  | erator Certifcation Nu                                 | mber: 10082    |  |  |  |  |  |  |
|---------------------------------|--|----------------|--|--|--|--|--|--|
|                                 | you're current address on the lines below and, if nece | essary,        | hown 7/1/2023                                  |  |  |  |  |  |
| correct the C                   | City, state and ZIP Code. Please print legibly.        |                | The fee to renew certification                 | 620  |  |  |  |  |
|                                 |  |                | requirements by t<br>result in an ad           | ete or submit renewal<br>he expiration date will<br>ditional late fees as<br>d in Section V. |  |  |  |  |
| I. CERTIFICATES TO              | O RENEW:   |                |  | Training Units   |  |  |  |  |
| Certification Type              | Category   |                | Class  | Required   |  |  |  |  |
| TEMPORARY                       | INDUSTRIAL WASTEWATER                                  |                | 2  | 0  |  |  |  |  |
| II. CURRENT EMPLOY              | MENT INFORMATION                                       |                |  |  |  |  |  |  |
| Employer's Name:                |  |                | Phone #:                                       |  |  |  |  |  |
| Number of Facilities (or Plants | s) that you currently operate:                         |                | I am employed by                               | the Facility owner   |  |  |  |  |
| I am currently not operating an | ny Facility  | I pro          | I provide contractual services to the Facility |  |  |  |  |  |
| Please provide the following in | nformation about each Facility/Plant that you operat   | e. Use addtion | ıal pages as needed.                           |  |  |  |  |  |
| Facility / Plant Name           |  | Class PI       | OWIS (Water) NPI                               | DES (Wastewater)   |  |  |  |  |
|                                 |  |                |  |  |  |  |  |  |
|                                 |  |                |  |  |  |  |  |  |
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|                                 |  |                |  |  |  |  |  |  |
|                                 |  |                |  |  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

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| Name and Certification Number of |
|----------------------------------|
| Operator in Responsible Charge:  |

## 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: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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| This is page one    | of a two page form. Both pages must be completed and retur               | ned. Ope        | erator Certifcation Nu                         | mber: <b>10107</b>   |  |  |  |
|---------------------|--|-----------------|--|--|--|--|--|
|                     | Please enter you're current address on the lines below and, if necessary | essary,         | Certification(s) sl<br>below will expi         |  |  |  |  |
| (                   | correct the City, state and ZIP Code. Please print legibly.              |                 | The fee to renew certification                 | 150  |  |  |  |
|                     |  |                 | requirements by t                              | ete or submit renewal<br>he expiration date will<br>ditional late fees as<br>I in Section V. |  |  |  |
| I. CERTIFICA        | ATES TO RENEW:   |                 |  | <b>Training Units</b>  |  |  |  |
| Certification Ty    | ype Category   |                 | Class  | Required   |  |  |  |
| OPERATOR            | WASTEWATER TREATMENT   |                 | 5  | 30   |  |  |  |
| OPERATOR            | WASTEWATER TREATMENT   |                 | А  | 16   |  |  |  |
| II. CURRENT I       | EMPLOYMENT INFORMATION   |                 |  |  |  |  |  |
| Employer's Name:    |  |                 | Phone #:                                       |  |  |  |  |
| Number of Faciliti  | ies (or Plants) that you currently operate:                              |                 | I am employed by                               | the Facility owner   |  |  |  |
| I am currently not  | operating any Facility   | I pro           | I provide contractual services to the Facility |  |  |  |  |
| Please provide the  | e following information about each Facility/Plant that you opera         | te. Use addtion | nal pages as needed.                           |  |  |  |  |
| Facility / Plant Na | me   | Class PI        | OWIS (Water) NPD                               | DES (Wastewater)   |  |  |  |
|                     |  |                 |  |  |  |  |  |
|                     |  |                 |  |  |  |  |  |
|                     |  |                 |  |  |  |  |  |
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|                     |  |                 |  |  |  |  |  |
|                     | (OVER)   |                 |  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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| This is page on            | e of a two page form. Both pages must be completed and returne        | erator Certifcation N | Tumber: 10111                                  |   |  |  |  |  |
|----------------------------|---|-----------------------|--|---|--|--|--|--|
| BENJAMIN W                 | Please enter you're current address on the lines below and, if necess | sary,                 | Certification(s)<br>below will exp             |   |  |  |  |  |
|                            | correct the City, state and ZIP Code. Please print legibly.           |                       | The fee to renew certific                      | v these cations: \$100  |  |  |  |  |
|                            |   |                       | requirements by<br>result in an a              | olete or submit renewal<br>the expiration date will<br>dditional late fees as<br>ed in Section V. |  |  |  |  |
| I. CERTIFIC                | CATES TO RENEW:   |                       |  | Training Units  |  |  |  |  |
| Certification <sup>-</sup> | Type Category   |                       | Class  | Required  |  |  |  |  |
| OPERATOR                   | WATER TREATMENT   |                       | 3  | 30  |  |  |  |  |
| OPERATOR                   | WASTEWATER TREATMENT  |                       | 3  | 30  |  |  |  |  |
| TEMPORARY                  | WASTEWATER TREATMENT  |                       | 5  | 45  |  |  |  |  |
| TEMPORARY                  | WASTEWATER TREATMENT  |                       | Α  | 24  |  |  |  |  |
| II. CURRENT                | EMPLOYMENT INFORMATION  |                       |  |   |  |  |  |  |
| Employer's Nam             | e:  |                       | Phone #:                                       |   |  |  |  |  |
| Number of Facil            | ities (or Plants) that you currently operate:                         |                       | I am employed by the Facility owner            |   |  |  |  |  |
| I am currently no          | ot operating any Facility   | I pro                 | I provide contractual services to the Facility |   |  |  |  |  |
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| Facility / Plant N         | Jame  | Class PI              | OWIS (Water) NP                                | PDES (Wastewater)   |  |  |  |  |
|                            |   |                       |  |   |  |  |  |  |
|                            |   |                       |  |   |  |  |  |  |
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|                            | (OVER)  |                       |  |   |  |  |  |  |
|                            | (OVER)  |                       |  |   |  |  |  |  |



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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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| Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708 |                            |                         |  |  |  |  |  |  |  |
| * AN INCOMPLETE A  | APPLICATION WILL B         | E RETURNED *            |  |  |  |  |  |  |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one    | of a two page form. Both pag      | erator Certification                | 0113   |                              |  |             |  |  |
|---------------------|-----------------------------------|-------------------------------------|--|------------------------------|--|-------------|--|--|
|                     | Please enter you're current add   | ress on the lines below and, if nec | essary,  |                              | Certification(s) shown below will expire on: 7/1,  |             |  |  |
| (                   | correct the City, state and ZIP   | Code. Please print legibly.         |  | The fee to rene certif       | ew these fications:  | 550         |  |  |
|                     |                                   |                                     |  | requirements by result in an | lure to complete or submirements by the expirations and additional late described in Section |             |  |  |
| I. CERTIFICA        | ATES TO RENEW:                    |                                     |  |                              |  | ining Units |  |  |
| Certification Ty    | rpe Ca                            | tegory                              |  | Class                        |  | quired      |  |  |
| TEMPORARY           | WA                                | STEWATER TREATMENT                  |  | S                            | 24   |             |  |  |
| II. CURRENT I       | EMPLOYMENT INFORM                 | MATION                              |  |                              |  |             |  |  |
| Employer's Name:    |                                   |                                     |  | Phone #:                     |  |             |  |  |
| Number of Faciliti  | es (or Plants) that you currently | y operate:                          | I am employed by the Facility owner            |                              |  |             |  |  |
| I am currently not  | operating any Facility            | <del></del>                         | I provide contractual services to the Facility |                              |  |             |  |  |
| Please provide the  | following information about       | each Facility/Plant that you opera  | te. Use addtio                                 | onal pages as neede          | ed.  |             |  |  |
| Facility / Plant Na | me                                |                                     | Class F  | PDWIS (Water) N              | IPDES (Wa  | stewater)   |  |  |
|                     |                                   |                                     |  |                              |  |             |  |  |
|                     |                                   |                                     |  |                              |  |             |  |  |
|                     |                                   |                                     |  |                              |  |             |  |  |
|                     |                                   |                                     |  |                              |  |             |  |  |
|                     |                                   |                                     |  |                              |  |             |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| This is page one of   | a two page form. Both pages must be completed and         | perator Certification N | umber: <b>10129</b>                            |   |  |  |  |  |
|-----------------------|---|-------------------------|--|---|--|--|--|--|
|                       | ease enter you're current address on the lines below and, | if necessary,           | Certification(s) s<br>below will exp           |   |  |  |  |  |
| co                    | rrect the City, state and ZIP Code. Please print legibly. |                         | The fee to renew certific                      | \$50  |  |  |  |  |
|                       |   |                         | requirements by result in an ac                | lete or submit renewal<br>the expiration date will<br>lditional late fees as<br>d in Section V. |  |  |  |  |
| I. CERTIFICA          | ΓES TO RENEW:   |                         | 40501100                                       | Training Units  |  |  |  |  |
| Certification Typ     | e Category  |                         | Class  | Required  |  |  |  |  |
| TEMPORARY             | INDUSTRIAL WASTEWATER                                     |                         | 5  | 45  |  |  |  |  |
| II. CURRENT EN        | APLOYMENT INFORMATION                                     |                         |  |   |  |  |  |  |
| Employer's Name:      |   |                         | Phone #:                                       |   |  |  |  |  |
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| Please provide the fo | ollowing information about each Facility/Plant that you   | operate. Use addtie     | onal pages as needed.                          | _   |  |  |  |  |
| Facility / Plant Name |   | Class I                 | PDWIS (Water) NP                               | DES (Wastewater)  |  |  |  |  |
|                       |   |                         |  |   |  |  |  |  |
|                       |   |                         |  |   |  |  |  |  |
|                       |   |                         |  |   |  |  |  |  |
|                       |   |                         |  |   |  |  |  |  |
|                       |   |                         |  |   |  |  |  |  |



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| Name and Certification Number of |
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| Operator in Responsible Charge:  |

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| Applicant's Signature  | Date                       |                         |  |  |  |  |  |  |  |
|--|----------------------------|-------------------------|--|--|--|--|--|--|--|
| Last 4 digits of Social Security Number  | Email Address              |                         |  |  |  |  |  |  |  |
| Make checks payable to: Marylar  | nd Board of Waterworks and | Waste Systems Operators |  |  |  |  |  |  |  |
| Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708 |                            |                         |  |  |  |  |  |  |  |
| * AN INCOMPLETE A  | APPLICATION WILL B         | E RETURNED *            |  |  |  |  |  |  |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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| This is page on            | e of a two page form. Both pages mus       | erator Certification             | ator Certification Number:                     |   |                     |               |  |  |
|----------------------------|--|----------------------------------|--|---|---------------------|---------------|--|--|
| JAI DIXON                  | Please enter you're current address on     | ry,                              | Certification(s<br>below will ex               |   | 7/1/2023            |               |  |  |
|                            | correct the City, state and ZIP Code. P    | lease print legibly.             |  | The fee to rene certif  | ew these fications: | \$50          |  |  |
|                            |  |                                  |  | Failure to complete or submit re- requirements by the expiration da result in an additional late fees described in Section V. |                     |               |  |  |
| I. CERTIFIC                | CATES TO RENEW:                            |                                  |  |   |                     | raining Units |  |  |
| Certification <sup>1</sup> | Type Category                              |                                  |  | Class   |                     | equired       |  |  |
| OPERATOR                   | WATER TR                                   | EATMENT                          |  | 1   | 16                  | õ             |  |  |
| II. CURRENT                | EMPLOYMENT INFORMATION                     | ON                               |  |   |                     |               |  |  |
| Employer's Nam             | e:   |                                  |  | Phone #:  |                     |               |  |  |
| Number of Facil            | ities (or Plants) that you currently opera | te:                              | I am employed by the Facility owner            |   |                     |               |  |  |
| I am currently no          | ot operating any Facility                  |                                  | I provide contractual services to the Facility |   |                     |               |  |  |
| Please provide t           | he following information about each Fa     | cility/Plant that you operate. U | Jse addtior                                    | nal pages as neede  | ed.                 |               |  |  |
| Facility / Plant N         | Jame                                       | (                                | Class Pl                                       | OWIS (Water) N  | IPDES (W            | /astewater)   |  |  |
|                            |  |                                  |  |   |                     |               |  |  |
|                            |  |                                  |  |   |                     |               |  |  |
|                            |  |                                  |  |   |                     |               |  |  |
|                            |  |                                  |  |   |                     |               |  |  |
|                            |  |                                  |  |   |                     |               |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| This is page one o   | f a two page form. Both pages must be      | Operator Certifcat              | erator Certification Number:                   |  |               |  |  |  |  |
|----------------------|--|---------------------------------|--|--|---------------|--|--|--|--|
|                      | lease enter you're current address on the  |                                 |  | Certification(s) shown below will expire on: 7/1,  |               |  |  |  |  |
| co                   | orrect the City, state and ZIP Code. Pleas | e print legibly.                |  | renew these ertifications:   | \$50          |  |  |  |  |
|                      |  |                                 | requiremen                                     | Failure to complete or submit requirements by the expiration result in an additional late f described in Section V |               |  |  |  |  |
| I. CERTIFICA         | TES TO RENEW:                              |                                 |  |  | raining Units |  |  |  |  |
| Certification Typ    | oe Category                                |                                 | Class  |  | Required      |  |  |  |  |
| OPERATOR             | INDUSTRIAL V                               | VASTEWATER                      | 5  | 3  | 80            |  |  |  |  |
| II. CURRENT E        | MPLOYMENT INFORMATION                      |                                 |  |  |               |  |  |  |  |
| Employer's Name:     |  |                                 | Phone  | e #:   |               |  |  |  |  |
| Number of Facilitie  | s (or Plants) that you currently operate:  |                                 | I am employed by the Facility owner            |  |               |  |  |  |  |
| I am currently not o | perating any Facility                      |                                 | I provide contractual services to the Facility |  |               |  |  |  |  |
| Please provide the   | following information about each Facilit   | y/Plant that you operate. Use a | uddtional pages as n                           | eeded.   |               |  |  |  |  |
| Facility / Plant Nam | e  | Class                           | s PDWIS (Water)                                | NPDES (V   | Wastewater)   |  |  |  |  |
|                      |  |                                 |  |  |               |  |  |  |  |
|                      |  |                                 |  |  |               |  |  |  |  |
|                      |  |                                 |  |  |               |  |  |  |  |
|                      |  |                                 |  |  |               |  |  |  |  |
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Page 2

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| This is page one of     | of a two page form. Both pages must be completed and retur         | ned. Opera       | ator Certifcation Nu                           | ımber: <b>11114</b>   |  |  |  |  |
|-------------------------|--|------------------|--|---|--|--|--|--|
|                         | Please enter you're current address on the lines below and, if nec | essary,          | Certification(s) si<br>below will expi         |   |  |  |  |  |
| c                       | correct the City, state and ZIP Code. Please print legibly.        |                  | The fee to renew certification                 | 150   |  |  |  |  |
|                         |  |                  | requirements by t<br>result in an ad           | ete or submit renewal<br>the expiration date will<br>ditional late fees as<br>d in Section V. |  |  |  |  |
| I. CERTIFICA            | ATES TO RENEW:   |                  |  | <b>Training Units</b>   |  |  |  |  |
| <b>Certification Ty</b> | pe Category  |                  | Class  | Required  |  |  |  |  |
| TEMPORARY               | WASTEWATER TREATMENT   |                  | 5  | 45  |  |  |  |  |
| TEMPORARY               | WASTEWATER TREATMENT   |                  | Α  | 24  |  |  |  |  |
| II. CURRENT E           | EMPLOYMENT INFORMATION   |                  |  |   |  |  |  |  |
| Employer's Name:        |  |                  | Phone #:                                       |   |  |  |  |  |
| Number of Facilities    | es (or Plants) that you currently operate:                         |                  | I am employed by the Facility owner            |   |  |  |  |  |
| I am currently not o    | operating any Facility   | I prov           | I provide contractual services to the Facility |   |  |  |  |  |
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| Facility / Plant Nan    | me   | Class PDV        | WIS (Water) NPI                                | DES (Wastewater)  |  |  |  |  |
|                         |  |                  |  |   |  |  |  |  |
|                         |  |                  |  |   |  |  |  |  |
|                         |  |                  |  |   |  |  |  |  |
|                         |  |                  |  |   |  |  |  |  |
|                         |  |                  |  |   |  |  |  |  |
|                         | (OVER)   |                  |  |   |  |  |  |  |



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Page 2

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|---------------------|--|-------------------------|-----------------------------------|---|
|                     | Please enter you're current address on the lines below ar  |                         | Certification(s)<br>below will ex |   |
|                     | correct the City, state and ZIP Code. Please print legibly | y.                      | The fee to rene certifi           | w these cations: \$100  |
|                     |  |                         | — requirements by result in an a  | plete or submit renewal<br>the expiration date will<br>additional late fees as<br>sed in Section V. |
| I. CERTIFIC         | ATES TO RENEW:   |                         |                                   | <b>Training Units</b>   |
| Certification T     | ype Category   |                         | Class                             | Required  |
| TEMPORARY           | INDUSTRIAL WASTEWATE                                       | ER .                    | 2                                 | 0   |
| TEMPORARY           | WATER TREATMENT  |                         | 4                                 | 45  |
| II. CURRENT         | EMPLOYMENT INFORMATION                                     |                         |                                   |   |
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| Facility / Plant Na | nme  | Class                   | PDWIS (Water) NI                  | PDES (Wastewater)   |
|                     |  |                         |                                   |   |
|                     |  |                         |                                   |   |
|                     |  |                         |                                   |   |
|                     |  |                         |                                   |   |
|                     |  |                         |                                   |   |
|                     | (OVEF  | (5)                     |                                   |   |



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|-----------------------|--|--------------------------------------|---|------------------|--|--|--|--|
|                       | ease enter you're current address on the lines below and | •                                    | Certification(s) s<br>below will exp  |                  |  |  |  |  |
| con                   | rrect the City, state and ZIP Code. Please print legibly |                                      | The fee to renew certification  | \$50             |  |  |  |  |
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| I. CERTIFICAT         | <u>ΓES TO RENEW:</u>                                     |                                      |   | Training Units   |  |  |  |  |
| Certification Typ     | e Category   |                                      | Class   | Required         |  |  |  |  |
| OPERATOR              | WATER TREATMENT  |                                      | 2   | 16               |  |  |  |  |
| II. CURRENT EN        | MPLOYMENT INFORMATION                                    |                                      |   |                  |  |  |  |  |
| Employer's Name:      |  |                                      | Phone #:  |                  |  |  |  |  |
| Number of Facilities  | (or Plants) that you currently operate:                  |                                      | I am employed by the Facility owner   |                  |  |  |  |  |
| I am currently not op | perating any Facility                                    | I pr                                 | I provide contractual services to the Facility  |                  |  |  |  |  |
| Please provide the fo | ollowing information about each Facility/Plant that yo   | ou operate. Use addtio               | nal pages as needed.  |                  |  |  |  |  |
| Facility / Plant Name |  | Class P                              | DWIS (Water) NPI  | DES (Wastewater) |  |  |  |  |
|                       |  |                                      |   |                  |  |  |  |  |
|                       |  |                                      |   |                  |  |  |  |  |
|                       |  |                                      |   |                  |  |  |  |  |
|                       |  |                                      |   |                  |  |  |  |  |
|                       |  |                                      |   |                  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

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|----------------------------------|
| Operator in Responsible Charge:  |

## V. LATE FEES AND REINSTATEMENT

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

| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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

| This is page one of a  | a two page form. Both pages must be con      | Operator Certifcation          | n Number: <b>11384</b>                         |   |  |  |  |  |
|------------------------|--|--------------------------------|--|---|--|--|--|--|
|                        | ase enter you're current address on the line |                                | Certification below will                       |   |  |  |  |  |
| cor                    | rect the City, state and ZIP Code. Please pr | int legibly.                   | The fee to recent                              | new these ifications: \$50  |  |  |  |  |
|                        |  |                                | — requirements result in a                     | mplete or submit renewal<br>by the expiration date will<br>additional late fees as<br>bibed in Section V. |  |  |  |  |
| I. CERTIFICAT          | ES TO RENEW:                                 |                                |  | Training Units  |  |  |  |  |
| Certification Type     | Category                                     |                                | Class  | Required  |  |  |  |  |
| TEMPORARY              | WASTEWATER TE                                | REATMENT                       | 5  | 45  |  |  |  |  |
| II. CURRENT EM         | IPLOYMENT INFORMATION                        |                                |  |   |  |  |  |  |
| Employer's Name:       |  |                                | Phone #  | :   |  |  |  |  |
| Number of Facilities   | (or Plants) that you currently operate:      | _                              | I am employe                                   | d by the Facility owner   |  |  |  |  |
| I am currently not ope | erating any Facility                         | _                              | I provide contractual services to the Facility |   |  |  |  |  |
| Please provide the fo  | llowing information about each Facility/Pa   | lant that you operate. Use add | ltional pages as need                          | led.  |  |  |  |  |
| Facility / Plant Name  |  | Class                          | PDWIS (Water)                                  | NPDES (Wastewater)  |  |  |  |  |
|                        |  |                                |  |   |  |  |  |  |
|                        |  |                                |  |   |  |  |  |  |
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|                        |  |                                |  |   |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| Operator in Responsible Charge:  |

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| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| This is page one o   | of a two page form. Both pages must be completed and       | perator Certifcation Nu | ımber: <b>11399</b>                            |  |  |  |  |  |
|----------------------|--|-------------------------|--|--|--|--|--|--|
|                      | lease enter you're current address on the lines below and, | if necessary,           | Certification(s) s<br>below will exp           |  |  |  |  |  |
| co                   | orrect the City, state and ZIP Code. Please print legibly. |                         | The fee to renew certification                 | \$5A   |  |  |  |  |
|                      |  |                         | requirements by t<br>result in an ad           | ete or submit renewal<br>the expiration date will<br>lditional late fees as<br>d in Section V. |  |  |  |  |
| I. CERTIFICA         | ATES TO RENEW:   |                         |  | Training Units   |  |  |  |  |
| Certification Type   | pe Category  |                         | Class  | Required   |  |  |  |  |
| TEMPORARY            | WASTEWATER COLLECTION                                      |                         | 2  | 24   |  |  |  |  |
| II. CURRENT E        | MPLOYMENT INFORMATION                                      |                         |  |  |  |  |  |  |
| Employer's Name:     |  |                         | Phone #:                                       |  |  |  |  |  |
| Number of Facilitie  | es (or Plants) that you currently operate:                 |                         | I am employed by the Facility owner            |  |  |  |  |  |
| I am currently not o | operating any Facility                                     | I pi                    | I provide contractual services to the Facility |  |  |  |  |  |
| Please provide the   | following information about each Facility/Plant that you   | operate. Use addtio     | onal pages as needed.                          |  |  |  |  |  |
| Facility / Plant Nam | ne   | Class I                 | PDWIS (Water) NPI                              | DES (Wastewater)   |  |  |  |  |
|                      |  |                         |  |  |  |  |  |  |
|                      |  |                         |  |  |  |  |  |  |
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|                      | (OVER)   |                         |  |  |  |  |  |  |



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Page 2

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| Operator in Responsible Charge:  |

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| This is page on            | e of a two page form. Both pages must be completed      | Operator Certification Nun | nber: <b>11400</b>                             |  |  |  |  |  |
|----------------------------|---|----------------------------|--|--|--|--|--|--|
| ALEXANDER                  | Please enter you're current address on the lines below  |                            | Certification(s) sho<br>below will expire      |  |  |  |  |  |
|                            | correct the City, state and ZIP Code. Please print legi | bly.                       | The fee to renew the certification             | (51)   |  |  |  |  |
|                            |   |                            | — requirements by the result in an addi        | e or submit renewal<br>e expiration date will<br>itional late fees as<br>in Section V. |  |  |  |  |
|                            | CATES TO RENEW:   |                            |  | <b>Training Units</b>  |  |  |  |  |
| Certification <sup>7</sup> | Type Category   |                            | Class  | Required   |  |  |  |  |
| TEMPORARY                  | WASTEWATER TREATM                                       | ENT                        | 5  | 45   |  |  |  |  |
| TEMPORARY                  | WASTEWATER TREATM                                       | ENT                        | А  | 24   |  |  |  |  |
| II. CURRENT                | FEMPLOYMENT INFORMATION                                 |                            |  |  |  |  |  |  |
| Employer's Nam             | e:  |                            | Phone #:                                       |  |  |  |  |  |
| Number of Facil            | ities (or Plants) that you currently operate:           |                            | I am employed by the Facility owner            |  |  |  |  |  |
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| Please provide t           | he following information about each Facility/Plant tha  | t you operate. Use ada     | ltional pages as needed.                       | _  |  |  |  |  |
| Facility / Plant N         | Name  | Class                      | PDWIS (Water) NPDE                             | ES (Wastewater)  |  |  |  |  |
|                            |   |                            |  |  |  |  |  |  |
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|                            | (OV   | ER)                        |  |  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| Operator in Responsible Charge:  |

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| This is page one of   | a two page form. Both pages m       | perator Certification         | 11401  |                              |   |              |  |  |
|-----------------------|-------------------------------------|-------------------------------|--|------------------------------|---|--------------|--|--|
|                       | ease enter you're current address o |                               | essary,  | Certification(s below will e | 7/1/2023  |              |  |  |
| co                    | rrect the City, state and ZIP Code. | Please print legibly.         |  | The fee to ren certi         | ew these fications:   | \$50         |  |  |
|                       |                                     |                               |  | requirements bresult in an   | submit renewal iration date will all late fees as ection V. |              |  |  |
| I. CERTIFICA          | TES TO RENEW:                       |                               |  |                              |   | aining Units |  |  |
| Certification Typ     | e Categor                           | γ                             |  | Class                        |   | equired      |  |  |
| TEMPORARY             | INDUSTF                             | RIAL WASTEWATER               |  | 2                            | 0   |              |  |  |
| II. CURRENT E         | MPLOYMENT INFORMAT                  | ION                           |  |                              |   |              |  |  |
| Employer's Name:      |                                     |                               |  | Phone #:                     |   |              |  |  |
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| Facility / Plant Nam  | e                                   |                               | Class I  | PDWIS (Water) N              | NPDES (W  | astewater)   |  |  |
|                       |                                     |                               |  |                              |   |              |  |  |
|                       |                                     |                               |  |                              |   |              |  |  |
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|                       |                                     |                               |  |                              |   |              |  |  |
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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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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

#### VII. APPLICANT'S STATEMENT

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- I 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: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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

| This is page one of a two    | page form. Both pages must be completed and returne           | erator Certifcation Nu                         | mber: 11402  |                  |  |  |  |  |
|------------------------------|---|--|--|------------------|--|--|--|--|
|                              | nter you're current address on the lines below and, if necess | sary,  | Certification(s) so<br>below will expi   |                  |  |  |  |  |
| correct th                   | he City, state and ZIP Code. Please print legibly.            |  | The fee to renew certification   | \$50             |  |  |  |  |
|                              |   |  | Failure to complete or submit renews requirements by the expiration date we result in an additional late fees as described in Section V. |                  |  |  |  |  |
| I. CERTIFICATES              | TO RENEW:   |  |  | Training Units   |  |  |  |  |
| Certification Type           | Category  |  | Class  | Required         |  |  |  |  |
| TEMPORARY                    | INDUSTRIAL WASTEWATER   |  | 2  | 0                |  |  |  |  |
| II. CURRENT EMPLO            | DYMENT INFORMATION  |  |  |                  |  |  |  |  |
| Employer's Name:             |   |  | Phone #:   |                  |  |  |  |  |
| Number of Facilities (or Pl  | lants) that you currently operate:                            | I am employed by the Facility owner            |  |                  |  |  |  |  |
| I am currently not operating | g any Facility  | I provide contractual services to the Facility |  |                  |  |  |  |  |
| Please provide the following | ng information about each Facility/Plant that you operate.    | . Use addtio                                   | onal pages as needed.  | _                |  |  |  |  |
| Facility / Plant Name        |   | Class P  | PDWIS (Water) NPI  | DES (Wastewater) |  |  |  |  |
|                              |   |  |  |                  |  |  |  |  |
|                              |   |  |  |                  |  |  |  |  |
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|                              |   |  |  |                  |  |  |  |  |
|                              |   |  |  |                  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

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| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| This is page one of a    | two page form. Both pages must be completed and retu         | perator Certifcation N                         | umber: <b>11403</b>                  |   |  |  |  |  |
|--------------------------|--|--|--------------------------------------|---|--|--|--|--|
|                          | e enter you're current address on the lines below and, if no | ecessary,                                      | Certification(s) s<br>below will exp |   |  |  |  |  |
| corre                    | ct the City, state and ZIP Code. Please print legibly.       |  | The fee to renew certific            | \$50  |  |  |  |  |
|                          |  |  | requirements by result in an ac      | lete or submit renewal<br>the expiration date will<br>lditional late fees as<br>d in Section V. |  |  |  |  |
| I. CERTIFICATE           | ES TO RENEW:   |  |                                      | Training Units  |  |  |  |  |
| Certification Type       | Category   |  | Class                                | Required  |  |  |  |  |
| TEMPORARY                | INDUSTRIAL WASTEWATER  |  | 2                                    | 0   |  |  |  |  |
| II. CURRENT EMI          | PLOYMENT INFORMATION   |  |                                      |   |  |  |  |  |
| Employer's Name:         |  |  | Phone #:                             |   |  |  |  |  |
| Number of Facilities (o  | r Plants) that you currently operate:                        |  | I am employed by the Facility owner  |   |  |  |  |  |
| I am currently not opera | ating any Facility   | I provide contractual services to the Facility |                                      |   |  |  |  |  |
| Please provide the follo | owing information about each Facility/Plant that you open    | rate. Use addti                                | onal pages as needed.                |   |  |  |  |  |
| Facility / Plant Name    |  | Class  | PDWIS (Water) NP                     | DES (Wastewater)  |  |  |  |  |
|                          |  |  |                                      |   |  |  |  |  |
|                          |  |  |                                      |   |  |  |  |  |
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|                          |  |  |                                      |   |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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|---|----------------------------|--------------------------------|--|
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| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| This is page one of  | f a two page form. Both pages mu       | erator Certification           | 11404  |   |   |               |  |  |  |
|----------------------|--|--------------------------------|--|---|---|---------------|--|--|--|
|                      | ease enter you're current address on   |                                | ssary,   | Certification(s) shown below will expire on: 7/1/20 |   |               |  |  |  |
| cc                   | orrect the City, state and ZIP Code.   | Please print legibly.          |  | The fee to ren                                      | ew these fications:                                       | \$50          |  |  |  |
|                      |  |                                |  | requirements bresult in an                          | submit renewal iration date will al late fees as ction V. |               |  |  |  |
| I. CERTIFICA         | TES TO RENEW:                          |                                |  |   |   | raining Units |  |  |  |
| Certification Typ    | e Category                             | 1                              |  | Class   |   | equired       |  |  |  |
| TEMPORARY            | INDUSTRI                               | AL WASTEWATER                  |  | 2   | 0   |               |  |  |  |
| II. CURRENT E        | MPLOYMENT INFORMATI                    | ON                             |  |   |   |               |  |  |  |
| Employer's Name:     |  |                                |  | Phone #:  |   |               |  |  |  |
| Number of Facilities | s (or Plants) that you currently opera | ate:                           |  | I am employed by the Facility owner                 |   |               |  |  |  |
| I am currently not o | perating any Facility                  |                                | I provide contractual services to the Facility |   |   |               |  |  |  |
| Please provide the f | collowing information about each Fa    | acility/Plant that you operate | e. Use addtio                                  | onal pages as neede                                 | ed.   |               |  |  |  |
| Facility / Plant Nam | e                                      |                                | Class F  | PDWIS (Water) N                                     | NPDES (W  | /astewater)   |  |  |  |
|                      |  |                                |  |   |   |               |  |  |  |
|                      |  |                                |  |   |   |               |  |  |  |
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|                      |  |                                |  |   |   |               |  |  |  |
|                      |  |                                |  |   |   |               |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| Name and Certification Number of |
|----------------------------------|
| Operator in Responsible Charge:  |

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| This is page one of a two pa   | ed. Opera  | ator Certifcation N | umber: 11405  |                      |  |  |  |  |
|--------------------------------|--|---------------------|---|----------------------|--|--|--|--|
|                                | r you're current address on the lines below and, if necess | sary,               | Certification(s) shown below will expire on: 7/1/2023   |                      |  |  |  |  |
| correct the                    | City, state and ZIP Code. Please print legibly.            |                     | The fee to renew certification  | \$50                 |  |  |  |  |
|                                |  |                     | Failure to complete or submi requirements by the expiration result in an additional late described in Section |                      |  |  |  |  |
| I. CERTIFICATES TO             | O RENEW:   |                     |   | Training Units       |  |  |  |  |
| Certification Type             | Category   |                     | Class   | Required             |  |  |  |  |
| TEMPORARY                      | INDUSTRIAL WASTEWATER                                      |                     | 2   | 0                    |  |  |  |  |
| II. CURRENT EMPLOY             | MENT INFORMATION   |                     |   |                      |  |  |  |  |
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| Facility / Plant Name          |  | Class PDV           | WIS (Water) NPI   | DES (Wastewater)     |  |  |  |  |
|                                |  |                     |   |                      |  |  |  |  |
|                                |  |                     |   |                      |  |  |  |  |
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|                                |  |                     |   |                      |  |  |  |  |



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Page 2

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|--------------------------|---|--|--|------------------|--|--|--|--|
|                          | ease enter you're current address on the lines below and, if ne | cessary,                                       | Certification(s) s<br>below will exp   |                  |  |  |  |  |
| co                       | errect the City, state and ZIP Code. Please print legibly.      |  | The fee to renew certification   | 950              |  |  |  |  |
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| I. CERTIFICA             | TES TO RENEW:   |  |  | Training Units   |  |  |  |  |
| <b>Certification Typ</b> | e Category  |  | Class  | Required         |  |  |  |  |
| TEMPORARY                | INDUSTRIAL WASTEWATER   |  | 2  | 0                |  |  |  |  |
| II. CURRENT E            | MPLOYMENT INFORMATION   |  |  |                  |  |  |  |  |
| Employer's Name:         |   |  | Phone #:   |                  |  |  |  |  |
| Number of Facilities     | s (or Plants) that you currently operate:                       | I am employed by the Facility owner            |  |                  |  |  |  |  |
| I am currently not op    | perating any Facility   | I provide contractual services to the Facility |  |                  |  |  |  |  |
| Please provide the f     | ollowing information about each Facility/Plant that you oper    | ate. Use addtio                                | onal pages as needed.  |                  |  |  |  |  |
| Facility / Plant Name    | e   | Class P  | PDWIS (Water) NPI  | DES (Wastewater) |  |  |  |  |
|                          |   |  |  |                  |  |  |  |  |
|                          |   |  |  |                  |  |  |  |  |
|                          |   |  |  |                  |  |  |  |  |
|                          |   |  |  |                  |  |  |  |  |
|                          |   |  |  |                  |  |  |  |  |
|                          | (OVER)  |  |  |                  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of |
|----------------------------------|
| Operator in Responsible Charge:  |

## V. LATE FEES AND REINSTATEMENT

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

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

| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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

| This is page one   | e of a two page form. Both pages must be completed and returned.             | Operator Certification Nu               | mber: <b>11410</b>  |  |  |  |  |  |
|--------------------|--|---|---|--|--|--|--|--|
| WYATT BOW          | Please enter you're current address on the lines below and, if necessary     | Certification(s) sl<br>below will expir |   |  |  |  |  |  |
|                    | correct the City, state and ZIP Code. Please print legibly.                  | The fee to renew certifica              | \$100   |  |  |  |  |  |
|                    |  | requirements by the result in an add    | te or submit renewal<br>ne expiration date will<br>ditional late fees as<br>in Section V. |  |  |  |  |  |
| I. CERTIFIC        | CATES TO RENEW:  |   | <b>Training Units</b>   |  |  |  |  |  |
| Certification T    | Гуре Category  | Class                                   | Required  |  |  |  |  |  |
| TEMPORARY          | WATER TREATMENT  | 2                                       | 24  |  |  |  |  |  |
| TEMPORARY          | WASTEWATER TREATMENT   | 5                                       | 45  |  |  |  |  |  |
| TEMPORARY          | WASTEWATER TREATMENT   | А                                       | 24  |  |  |  |  |  |
| II. CURRENT        | EMPLOYMENT INFORMATION   |   |   |  |  |  |  |  |
| Employer's Name    | e:   | Phone #:                                |   |  |  |  |  |  |
| Number of Facili   | ities (or Plants) that you currently operate:                                | I am employed by                        | I am employed by the Facility owner   |  |  |  |  |  |
| I am currently no  | ot operating any Facility  | I provide contractual serv              | I provide contractual services to the Facility  |  |  |  |  |  |
| Please provide th  | he following information about each Facility/Plant that you operate. $\it U$ | Ise addtional pages as needed.          |   |  |  |  |  |  |
| Facility / Plant N | Tame C   | Class PDWIS (Water) NPD                 | ES (Wastewater)   |  |  |  |  |  |
|                    |  |   |   |  |  |  |  |  |
|                    |  |   |   |  |  |  |  |  |
|                    |  |   |   |  |  |  |  |  |
|                    |  |   |   |  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| Operator in Responsible Charge:  |

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| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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| This is page one   | e of a two page form. Both pages must be completed and returned.        | <ul> <li>Operator Certification Number</li> </ul>                              | er: 11412                              |
|--------------------|---|--|--|
| JOSHUA WIL         | Please enter you're current address on the lines below and, if necessar | Certification(s) show<br>ry, below will expire o                               | //1/////                               |
|                    | correct the City, state and ZIP Code. Please print legibly.             | The fee to renew thes certification  | X 100                                  |
|                    |   | Failure to complete or requirements by the eresult in an addition described in | expiration date will onal late fees as |
|                    | CATES TO RENEW:   |  | Training Units                         |
| Certification T    | Type Category   | Class  | Required                               |
| TEMPORARY          | WATER TREATMENT   | 2  | 24                                     |
| TEMPORARY          | WASTEWATER TREATMENT  | 5A   | 69                                     |
| TEMPORARY          | WASTEWATER TREATMENT  | Α  | 24                                     |
| II. CURRENT        | EMPLOYMENT INFORMATION  |  |  |
| Employer's Name    | e: _  | Phone #:   |  |
| Number of Facili   | ties (or Plants) that you currently operate:                            | I am employed by the   | Facility owner                         |
| I am currently no  | t operating any Facility  | I provide contractual services   | to the Facility                        |
| Please provide th  | ne following information about each Facility/Plant that you operate. U  | Ise addtional pages as needed.   |  |
| Facility / Plant N | ame   | Class PDWIS (Water) NPDES  | (Wastewater)                           |
|                    |   |  |  |
|                    |   |  |  |
|                    |   |  |  |
|                    |   |  |  |
|                    |   |  |  |



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Page 2

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|----------------------------------|
| Operator in Responsible Charge:  |

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

| Applicant's Signature  | 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 Er   | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |  |  |  |  |  |
| * AN INCOMPLETE A  | APPLICATION WILL B         | E RETURNED *                   |  |  |  |  |  |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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| This is page one of a two pag    | ed. Operato   | perator Certification Number: 1141 |   |                  |  |  |  |  |
|----------------------------------|---|------------------------------------|---|------------------|--|--|--|--|
| •                                | you're current address on the lines below and, if neces | ssary,                             | Certification(s) s<br>below will exp  |                  |  |  |  |  |
| correct the Ci                   | ty, state and ZIP Code. Please print legibly.           |                                    | The fee to renew certific   | 620              |  |  |  |  |
|                                  |   |                                    | Failure to complete or sub requirements by the expirate result in an additional laddescribed in Section |                  |  |  |  |  |
| I. CERTIFICATES TO               | RENEW:  |                                    |   | Training Units   |  |  |  |  |
| Certification Type               | Category  |                                    | Class   | Required         |  |  |  |  |
| TEMPORARY                        | WASTEWATER COLLECTION                                   |                                    | 2   | 24               |  |  |  |  |
| II. CURRENT EMPLOYM              | MENT INFORMATION  |                                    |   |                  |  |  |  |  |
| Employer's Name:                 |   |                                    | Phone #:  |                  |  |  |  |  |
| Number of Facilities (or Plants) | that you currently operate:                             | ]                                  | I am employed by the Facility owner   |                  |  |  |  |  |
| I am currently not operating any | y Facility  | I provid                           | I provide contractual services to the Facility  |                  |  |  |  |  |
| Please provide the following in  | formation about each Facility/Plant that you operate    | e. Use addtional p                 | pages as needed.  |                  |  |  |  |  |
| Facility / Plant Name            |   | Class PDW                          | IS (Water) NP!  | DES (Wastewater) |  |  |  |  |
|                                  |   |                                    |   |                  |  |  |  |  |
|                                  |   |                                    |   |                  |  |  |  |  |
|                                  |   |                                    |   |                  |  |  |  |  |
|                                  |   |                                    |   |                  |  |  |  |  |
|                                  |   |                                    |   |                  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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|----------------------------------|
| Operator in Responsible Charge:  |

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| Applicant's Signature  | Date                       |                                |  |  |  |  |  |  |
|--|----------------------------|--------------------------------|--|--|--|--|--|--|
| Last 4 digits of Social Security Number  | Email Address              |                                |  |  |  |  |  |  |
| Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators |                            |                                |  |  |  |  |  |  |
| Mail to: Maryland Department of the Er   | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |  |  |  |  |  |
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| This is page one of a two page   | Operator Certification Numb  | er: 11422                               |                      |  |  |
|----------------------------------|--|---|----------------------|--|--|
|                                  | you're current address on the lines below and, if necessary ity, state and ZIP Code. Please print legibly. | •                                       | on: 7/1/2023         |  |  |
| contect the Ci                   | ny, suite and 211 Code. I lease print legiory.   | The fee to renew the certification      | \$100                |  |  |
|                                  |  | Failure to complete requirements by the | expiration date will |  |  |
|                                  |  | result in an additi<br>described in     | onal late fees as    |  |  |
| I. CERTIFICATES TO               | RENEW:   | described in                            | Training Units       |  |  |
| Certification Type               | Category   | Class                                   | Required             |  |  |
| TEMPORARY                        | WATER TREATMENT  | 4                                       | 45                   |  |  |
| TEMPORARY                        | WASTEWATER TREATMENT   | 5                                       | 45                   |  |  |
| TEMPORARY                        | WASTEWATER TREATMENT   | Α                                       | 24                   |  |  |
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| Employer's Name:                 |  | Phone #:                                |                      |  |  |
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| I am currently not operating any | y Facility   | I provide contractual services          | s to the Facility    |  |  |
| Please provide the following inj | formation about each Facility/Plant that you operate. Us   | se addtional pages as needed.           |                      |  |  |
| Facility / Plant Name            | Cl   | lass PDWIS (Water) NPDES                | (Wastewater)         |  |  |
|                                  |  |   |                      |  |  |
|                                  |  |   |                      |  |  |
|                                  |  |   |                      |  |  |
|                                  |  |   |                      |  |  |
|                                  |  |   |                      |  |  |
|                                  | (OVER)   |   |                      |  |  |



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| Operator in Responsible Charge:  |

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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 Er   | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |  |  |  |  |  |
| * AN INCOMPLETE A  | APPLICATION WILL B         | E RETURNED *                   |  |  |  |  |  |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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

| This is page one of a t  | two page form. Both pages must be completed and        | perator Certification N | umber: 11423   |   |  |  |  |  |
|--------------------------|--|-------------------------|--|---|--|--|--|--|
|                          | e enter you're current address on the lines below and, | f necessary,            | Certification(s) shown below will expire on: 7/1/202 |   |  |  |  |  |
| corre                    | et the City, state and ZIP Code. Please print legibly. |                         | The fee to renew certific                            | \$50  |  |  |  |  |
|                          |  |                         | requirements by result in an ac                      | lete or submit renewal<br>the expiration date will<br>lditional late fees as<br>d in Section V. |  |  |  |  |
| I. CERTIFICATE           | ES TO RENEW:   |                         |  | Training Units  |  |  |  |  |
| Certification Type       | Category   |                         | Class  | Required  |  |  |  |  |
| TEMPORARY                | WATER TREATMENT  |                         | 3  | 45  |  |  |  |  |
| II. CURRENT EMP          | PLOYMENT INFORMATION                                   |                         |  |   |  |  |  |  |
| Employer's Name:         |  |                         | Phone #:   |   |  |  |  |  |
| Number of Facilities (o  | r Plants) that you currently operate:                  |                         | I am employed by                                     | y the Facility owner  |  |  |  |  |
| I am currently not opera | ating any Facility                                     | I pı                    | I provide contractual services to the Facility       |   |  |  |  |  |
| Please provide the follo | owing information about each Facility/Plant that you   | operate. Use addtio     | onal pages as needed.                                |   |  |  |  |  |
| Facility / Plant Name    |  | Class I                 | PDWIS (Water) NP                                     | DES (Wastewater)  |  |  |  |  |
|                          |  |                         |  |   |  |  |  |  |
|                          |  |                         |  |   |  |  |  |  |
|                          |  |                         |  |   |  |  |  |  |
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|                          |  |                         |  |   |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of |
|----------------------------------|
| Operator in Responsible Charge:  |

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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|---|----------------------------|--------------------------------|--|
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| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| 1 | cons | ent to | receive | my | certificate(s) | by by | emial | in | lieu | of mail |  |
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Please verify your information shown on this application and make any corrections as needed.

| This is page or   | ne of a two page form. Both pages must be completed a      | nd returned. Oper        | ator Certifcation  | n Number: <b>11424</b>       |  |  |  |  |
|-------------------|--|--------------------------|--|------------------------------|--|--|--|--|
| MATTHEW           | Please enter you're current address on the lines below ar  |                          | Certification(s) shown below will expire on: 7/1/2023  |                              |  |  |  |  |
|                   | correct the City, state and ZIP Code. Please print legibly | y.                       | The fee to recent  | new these tifications: \$100 |  |  |  |  |
|                   |  |                          | Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. |                              |  |  |  |  |
| <u>I. CERTIFI</u> | CATES TO RENEW:  |                          |  | Training Units               |  |  |  |  |
| Certification     | Type Category  |                          | Class  | Required                     |  |  |  |  |
| TEMPORARY         | WATER TREATMENT  |                          | 4  | 45                           |  |  |  |  |
| TEMPORARY         | WASTEWATER TREATMEN  | NT                       | 5  | 45                           |  |  |  |  |
| TEMPORARY         | WASTEWATER TREATMEN  | NT                       | Α  | 24                           |  |  |  |  |
| II. CURREN        | T EMPLOYMENT INFORMATION                                   |                          |  |                              |  |  |  |  |
| Employer's Nar    | me:  |                          | Phone #  | :                            |  |  |  |  |
| Number of Faci    | ilities (or Plants) that you currently operate:            |                          | I am employed by the Facility owner  |                              |  |  |  |  |
| I am currently r  | not operating any Facility                                 | I prov                   | I provide contractual services to the Facility   |                              |  |  |  |  |
| Please provide    | the following information about each Facility/Plant that y | ou operate. Use addtiona | ıl pages as need   | ded.                         |  |  |  |  |
| Facility / Plant  | Name   | Class PD                 | WIS (Water)  | NPDES (Wastewater)           |  |  |  |  |
|                   |  |                          |  |                              |  |  |  |  |
|                   |  |                          |  |                              |  |  |  |  |
|                   |  |                          |  |                              |  |  |  |  |
|                   |  |                          |  |                              |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

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|----------------------------------|
| Operator in Responsible Charge:  |

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| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by by | emial | in | lieu | of mail |  |
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| This is page one of   | a two page form. Both pages must be completed and retu           | rator Certification Nu | mber: <b>11426</b>                      |  |
|-----------------------|--|------------------------|---|--|
|                       | ease enter you're current address on the lines below and, if nec | cessary,               | Certification(s) sh<br>below will expin |  |
| co                    | rrect the City, state and ZIP Code. Please print legibly.        |                        | The fee to renew to certificate         | X 1 1 1 1 1 1  |
|                       |  |                        | requirements by the result in an add    | ete or submit renewal<br>he expiration date will<br>ditional late fees as<br>I in Section V. |
| I. CERTIFICA          | TES TO RENEW:  |                        |   | <b>Training Units</b>  |
| Certification Typ     | e Category   |                        | Class                                   | Required   |
| TEMPORARY             | INDUSTRIAL WASTEWATER  |                        | 5                                       | 45   |
| TEMPORARY             | WATER TREATMENT  |                        | 3                                       | 45   |
| II. CURRENT EN        | MPLOYMENT INFORMATION  |                        |   |  |
| Employer's Name:      |  |                        | Phone #:                                |  |
| Number of Facilities  | (or Plants) that you currently operate:                          |                        | I am employed by                        | the Facility owner   |
| I am currently not op | perating any Facility  | I prov                 | vide contractual serv                   | ices to the Facility   |
| Please provide the fo | ollowing information about each Facility/Plant that you opera    | ate. Use addtion       | al pages as needed.                     |  |
| Facility / Plant Name | 2  | Class PD               | WIS (Water) NPD                         | DES (Wastewater)   |
|                       |  |                        |   |  |
|                       |  |                        |   |  |
|                       |  |                        |   |  |
|                       |  |                        |   |  |
|                       |  |                        |   |  |
|                       | (OVER)   |                        |   |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| Name and Certification Number of |
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| Operator in Responsible Charge:  |

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| 1 | cons | ent to | receive | my | certificate(s) | by by | emial | in | lieu | of mail |  |
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| This is page one of     | of a two page form. Both pages must be completed and return          | erator Certifcation Nu                         | umber: <b>11427</b>  |                       |  |  |  |  |  |
|-------------------------|--|--|--|-----------------------|--|--|--|--|--|
|                         | Please enter you're current address on the lines below and, if neces | ssary,   | Certification(s) s<br>below will exp   | //1//11/3             |  |  |  |  |  |
| c                       | correct the City, state and ZIP Code. Please print legibly.          |  | The fee to renew certification   | \$50                  |  |  |  |  |  |
|                         |  |  | Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. |                       |  |  |  |  |  |
| I. CERTIFICA            | ATES TO RENEW:   |  |  | <b>Training Units</b> |  |  |  |  |  |
| <b>Certification Ty</b> | pe Category  |  | Class  | Required              |  |  |  |  |  |
| TEMPORARY               | WATER TREATMENT  |  | 3  | 45                    |  |  |  |  |  |
| II. CURRENT E           | EMPLOYMENT INFORMATION   |  |  |                       |  |  |  |  |  |
| Employer's Name:        |  |  | Phone #:   |                       |  |  |  |  |  |
| Number of Facilitie     | es (or Plants) that you currently operate:                           | I am employed by the Facility owner            |  |                       |  |  |  |  |  |
| I am currently not of   | operating any Facility   | I provide contractual services to the Facility |  |                       |  |  |  |  |  |
| Please provide the      | following information about each Facility/Plant that you operate     | e. Use addtio                                  | nal pages as needed.   | <u> </u>              |  |  |  |  |  |
| Facility / Plant Nar    | me   | Class PDWIS (Water) NPDES (Wastewater)         |  |                       |  |  |  |  |  |
|                         |  |  |  |                       |  |  |  |  |  |
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|                         | (OVER)   |  |  |                       |  |  |  |  |  |



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| Operator in Responsible Charge:  |

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| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| 1 | cons | ent to | receive | my | certificate(s) | by by | emial | in | lieu | of mail |  |
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| This is page one of a two pa    | rator Certifcation Nu                                   | mber: 11428    |  |  |
|---------------------------------|---|----------------|--|--|
|                                 | you're current address on the lines below and, if neces | ssary,         | Certification(s) sl<br>below will expi |  |
| correct the C                   | City, state and ZIP Code. Please print legibly.         |                | The fee to renew certification         | 6.24   |
|                                 |   |                | requirements by t                      | ete or submit renewal<br>he expiration date will<br>ditional late fees as<br>I in Section V. |
| I. CERTIFICATES TO              | O RENEW:  |                |  | Training Units   |
| Certification Type              | Category  |                | Class                                  | Required   |
| TEMPORARY                       | WASTEWATER COLLECTION                                   |                | 2                                      | 24   |
| II. CURRENT EMPLOY              | MENT INFORMATION  |                |  |  |
| Employer's Name:                |   |                | Phone #:                               |  |
| Number of Facilities (or Plants | s) that you currently operate:                          |                | I am employed by                       | the Facility owner   |
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| Facility / Plant Name           |   | Class PD       | OWIS (Water) NPD                       | DES (Wastewater)   |
|                                 |   |                |  |  |
|                                 |   |                |  |  |
|                                 |   |                |  |  |
|                                 |   |                |  |  |
|                                 |   |                |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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|----------------------------------|
| Operator in Responsible Charge:  |

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by by | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-------|-------|----|------|---------|--|



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

| This is page one of a tw  | vo page form. Both pages must be completed and return       | erator Certifcation Nu | mber: <b>11429</b>                             |  |  |  |  |  |
|---------------------------|---|------------------------|--|--|--|--|--|--|
|                           | enter you're current address on the lines below and, if nec | essary,                | Certification(s) sl<br>below will expi         |  |  |  |  |  |
| correct                   | the City, state and ZIP Code. Please print legibly.         |                        | The fee to renew certifica                     | ¥ 1 ( ) ( )  |  |  |  |  |
|                           |   |                        | requirements by the result in an add           | ete or submit renewal<br>he expiration date will<br>ditional late fees as<br>I in Section V. |  |  |  |  |
| I. CERTIFICATES           | S TO RENEW:   |                        |  | <b>Training Units</b>  |  |  |  |  |
| Certification Type        | Category  |                        | Class  | Required   |  |  |  |  |
| TEMPORARY                 | WATER TREATMENT   |                        | 3  | 45   |  |  |  |  |
| TEMPORARY                 | WASTEWATER TREATMENT  |                        | 5  | 45   |  |  |  |  |
| II. CURRENT EMPI          | LOYMENT INFORMATION   |                        |  |  |  |  |  |  |
| Employer's Name:          |   |                        | Phone #:                                       |  |  |  |  |  |
| Number of Facilities (or  | Plants) that you currently operate:                         |                        | I am employed by                               | the Facility owner   |  |  |  |  |
| I am currently not operat | ing any Facility  | I pr                   | I provide contractual services to the Facility |  |  |  |  |  |
| Please provide the follow | ving information about each Facility/Plant that you opera   | ite. Use addtio        | nal pages as needed.                           |  |  |  |  |  |
| Facility / Plant Name     |   | Class P                | DWIS (Water) NPD                               | DES (Wastewater)   |  |  |  |  |
|                           |   |                        |  |  |  |  |  |  |
|                           |   |                        |  |  |  |  |  |  |
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|                           | (OVER)  |                        |  |  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| Operator in Responsible Charge:  |

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| 1 | cons | ent to | receive | my | certificate(s) | by by | emial | in | lieu | of mail |  |
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| This is page one of     | of a two page form. Both pages must be completed         | perator Certification Number: 11430 |  |   |  |  |  |  |
|-------------------------|--|-------------------------------------|--|---|--|--|--|--|
|                         | Please enter you're current address on the lines below   |                                     | Certification(s) s<br>below will exp           |   |  |  |  |  |
| c                       | correct the City, state and ZIP Code. Please print legib | oly.                                | The fee to renew certific                      | 950   |  |  |  |  |
|                         |  |                                     | requirements by result in an ac                | lete or submit renewal<br>the expiration date will<br>Iditional late fees as<br>d in Section V. |  |  |  |  |
| I. CERTIFICA            | ATES TO RENEW:   |                                     | 46561186                                       | Training Units  |  |  |  |  |
| <b>Certification Ty</b> | pe Category  |                                     | Class  | Required  |  |  |  |  |
| TEMPORARY               | WATER DISTRIBUTION                                       |                                     | 1  | 24  |  |  |  |  |
| II. CURRENT E           | EMPLOYMENT INFORMATION                                   |                                     |  |   |  |  |  |  |
| Employer's Name:        |  |                                     | Phone #:                                       |   |  |  |  |  |
| Number of Facilitie     | es (or Plants) that you currently operate:               |                                     | I am employed by                               | y the Facility owner  |  |  |  |  |
| I am currently not      | operating any Facility                                   | Ιŗ                                  | I provide contractual services to the Facility |   |  |  |  |  |
| Please provide the      | following information about each Facility/Plant that     | you operate. Use addti              | ional pages as needed.                         |   |  |  |  |  |
| Facility / Plant Nar    | me   | Class                               | PDWIS (Water) NP                               | DES (Wastewater)  |  |  |  |  |
|                         |  |                                     |  |   |  |  |  |  |
|                         |  |                                     |  |   |  |  |  |  |
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Page 2

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| Operator in Responsible Charge:  |

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

| This is page one    | of a two page form. Both pages must be completed and return           | <b>ned.</b> Operator Certification Number     | : 11431          |
|---------------------|---|---|------------------|
|                     | Please enter you're current address on the lines below and, if necess | Certification(s) shown below will expire on   | //1//11/3        |
|                     | correct the City, state and ZIP Code. Please print legibly.           | The fee to renew these certifications         | & I / I/ I       |
|                     |   | Failure to complete or requirements by the ex |                  |
|                     |   | result in an addition described in S          | nal late fees as |
| I. CERTIFIC         | ATES TO RENEW:  |   | Training Units   |
| Certification T     | ype Category  |   | 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 Facilit   | ties (or Plants) that you currently operate:                          | I am employed by the I                        | Facility owner   |
| I am currently not  | t operating any Facility  | I provide contractual services t              | to the Facility  |
| Please provide th   | e following information about each Facility/Plant that you operate    | e. Use addtional pages as needed.             |                  |
| Facility / Plant Na | ame   | Class PDWIS (Water) NPDES (                   | Wastewater)      |
|                     |   |   |                  |
|                     |   |   |                  |
|                     |   |   |                  |
|                     |   |   |                  |
|                     |   |   |                  |
|                     | (OVER)  |   |                  |



#### **III. CONTINUING EDUCATION:**

Page 2

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|----------------------------------|
| Operator in Responsible Charge:  |

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| This is page one    | of a two page form. Both pages must be com        | Operator Certifcation        | n Number: <b>11451</b>                         |  |  |  |  |  |
|---------------------|---|------------------------------|--|--|--|--|--|--|
|                     | Please enter you're current address on the lines  | •                            | Certification below will                       |  |  |  |  |  |
| •                   | correct the City, state and ZIP Code. Please prin | nt legibly.                  | The fee to recent                              | new these ifications: \$50   |  |  |  |  |
|                     |   |                              | — requirements result in a                     | mplete or submit renewal<br>by the expiration date will<br>an additional late fees as<br>ribed in Section V. |  |  |  |  |
| I. CERTIFICA        | ATES TO RENEW:                                    |                              | uesei  | Training Units   |  |  |  |  |
| Certification Ty    | pe Category                                       |                              | Class  | Required   |  |  |  |  |
| TEMPORARY           | WATER TREATME                                     | NT                           | 3  | 45   |  |  |  |  |
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| Facility / Plant Na | me  | Class                        | PDWIS (Water)                                  | NPDES (Wastewater)   |  |  |  |  |
|                     |   |                              |  |  |  |  |  |  |
|                     |   |                              |  |  |  |  |  |  |
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|---|----------------------------|--------------------------------|--|
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| 1 | cons | ent to | receive | my | certificate(s) | by by | emial | in | lieu | of mail |  |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two p   | <b>urned.</b> Operator Certif                           | fcation Number: 1321         |   |
|-------------------------------|---|------------------------------|---|
|                               | er you're current address on the lines below and, if no |                              | cation(s) shown will expire on: 7/1/2023  |
| correct the                   | e City, state and ZIP Code. Please print legibly.       | The fee                      | to renew these certifications: \$50   |
|                               |   | requirem result              | to complete or submit renewal nents by the expiration date will t in an additional late fees as described in Section V. |
| I. CERTIFICATES T             | O RENEW:  |                              | Training Units  |
| Certification Type            | Category  | Cla                          | ss Required   |
| OPERATOR                      | WASTEWATER TREATMENT                                    | 5                            | 30  |
| OPERATOR                      | WASTEWATER TREATMENT                                    | А                            | 16  |
| II. CURRENT EMPLO             | YMENT INFORMATION                                       |                              |   |
| Employer's Name:              |   | Pho                          | one #:  |
| Number of Facilities (or Plan | nts) that you currently operate:                        | I am em                      | ployed by the Facility owner  |
| I am currently not operating  | any Facility  | I provide contra             | actual services to the Facility   |
| Please provide the following  | g information about each Facility/Plant that you oper   | rate. Use addtional pages as | s needed.   |
| Facility / Plant Name         |   | Class PDWIS (Wat             | ter) NPDES (Wastewater)   |
|                               |   |                              |   |
|                               |   |                              |   |
|                               |   |                              |   |
|                               |   |                              |   |
|                               |   |                              |   |



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- 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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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
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| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by by | emial | in | lieu | of mail |  |
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| This is page one of a two    | erator Certifcation Nu                                      | mber: 1799                             |  |  |  |  |  |  |
|------------------------------|---|--|--|--|--|--|--|--|
| DONALD LEE DAWSON Please ent | I er you're current address on the lines below and, if nece | essary,                                | Certification(s) si<br>below will expi         |  |  |  |  |  |
| correct the                  | e City, state and ZIP Code. Please print legibly.           |  | The fee to renew certification                 | 620  |  |  |  |  |
|                              |   |  | requirements by t<br>result in an ad           | ete or submit renewal<br>he expiration date will<br>ditional late fees as<br>I in Section V. |  |  |  |  |
| I. CERTIFICATES T            | TO RENEW:   |  |  | Training Units   |  |  |  |  |
| Certification Type           | Category  |  | Class  | Required   |  |  |  |  |
| OPERATOR                     | WATER TREATMENT   |  | 4  | 30   |  |  |  |  |
| II. CURRENT EMPLO            | YMENT INFORMATION   |  |  |  |  |  |  |  |
| Employer's Name:             |   |  | Phone #:                                       |  |  |  |  |  |
| Number of Facilities (or Pla | nts) that you currently operate:                            |  | I am employed by the Facility owner            |  |  |  |  |  |
| I am currently not operating | any Facility  | I pr                                   | I provide contractual services to the Facility |  |  |  |  |  |
| Please provide the following | g information about each Facility/Plant that you opera      | te. Use addtio                         | nal pages as needed.                           |  |  |  |  |  |
| Facility / Plant Name        |   | Class PDWIS (Water) NPDES (Wastewater) |  |  |  |  |  |  |
|                              |   |  |  |  |  |  |  |  |
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|                              |   |  |  |  |  |  |  |  |



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|----------------------|--|------------------|--|--|--|--|--|--|
|                      | Please enter you're current address on the lines below and, if nec | essary,          | Certification(s) sl<br>below will expi         |  |  |  |  |  |
| C                    | correct the City, state and ZIP Code. Please print legibly.        |                  | The fee to renew certifica                     | (51)   |  |  |  |  |
|                      |  |                  | requirements by the result in an add           | ete or submit renewal<br>he expiration date will<br>ditional late fees as<br>I in Section V. |  |  |  |  |
|                      | ATES TO RENEW:   |                  |  | <b>Training Units</b>  |  |  |  |  |
| Certification Ty     | rpe Category   |                  | Class  | Required   |  |  |  |  |
| OPERATOR             | WASTEWATER TREATMENT   |                  | 5  | 30   |  |  |  |  |
| OPERATOR             | WASTEWATER TREATMENT   |                  | Α  | 16   |  |  |  |  |
| II. CURRENT I        | EMPLOYMENT INFORMATION   |                  |  |  |  |  |  |  |
| Employer's Name:     |  |                  | Phone #:                                       |  |  |  |  |  |
| Number of Facilitie  | es (or Plants) that you currently operate:                         |                  | I am employed by                               | the Facility owner   |  |  |  |  |
| I am currently not   | operating any Facility   | I pro            | I provide contractual services to the Facility |  |  |  |  |  |
| Please provide the   | following information about each Facility/Plant that you opera     | ate. Use addtion | nal pages as needed.                           |  |  |  |  |  |
| Facility / Plant Nar | me   | Class PI         | OWIS (Water) NPD                               | DES (Wastewater)   |  |  |  |  |
|                      |  |                  |  |  |  |  |  |  |
|                      |  |                  |  |  |  |  |  |  |
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Page 2

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| Operator in Responsible Charge:  |

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| This is page one of      | a two page form. Both pages must be completed and         | returned. Operato        | or Certifcation Nur   | mber: <b>1943</b>     |  |  |  |  |  |
|--------------------------|---|--------------------------|---|-----------------------|--|--|--|--|--|
|                          | ease enter you're current address on the lines below and, |                          | Certification(s) sh<br>below will expir   | //1//11/3             |  |  |  |  |  |
| co                       | rrect the City, state and ZIP Code. Please print legibly. | ,                        | The fee to renew to certificat  | \$50                  |  |  |  |  |  |
|                          |   |                          | Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V. |                       |  |  |  |  |  |
| I. CERTIFICA             | <u> TES TO RENEW:</u>                                     |                          |   | <b>Training Units</b> |  |  |  |  |  |
| <b>Certification Typ</b> | e Category  |                          | Class   | Required              |  |  |  |  |  |
| OPERATOR                 | WASTEWATER TREATMENT                                      |                          | 5   | 30                    |  |  |  |  |  |
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| II. CURRENT EN           | MPLOYMENT INFORMATION                                     |                          |   |                       |  |  |  |  |  |
| Employer's Name:         |   |                          | Phone #:  |                       |  |  |  |  |  |
| Number of Facilities     | (or Plants) that you currently operate:                   | I                        | I am employed by  | the Facility owner    |  |  |  |  |  |
| I am currently not op    | perating any Facility                                     | I provid                 | le contractual servi  | ces to the Facility   |  |  |  |  |  |
| Please provide the fo    | ollowing information about each Facility/Plant that you   | operate. Use addtional p | pages as needed.  |                       |  |  |  |  |  |
| Facility / Plant Name    |   | Class PDW                | IS (Water) NPD  | ES (Wastewater)       |  |  |  |  |  |
|                          |   |                          |   |                       |  |  |  |  |  |
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|                          |   |                          |   |                       |  |  |  |  |  |



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Page 2

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|                     | Please enter you're current address |                                 | essary,  | Certification(s<br>below will e | 7/1/2023   |              |  |  |
| C                   | correct the City, state and ZIP Co  | de. Please print legibly.       |  | The fee to ren                  | ew these fications:  | \$50         |  |  |
|                     |                                     |                                 |  | requirements bresult in an      | complete or submit rents by the expiration data an additional late fees cribed in Section V. |              |  |  |
| I. CERTIFICA        | ATES TO RENEW:                      |                                 |  |                                 |  | aining Units |  |  |
| Certification Ty    | pe Categ                            | ory                             |  | Class                           |  | equired      |  |  |
| OPERATOR            | WAST                                | EWATER TREATMENT                |  | 3                               | 30   | )            |  |  |
| II. CURRENT I       | EMPLOYMENT INFORMA                  | ATION                           |  |                                 |  |              |  |  |
| Employer's Name:    |                                     |                                 |  | Phone #:                        |  |              |  |  |
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| I am currently not  | operating any Facility              | <del></del>                     | I provide contractual services to the Facility |                                 |  |              |  |  |
| Please provide the  | following information about each    | h Facility/Plant that you opera | te. Use addtic                                 | onal pages as neede             | ed.  |              |  |  |
| Facility / Plant Na | me                                  |                                 | Class F  | PDWIS (Water) N                 | NPDES (W   | astewater)   |  |  |
|                     |                                     |                                 |  |                                 |  |              |  |  |
|                     |                                     |                                 |  |                                 |  |              |  |  |
|                     |                                     |                                 |  |                                 |  |              |  |  |
|                     |                                     |                                 |  |                                 |  |              |  |  |
|                     |                                     |                                 |  |                                 |  |              |  |  |



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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: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by by | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-------|-------|----|------|---------|--|



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

| This is page one of a    | two page form. Both pages must be completed and        | perator Certifcation N | umber: <b>2109</b>                                  |  |  |  |  |  |
|--------------------------|--|------------------------|---|--|--|--|--|--|
|                          | e enter you're current address on the lines below and, | if necessary,          | Certification(s) shown below will expire on: 7/1/20 |  |  |  |  |  |
| corre                    | ct the City, state and ZIP Code. Please print legibly. |                        | The fee to renew certific                           | 4.511  |  |  |  |  |
|                          |  |                        | requirements by result in an ac                     | lete or submit renewal<br>the expiration date will<br>dditional late fees as<br>ed in Section V. |  |  |  |  |
| I. CERTIFICATE           | ES TO RENEW:   |                        |   | Training Units   |  |  |  |  |
| Certification Type       | Category   |                        | Class   | Required   |  |  |  |  |
| OPERATOR                 | INDUSTRIAL WASTEWATER                                  |                        | 2   | 0  |  |  |  |  |
| II. CURRENT EMI          | PLOYMENT INFORMATION                                   |                        |   |  |  |  |  |  |
| Employer's Name:         |  |                        | Phone #:  |  |  |  |  |  |
| Number of Facilities (o  | r Plants) that you currently operate:                  |                        | I am employed by the Facility owner                 |  |  |  |  |  |
| I am currently not opera | ating any Facility                                     | Ιp                     | I provide contractual services to the Facility      |  |  |  |  |  |
| Please provide the follo | owing information about each Facility/Plant that you   | operate. Use addti     | onal pages as needed.                               |  |  |  |  |  |
| Facility / Plant Name    |  | Class                  | PDWIS (Water) NP                                    | DES (Wastewater)   |  |  |  |  |
|                          |  |                        |   |  |  |  |  |  |
|                          |  |                        |   |  |  |  |  |  |
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|                          |  |                        |   |  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| This is page one of a two pag    | ed. Opera   | ator Certifcation Nu | umber: 2129                                    |  |  |  |  |
|----------------------------------|---|----------------------|--|--|--|--|--|
|                                  | you're current address on the lines below and, if neces | ssary,               | shown 7/1/2023 ire on:                         |  |  |  |  |
| correct the C                    | ity, state and ZIP Code. Please print legibly.          |                      | The fee to renew certification                 | 620  |  |  |  |
|                                  |   |                      | requirements by t                              | ete or submit renewal<br>the expiration date will<br>lditional late fees as<br>d in Section V. |  |  |  |
| I. CERTIFICATES TO               | RENEW:  |                      |  | Training Units   |  |  |  |
| Certification Type               | Category  |                      | Class  | Required   |  |  |  |
| OPERATOR                         | WASTEWATER COLLECTION                                   |                      | 2  | 16   |  |  |  |
| II. CURRENT EMPLOYN              | MENT INFORMATION  |                      |  |  |  |  |  |
| Employer's Name:                 |   |                      | Phone #:                                       |  |  |  |  |
| Number of Facilities (or Plants) | ) that you currently operate:                           |                      | I am employed by                               | y the Facility owner   |  |  |  |
| I am currently not operating an  | y Facility  | I prov               | I provide contractual services to the Facility |  |  |  |  |
| Please provide the following in  | formation about each Facility/Plant that you operate    | e. Use addtiona      | ıl pages as needed.                            |  |  |  |  |
| Facility / Plant Name            |   | Class PD             | WIS (Water) NPI                                | DES (Wastewater)   |  |  |  |
|                                  |   |                      |  |  |  |  |  |
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#### **III. CONTINUING EDUCATION:**

Page 2

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| This is page one of  | of a two page form. Both pages must be completed and retu         | erator Certifcation N | umber: <b>2133</b>                             |  |  |  |  |  |
|----------------------|---|-----------------------|--|--|--|--|--|--|
|                      | Please enter you're current address on the lines below and, if ne | ecessary,             | shown oire on: 7/1/2023                        |  |  |  |  |  |
| c                    | correct the City, state and ZIP Code. Please print legibly.       |                       | The fee to renew certific                      | v these sations: \$50  |  |  |  |  |
|                      |   |                       | requirements by result in an a                 | lete or submit renewal<br>the expiration date will<br>dditional late fees as<br>ed in Section V. |  |  |  |  |
| I. CERTIFICA         | ATES TO RENEW:  |                       | describe                                       | Training Units   |  |  |  |  |
| Certification Ty     | pe Category   |                       | Class  | Required   |  |  |  |  |
| OPERATOR             | WATER TREATMENT   |                       | 1  | 16   |  |  |  |  |
| II. CURRENT E        | EMPLOYMENT INFORMATION  |                       |  |  |  |  |  |  |
| Employer's Name:     |   |                       | Phone #:                                       |  |  |  |  |  |
| Number of Facilitie  | es (or Plants) that you currently operate:                        |                       | I am employed by the Facility owner            |  |  |  |  |  |
| I am currently not o | operating any Facility  | I pr                  | I provide contractual services to the Facility |  |  |  |  |  |
| Please provide the   | following information about each Facility/Plant that you oper     | ate. Use addtio       | onal pages as needed                           |  |  |  |  |  |
| Facility / Plant Nar | me  | Class P               | PDWIS (Water) NP                               | DES (Wastewater)   |  |  |  |  |
|                      |   |                       |  |  |  |  |  |  |
|                      |   |                       |  |  |  |  |  |  |
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Page 2

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| Operator in Responsible Charge:  |

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|------------------------|--|----------------------------|--------------------------------------|--|
|                        | ase enter you're current address on the lines below and  | l, if necessary,           | Certification(s) s<br>below will exp | //1//11/3  |
| corr                   | eect the City, state and ZIP Code. Please print legibly. |                            | The fee to renew certification       | X50  |
|                        |  |                            | requirements by to result in an ad   | ete or submit renewal<br>the expiration date will<br>lditional late fees as<br>d in Section V. |
| I. CERTIFICAT          | ES TO RENEW:   |                            |                                      | <b>Training Units</b>  |
| Certification Type     | Category   |                            | Class                                | Required   |
| OPERATOR               | WASTEWATER TREATMENT                                     | Г                          | Α                                    | 16   |
| OPERATOR               | WASTEWATER TREATMENT                                     | Γ                          | 5                                    | 30   |
| II. CURRENT EM         | PLOYMENT INFORMATION                                     |                            |                                      |  |
| Employer's Name:       |  |                            | Phone #:                             |  |
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|                        |  |                            |                                      |  |
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| This is page one of    | a two page form. Both pages must be completed and ret          | erator Certifcation Nu | ımber: <b>2231</b>  |                       |  |  |  |  |
|------------------------|--|------------------------|---|-----------------------|--|--|--|--|
|                        | ase enter you're current address on the lines below and, if no | ecessary,              | Certification(s) s<br>below will exp  |                       |  |  |  |  |
| cor                    | rect the City, state and ZIP Code. Please print legibly.       |                        | The fee to renew certification  | \$50                  |  |  |  |  |
|                        |  |                        | Failure to complete or submit reconstruction days result in an additional late feed described in Section V. |                       |  |  |  |  |
| I. CERTIFICAT          | TES TO RENEW:  |                        |   | Training Units        |  |  |  |  |
| Certification Type     | e Category   |                        | Class   | Required              |  |  |  |  |
| OPERATOR               | WATER TREATMENT  |                        | 4   | 30                    |  |  |  |  |
| II. CURRENT EM         | IPLOYMENT INFORMATION  |                        |   |                       |  |  |  |  |
| Employer's Name:       |  |                        | Phone #:  |                       |  |  |  |  |
| Number of Facilities   | (or Plants) that you currently operate:                        |                        | I am employed by the Facility owner   |                       |  |  |  |  |
| I am currently not op- | erating any Facility   | I pr                   | ovide contractual serv  | vices to the Facility |  |  |  |  |
| Please provide the fo  | llowing information about each Facility/Plant that you ope     | erate. Use addtio      | nal pages as needed.  | _                     |  |  |  |  |
| Facility / Plant Name  |  | Class P                | DWIS (Water) NPI  | DES (Wastewater)      |  |  |  |  |
|                        |  |                        |   |                       |  |  |  |  |
|                        |  |                        |   |                       |  |  |  |  |
|                        |  |                        |   |                       |  |  |  |  |
|                        |  |                        |   |                       |  |  |  |  |
|                        |  |                        |   |                       |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

| Name and Certification Number of |
|----------------------------------|
| Operator in Responsible Charge:  |

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- I 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: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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| This is page one   | e of a two page form. Both pages must be completed and return        | erator Certification N                         | umber: <b>2248</b>  |                  |  |  |  |
|--------------------|--|--|---|------------------|--|--|--|
| TONY FRYE          | Please enter you're current address on the lines below and, if neces | ssary,   | Certification(s) s<br>below will exp  |                  |  |  |  |
|                    | correct the City, state and ZIP Code. Please print legibly.          |  | The fee to renew certific   | ~~~~ ¢50         |  |  |  |
|                    |  |  | Failure to complete or submit r requirements by the expiration of result in an additional late fe |                  |  |  |  |
| I. CERTIFIC        | CATES TO RENEW:  |  | describe  | Training Units   |  |  |  |
| Certification 1    | Type Category  |  | Class   | Required         |  |  |  |
| OPERATOR           | WATER TREATMENT  |  | 4   | 30               |  |  |  |
| II. CURRENT        | EMPLOYMENT INFORMATION   |  |   |                  |  |  |  |
| Employer's Name    | e:   |  | Phone #:  |                  |  |  |  |
| Number of Facili   | ities (or Plants) that you currently operate:                        | I am employed by the Facility owner            |   |                  |  |  |  |
| I am currently no  | ot operating any Facility  | I provide contractual services to the Facility |   |                  |  |  |  |
| Please provide th  | he following information about each Facility/Plant that you operate  | e. Use addtion                                 | nal pages as needed.  |                  |  |  |  |
| Facility / Plant N | fame   | Class PI                                       | OWIS (Water) NPI  | DES (Wastewater) |  |  |  |
|                    |  |  |   |                  |  |  |  |
|                    |  |  |   |                  |  |  |  |
|                    |  |  |   |                  |  |  |  |
|                    |  |  |   |                  |  |  |  |
|                    |  |  |   |                  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

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| Operator in Responsible Charge:  |

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|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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| This is page one of   | f a two page form. Both pages     | perator Certification N        | Tumber: 2255                                   |  |   |  |  |  |  |
|-----------------------|-----------------------------------|--------------------------------|--|--|---|--|--|--|--|
|                       | ease enter you're current addres  | -                              | ecessary,                                      | Certification(s) shown below will expire on: 7/1/202 |   |  |  |  |  |
| co                    | rrect the City, state and ZIP Co  | de. Please print legibly.      |  | The fee to renev                                     | v these cations: \$50   |  |  |  |  |
|                       |                                   |                                |  | requirements by result in an a                       | olete or submit renewal<br>the expiration date will<br>dditional late fees as<br>ed in Section V. |  |  |  |  |
| I. CERTIFICA          | TES TO RENEW:                     |                                |  |  | Training Units  |  |  |  |  |
| Certification Typ     | e Cate                            | jory                           |  | Class  | Required  |  |  |  |  |
| OPERATOR              | WATE                              | R TREATMENT                    |  | 2  | 16  |  |  |  |  |
| II. CURRENT E         | MPLOYMENT INFORMA                 | ATION                          |  |  |   |  |  |  |  |
| Employer's Name:      |                                   |                                |  | Phone #:   |   |  |  |  |  |
| Number of Facilities  | (or Plants) that you currently of | operate:                       |  | I am employed by the Facility owner                  |   |  |  |  |  |
| I am currently not of | perating any Facility             | <del></del>                    | I provide contractual services to the Facility |  |   |  |  |  |  |
| Please provide the f  | ollowing information about eac    | ch Facility/Plant that you ope | rate. Use addti                                | onal pages as needed                                 |   |  |  |  |  |
| Facility / Plant Name |                                   |                                | Class  | PDWIS (Water) NF                                     | PDES (Wastewater)   |  |  |  |  |
|                       |                                   |                                |  |  |   |  |  |  |  |
|                       |                                   |                                |  |  |   |  |  |  |  |
|                       |                                   |                                |  |  |   |  |  |  |  |
|                       |                                   |                                |  |  |   |  |  |  |  |
|                       |                                   |                                |  |  |   |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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|----------------------------------|
| Operator in Responsible Charge:  |

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| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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| This is page one    | of a two page form. Both p      | perator Certification Number: 2344  |  |                                     |   |  |  |  |  |
|---------------------|---------------------------------|-------------------------------------|--|-------------------------------------|---|--|--|--|--|
|                     | Please enter you're current ac  | dress on the lines below and, if ne | cessary,                                       | Certification(s) below will ex      |   |  |  |  |  |
| (                   | correct the City, state and ZII | P Code. Please print legibly.       |  | The fee to rene certif              | ew these ications: \$50   |  |  |  |  |
|                     |                                 |                                     |  | requirements by result in an        | plete or submit renewal<br>y the expiration date will<br>additional late fees as<br>bed in Section V. |  |  |  |  |
| I. CERTIFICA        | ATES TO RENEW:                  |                                     |  |                                     | Training Units  |  |  |  |  |
| Certification Ty    | /pe C                           | ategory                             |  | Class                               | Required  |  |  |  |  |
| OPERATOR            | W                               | ASTEWATER COLLECTION                |  | 2                                   | 16  |  |  |  |  |
| II. CURRENT I       | EMPLOYMENT INFOR                | RMATION                             |  |                                     |   |  |  |  |  |
| Employer's Name:    |                                 |                                     |  | Phone #:                            |   |  |  |  |  |
| Number of Faciliti  | es (or Plants) that you currer  | atly operate:                       |  | I am employed by the Facility owner |   |  |  |  |  |
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| Please provide the  | following information abou      | t each Facility/Plant that you oper | ate. Use addti                                 | onal pages as neede                 | <i>d</i> .  |  |  |  |  |
| Facility / Plant Na | me                              |                                     | Class  | PDWIS (Water) N                     | PDES (Wastewater)   |  |  |  |  |
|                     |                                 |                                     |  |                                     |   |  |  |  |  |
|                     |                                 |                                     |  |                                     |   |  |  |  |  |
|                     |                                 |                                     |  |                                     |   |  |  |  |  |
|                     |                                 |                                     |  |                                     |   |  |  |  |  |
|                     |                                 |                                     |  |                                     |   |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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|----------------------------------|
| Operator in Responsible Charge:  |

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| This is page one of   | a two page form. Both pages must be completed and returne          | ed. Operator Certification Number             | r: <b>2784</b>   |
|-----------------------|--|---|------------------|
|                       | ase enter you're current address on the lines below and, if necess | Certification(s) shown below will expire on   | //1//11/3        |
| cor                   | rect the City, state and ZIP Code. Please print legibly.           | The fee to renew these certifications         | \$ 100           |
|                       |  | Failure to complete or requirements by the ex |                  |
|                       |  | result in an additio                          | nal late fees as |
| I. CERTIFICAT         | TES TO RENEW:  |   | Training Units   |
| Certification Type    | e Category   |   | Required         |
| SUPERINTENDENT        | WATER TREATMENT  | 4   | 7                |
| SUPERINTENDENT        | WASTEWATER TREATMENT   | 5   | 7                |
| SUPERINTENDENT        | WASTEWATER TREATMENT   | Α   | 7                |
| II. CURRENT EM        | IPLOYMENT INFORMATION  |   |                  |
| Employer's Name:      |  | Phone #:                                      |                  |
| Number of Facilities  | (or Plants) that you currently operate:                            | I am employed by the                          | Facility owner   |
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| Please provide the fo | llowing information about each Facility/Plant that you operate.    | . Use addtional pages as needed.              | _                |
| Facility / Plant Name |  | Class PDWIS (Water) NPDES (                   | (Wastewater)     |
|                       |  |   |                  |
|                       |  |   |                  |
|                       |  |   |                  |
|                       |  |   |                  |
|                       | T  |   |                  |
|                       | (OVER)   |   |                  |



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Page 2

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|----------------------------------|
| Operator in Responsible Charge:  |

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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| This is page one of a two page   | perator Certification Number: 2858                    |               |  |  |  |  |  |  |
|----------------------------------|---|---------------|--|--|--|--|--|--|
| JASON BARRETT Please enter y     | ou're current address on the lines below and, if nece | essary,       | Certification(s) sl<br>below will expi         |  |  |  |  |  |
| •                                | ty, state and ZIP Code. Please print legibly.         | •             | The fee to renew certifica                     | 620  |  |  |  |  |
|                                  |   |               | requirements by the result in an add           | ete or submit renewal<br>he expiration date will<br>ditional late fees as<br>I in Section V. |  |  |  |  |
| I. CERTIFICATES TO               | RENEW:  |               |  | Training Units   |  |  |  |  |
| Certification Type               | Category  |               | Class  | Required   |  |  |  |  |
| TEMPORARY                        | INDUSTRIAL WASTEWATER                                 |               | 2  | 0  |  |  |  |  |
| II. CURRENT EMPLOYM              | IENT INFORMATION                                      |               |  |  |  |  |  |  |
| Employer's Name:                 |   |               | Phone #:                                       |  |  |  |  |  |
| Number of Facilities (or Plants) | that you currently operate:                           |               | I am employed by the Facility owner            |  |  |  |  |  |
| I am currently not operating any | Facility  | I pr          | I provide contractual services to the Facility |  |  |  |  |  |
| Please provide the following inf | formation about each Facility/Plant that you operat   | e. Use addtio | nal pages as needed.                           |  |  |  |  |  |
| Facility / Plant Name            |   | Class P       | DWIS (Water) NPD                               | DES (Wastewater)   |  |  |  |  |
|                                  |   |               |  |  |  |  |  |  |
|                                  |   |               |  |  |  |  |  |  |
|                                  |   |               |  |  |  |  |  |  |
|                                  |   |               |  |  |  |  |  |  |
|                                  |   |               |  |  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

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| This is page one     | of a two page form. Both page      | perator Certifcation N         | Jumber: <b>2860</b> |   |                       |  |  |  |  |
|----------------------|------------------------------------|--------------------------------|---------------------|---|-----------------------|--|--|--|--|
|                      | Please enter you're current addre  |                                | ecessary,           | Certification(s)<br>below will ex   |                       |  |  |  |  |
| C                    | correct the City, state and ZIP Co | ode. Please print legibly.     |                     | The fee to renev  | v these cations: \$50 |  |  |  |  |
|                      |                                    |                                |                     | Failure to complete or submit rene<br>requirements by the expiration date<br>result in an additional late fees a<br>described in Section V. |                       |  |  |  |  |
| I. CERTIFICA         | ATES TO RENEW:                     |                                |                     |   | Training Units        |  |  |  |  |
| Certification Ty     | pe Cate                            | gory                           |                     | Class   | Required              |  |  |  |  |
| OPERATOR             | WAT                                | ER DISTRIBUTION                |                     | 1   | 16                    |  |  |  |  |
| II. CURRENT I        | EMPLOYMENT INFORM                  | ATION                          |                     |   |                       |  |  |  |  |
| Employer's Name:     |                                    |                                |                     | Phone #:  |                       |  |  |  |  |
| Number of Facilitie  | es (or Plants) that you currently  | operate:                       |                     | I am employed b   | by the Facility owner |  |  |  |  |
| I am currently not   | operating any Facility             |                                | Ιp                  | I provide contractual services to the Facility  |                       |  |  |  |  |
| Please provide the   | following information about ea     | ch Facility/Plant that you ope | rate. Use addti     | onal pages as needea  | <u></u>               |  |  |  |  |
| Facility / Plant Nar | me                                 |                                | Class               | PDWIS (Water) NI  | PDES (Wastewater)     |  |  |  |  |
|                      |                                    |                                |                     |   |                       |  |  |  |  |
|                      |                                    |                                |                     |   |                       |  |  |  |  |
|                      |                                    |                                |                     |   |                       |  |  |  |  |
|                      |                                    |                                |                     |   |                       |  |  |  |  |
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#### **III. CONTINUING EDUCATION:**

Page 2

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| This is page one of a two page    | Operator Certification Nu                                  | ımber: <b>2986</b>                   |  |  |  |  |  |  |
|-----------------------------------|--|--------------------------------------|--|--|--|--|--|--|
| •                                 | ou're current address on the lines below and, if necessary | Certification(s) s<br>below will exp |  |  |  |  |  |  |
| correct the City                  | y, state and ZIP Code. Please print legibly.               | The fee to renew certification       | \$100  |  |  |  |  |  |
|                                   |  | requirements by t                    | ete or submit renewal<br>the expiration date will<br>lditional late fees as<br>d in Section V. |  |  |  |  |  |
| I. CERTIFICATES TO                | RENEW:   |                                      | <b>Training Units</b>  |  |  |  |  |  |
| Certification Type                | Category   | Class                                | Required   |  |  |  |  |  |
| OPERATOR                          | WATER DISTRIBUTION   | 1                                    | 16   |  |  |  |  |  |
| OPERATOR                          | WASTEWATER COLLECTION                                      | 2                                    | 16   |  |  |  |  |  |
| II. CURRENT EMPLOYM               | ENT INFORMATION  |                                      |  |  |  |  |  |  |
| Employer's Name:                  |  | Phone #:                             |  |  |  |  |  |  |
| Number of Facilities (or Plants)  | that you currently operate:                                | I am employed by                     | the Facility owner   |  |  |  |  |  |
| I am currently not operating any  | Facility   | I provide contractual serv           | I provide contractual services to the Facility   |  |  |  |  |  |
| Please provide the following info | ormation about each Facility/Plant that you operate. Us    | se addtional pages as needed.        | _  |  |  |  |  |  |
| Facility / Plant Name             | C  | lass PDWIS (Water) NPI               | DES (Wastewater)   |  |  |  |  |  |
|                                   |  |                                      |  |  |  |  |  |  |
|                                   |  |                                      |  |  |  |  |  |  |
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|                                   |  |                                      |  |  |  |  |  |  |
|                                   |  |                                      |  |  |  |  |  |  |



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Page 2

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| Operator in Responsible Charge:  |

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|------------------------------|---|-------------------|---|--|--|--|--|--|
|                              | nter you're current address on the lines below and, if nece | ssary,            | Certification(s) shown below will expire on: 7/1/202      |  |  |  |  |  |
| correct the                  | he City, state and ZIP Code. Please print legibly.          |                   | The fee to renew certifica                                | \$50   |  |  |  |  |
|                              |   |                   | <ul> <li>requirements by t<br/>result in an ad</li> </ul> | ete or submit renewal<br>he expiration date will<br>ditional late fees as<br>I in Section V. |  |  |  |  |
| <b>I. CERTIFICATES</b>       | TO RENEW:   |                   |   | Training Units   |  |  |  |  |
| Certification Type           | Category  |                   | Class   | Required   |  |  |  |  |
| OPERATOR                     | INDUSTRIAL WASTEWATER                                       |                   | 2   | 0  |  |  |  |  |
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|                              |   |                   |   |  |  |  |  |  |
|                              |   |                   |   |  |  |  |  |  |
|                              |   |                   |   |  |  |  |  |  |
|                              |   |                   |   |  |  |  |  |  |
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|-----------------------|---|--|--------------------------------------|--|--|--|--|
|                       | ase enter you're current address on the lines below and, if i | necessary,                                     | Certification(s) s<br>below will exp |  |  |  |  |
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|                       |   |  | requirements by to result in an ad   | ete or submit renewal<br>the expiration date will<br>lditional late fees as<br>d in Section V. |  |  |  |
| I. CERTIFICAT         | TES TO RENEW:   |  | ueseribe                             | Training Units   |  |  |  |
| Certification Type    | e Category  |  | Class                                | Required   |  |  |  |
| SUPERINTENDENT        | WATER TREATMENT   |  | 4                                    | 7  |  |  |  |
| II. CURRENT EM        | IPLOYMENT INFORMATION   |  |                                      |  |  |  |  |
| Employer's Name:      |   |  | Phone #:                             |  |  |  |  |
| Number of Facilities  | (or Plants) that you currently operate:                       | I am employed by the Facility owner            |                                      |  |  |  |  |
| I am currently not op | erating any Facility  | I provide contractual services to the Facility |                                      |  |  |  |  |
| Please provide the fo | llowing information about each Facility/Plant that you op     | erate. Use addti                               | onal pages as needed.                | _  |  |  |  |
| Facility / Plant Name |   | Class  | PDWIS (Water) NPI                    | DES (Wastewater)   |  |  |  |
|                       |   |  |                                      |  |  |  |  |
|                       |   |  |                                      |  |  |  |  |
|                       |   |  |                                      |  |  |  |  |
|                       |   |  |                                      |  |  |  |  |
|                       |   |  |                                      |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

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|----------------------------------|
| Operator in Responsible Charge:  |

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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

| This is page one of     | of a two page form. Both pages must be completed and return          | erator Certification Nu                        | ımber: <b>3322</b>                   |   |  |  |  |  |
|-------------------------|--|--|--------------------------------------|---|--|--|--|--|
|                         | Please enter you're current address on the lines below and, if neces | essary,  | Certification(s) s<br>below will exp | //1//11/3   |  |  |  |  |
| С                       | correct the City, state and ZIP Code. Please print legibly.          |  | The fee to renew certification       | \$50  |  |  |  |  |
|                         |  |  | requirements by t<br>result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. |  |  |  |  |
| I. CERTIFICA            | ATES TO RENEW:   |  |                                      | Training Units  |  |  |  |  |
| <b>Certification Ty</b> | pe Category  |  | Class                                | Required  |  |  |  |  |
| TEMPORARY               | WATER TREATMENT  |  | 1                                    | 24  |  |  |  |  |
| II. CURRENT E           | EMPLOYMENT INFORMATION   |  |                                      |   |  |  |  |  |
| Employer's Name:        |  | Phone #:                                       |                                      |   |  |  |  |  |
| Number of Facilities    | es (or Plants) that you currently operate:                           | I am employed by the Facility owner            |                                      |   |  |  |  |  |
| I am currently not o    | operating any Facility   | I provide contractual services to the Facility |                                      |   |  |  |  |  |
| Please provide the      | following information about each Facility/Plant that you operat      | te. Use addtio                                 | nal pages as needed.                 |   |  |  |  |  |
| Facility / Plant Nan    | ne   | Class PDWIS (Water) NPDES (Wastewater)         |                                      |   |  |  |  |  |
|                         |  |  |                                      |   |  |  |  |  |
|                         |  |  |                                      |   |  |  |  |  |
|                         |  |  |                                      |   |  |  |  |  |
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|                         | (OVER)   |  |                                      |   |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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| This is page one of     | of a two page form. Both pages i     | perator Certification         | 3488   |                              |  |              |  |  |
|-------------------------|--------------------------------------|-------------------------------|--|------------------------------|--|--------------|--|--|
|                         | lease enter you're current address   |                               | cessary,                                       | Certification(s below will e | 7/1/2023   |              |  |  |
| С                       | orrect the City, state and ZIP Cod   | e. Please print legibly.      |  | The fee to ren certi         | ew these fications:  | \$50         |  |  |
|                         |                                      |                               |  | requirements by result in an | submit renewal iration date will all late fees as ction V. |              |  |  |
| I. CERTIFICA            | TES TO RENEW:                        |                               |  |                              |  | aining Units |  |  |
| <b>Certification Ty</b> | pe Catego                            | ory                           |  | Class                        |  | equired      |  |  |
| TEMPORARY               | INDUS <sup>-</sup>                   | TRIAL WASTEWATER              |  | 2                            | 0  |              |  |  |
| II. CURRENT E           | MPLOYMENT INFORMA                    | ΓΙΟΝ                          |  |                              |  |              |  |  |
| Employer's Name:        |                                      |                               |  | Phone #:                     |  |              |  |  |
| Number of Facilitie     | es (or Plants) that you currently op | perate:                       | I am employed by the Facility owner            |                              |  |              |  |  |
| I am currently not o    | operating any Facility               |                               | I provide contractual services to the Facility |                              |  |              |  |  |
| Please provide the      | following information about each     | Facility/Plant that you opera | ate. Use addti                                 | onal pages as need           | ed.  |              |  |  |
| Facility / Plant Nan    | ne                                   |                               | Class  | PDWIS (Water) N              | NPDES (W   | astewater)   |  |  |
|                         |                                      |                               |  |                              |  |              |  |  |
|                         |                                      |                               |  |                              |  |              |  |  |
|                         |                                      |                               |  |                              |  |              |  |  |
|                         |                                      |                               |  |                              |  |              |  |  |
|                         |                                      |                               |  |                              |  |              |  |  |



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Page 2

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| Operator in Responsible Charge:  |

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| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a     | two page form. Both pages must be completed and retur           | ned. Oper        | ator Certification N  | umber: <b>3514</b>    |  |  |  |  |  |
|---------------------------|---|------------------|---|-----------------------|--|--|--|--|--|
|                           | se enter you're current address on the lines below and, if nece | essary,          | Certification(s) below will exp   | //1//11/3             |  |  |  |  |  |
| corre                     | ect the City, state and ZIP Code. Please print legibly.         |                  | The fee to renew certific   | <b>X100</b>           |  |  |  |  |  |
|                           |   |                  | Failure to complete or submit renew requirements by the expiration date we result in an additional late fees as described in Section V. |                       |  |  |  |  |  |
| I. CERTIFICAT             | ES TO RENEW:  |                  |   | <b>Training Units</b> |  |  |  |  |  |
| <b>Certification Type</b> | Category  |                  | Class   | Required              |  |  |  |  |  |
| TEMPORARY                 | WASTEWATER COLLECTION   |                  | 2   | 24                    |  |  |  |  |  |
| TEMPORARY                 | WATER TREATMENT   |                  | 2   | 24                    |  |  |  |  |  |
| II. CURRENT EM            | PLOYMENT INFORMATION  |                  |   |                       |  |  |  |  |  |
| Employer's Name:          |   |                  | Phone #:  |                       |  |  |  |  |  |
| Number of Facilities (    | or Plants) that you currently operate:                          |                  | I am employed b   | y the Facility owner  |  |  |  |  |  |
| I am currently not open   | rating any Facility   | I prov           | vide contractual ser  | vices to the Facility |  |  |  |  |  |
| Please provide the foll   | lowing information about each Facility/Plant that you opera     | te. Use addtiond | al pages as needed.   |                       |  |  |  |  |  |
| Facility / Plant Name     |   | Class PD         | WIS (Water) NP  | DES (Wastewater)      |  |  |  |  |  |
|                           |   |                  |   |                       |  |  |  |  |  |
|                           |   |                  |   |                       |  |  |  |  |  |
|                           |   |                  |   |                       |  |  |  |  |  |
|                           |   |                  |   |                       |  |  |  |  |  |
|                           |   |                  |   |                       |  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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|----------------------------------|
| Operator in Responsible Charge:  |

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| This is page one   | of a two page form. Both pages must b                    | Operator Certifcati               | Operator Certification Number: 3517            |  |              |  |  |  |
|--------------------|--|-----------------------------------|--|--|--------------|--|--|--|
| KEVIN L. MCC       | LANATHAN, JR  Please enter you're current address on the | •                                 |  | Certification(s) shown below will expire on: 7/1/2023  |              |  |  |  |
|                    | correct the City, state and ZIP Code. Plea               | se print legibly.                 |  | renew these ertifications:   | \$100        |  |  |  |
|                    |  |                                   | requirement result in                          | Failure to complete or submit re requirements by the expiration da result in an additional late feed described in Section V. |              |  |  |  |
|                    | ATES TO RENEW:   |                                   |  |  | aining Units |  |  |  |
| Certification T    | ype Category   |                                   | Class  | Re   | equired      |  |  |  |
| OPERATOR           | WATER TREA   | ATMENT                            | 2  | 16   | ;            |  |  |  |
| OPERATOR           | WASTEWATI  | ER TREATMENT                      | 5  | 30   | )            |  |  |  |
| OPERATOR           | WASTEWATI  | ER TREATMENT                      | Α  | 16   | j            |  |  |  |
| II. CURRENT        | EMPLOYMENT INFORMATION                                   | I                                 |  |  |              |  |  |  |
| Employer's Name    | ::   |                                   | Phone  | #:   |              |  |  |  |
| Number of Facili   | ties (or Plants) that you currently operate:             |                                   | I am employ                                    | yed by the Fa  | cility owner |  |  |  |
| I am currently no  | t operating any Facility                                 |                                   | I provide contractual services to the Facility |  |              |  |  |  |
| Please provide th  | e following information about each Facil                 | ity/Plant that you operate. Use a | ddtional pages as ne                           | eded.  |              |  |  |  |
| Facility / Plant N | ame  | Class                             | PDWIS (Water)                                  | NPDES (W   | astewater)   |  |  |  |
|                    |  |                                   |  |  | _            |  |  |  |
|                    |  |                                   |  |  |              |  |  |  |
|                    |  |                                   |  |  |              |  |  |  |
|                    |  |                                   |  |  |              |  |  |  |



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Page 2

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| Operator in Responsible Charge:  |

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| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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| This is page one of a two page    | ator Certification N  | Number: <b>3601</b> | 3601                              |   |   |
|-----------------------------------|---|---------------------|-----------------------------------|---|---|
|                                   | ou're current address on the lines below and, if necessary, | ,                   | Certification(s)<br>below will ex |   |   |
| correct the City                  | y, state and ZIP Code. Please print legibly.                |                     | The fee to rene certifi           | w these scations: \$100   |   |
|                                   |   |                     | requirements by result in an a    | plete or submit reneway<br>the expiration date wadditional late fees as<br>seed in Section V. |   |
| I. CERTIFICATES TO                | RENEW:  |                     |                                   | <b>Training Units</b>   | S |
| Certification Type                | Category  |                     | Class                             | Required  |   |
| SUPERINTENDENT                    | WATER TREATMENT   |                     | 2                                 | 7   |   |
| SUPERINTENDENT                    | WASTEWATER TREATMENT  |                     | Α                                 | 7   |   |
| SUPERINTENDENT                    | WASTEWATER TREATMENT  |                     | 5                                 | 7   |   |
| SUPERINTENDENT                    | WATER TREATMENT   |                     | 3                                 | 7   |   |
| SUPERINTENDENT                    | WATER TREATMENT   |                     | 4                                 | 7   |   |
| II. CURRENT EMPLOYM               | ENT INFORMATION   |                     |                                   |   |   |
| Employer's Name:                  |   |                     | Phone #:                          |   |   |
| Number of Facilities (or Plants)  | that you currently operate:                                 |                     | I am employed                     | by the Facility owner   |   |
| I am currently not operating any  | Facility  | I pro               | vide contractual se               | ervices to the Facility   |   |
| Please provide the following info | ormation about each Facility/Plant that you operate. Use    | e addtion           | al pages as needed                | d.  |   |
| Facility / Plant Name             | Cla   | ass PD              | WIS (Water) NI                    | PDES (Wastewater)   |   |
|                                   |   |                     |                                   |   | _ |
|                                   |   |                     |                                   |   |   |
|                                   |   |                     |                                   |   |   |
|                                   |   |                     |                                   |   |   |
|                                   |   |                     |                                   |   |   |



#### **III. CONTINUING EDUCATION:**

Page 2

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|--------------------------|--|--------------------------|--|--|--|--|--|--|
|                          | se enter you're current address on the lines below and, if r | necessary,               | Certification(s) sl<br>below will expi         |  |  |  |  |  |
| corre                    | ect the City, state and ZIP Code. Please print legibly.      |                          | The fee to renew certifica                     |  |  |  |  |  |
|                          |  |                          | requirements by the result in an add           | ete or submit renewal<br>he expiration date will<br>ditional late fees as<br>I in Section V. |  |  |  |  |
| I. CERTIFICATI           | ES TO RENEW:   |                          |  | <b>Training Units</b>  |  |  |  |  |
| Certification Type       | Category   |                          | Class  | Required   |  |  |  |  |
| OPERATOR                 | WASTEWATER TREATMENT   |                          | 5  | 30   |  |  |  |  |
| OPERATOR                 | WASTEWATER TREATMENT   |                          | Α  | 16   |  |  |  |  |
| II. CURRENT EMI          | PLOYMENT INFORMATION   |                          |  |  |  |  |  |  |
| Employer's Name:         |  |                          | Phone #:                                       |  |  |  |  |  |
| Number of Facilities (c  | or Plants) that you currently operate:                       |                          | I am employed by the Facility owner            |  |  |  |  |  |
| I am currently not oper  | ating any Facility   | I pr                     | I provide contractual services to the Facility |  |  |  |  |  |
| Please provide the follo | owing information about each Facility/Plant that you op      | erate. Use addtio        | onal pages as needed.                          |  |  |  |  |  |
| Facility / Plant Name    |  | Class I                  | PDWIS (Water) NPD                              | DES (Wastewater)   |  |  |  |  |
|                          |  |                          |  |  |  |  |  |  |
|                          |  |                          |  |  |  |  |  |  |
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|                          | (OVER)   |                          |  |  |  |  |  |  |



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Page 2

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|                              | ie of a two page form. Bot    | perator Certification Number: 3672         |   |  |                          |     |  |  |  |
|------------------------------|-------------------------------|--|---|--|--------------------------|-----|--|--|--|
| JOSEPH A. W                  | Please enter you're curren    | ary,                                       | Certification(s) shown below will expire on: 7/1/2023   |  |                          |     |  |  |  |
|                              | correct the City, state and   | ZIP Code. Please print legibly.            |   | The fee to renew these certifications: \$100 |                          |     |  |  |  |
|                              |                               |  | Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. |  |                          |     |  |  |  |
| I. CERTIFIC<br>Certification | <u>CATES TO RENEW</u><br>Type | <u>:</u><br>Category                       |   | Class  | Training Uni<br>Required | its |  |  |  |
| OPERATOR                     |                               | WASTEWATER TREATMENT                       |   | Α  | 16                       |     |  |  |  |
| SUPERINTENDI                 | FNT                           | WASTEWATER TREATMENT                       |   | A  | 7                        |     |  |  |  |
| SUPERINTENDI                 |                               | INDUSTRIAL WASTEWATER                      |   | 6  | 7                        |     |  |  |  |
| SUPERINTENDI                 |                               | WATER TREATMENT                            |   | 2  | 7                        |     |  |  |  |
| SUPERINTENDI                 |                               | INDUSTRIAL WASTEWATER                      |   | 2  | 0                        |     |  |  |  |
| OPERATOR                     |                               | WATER TREATMENT                            |   | 4  | 30                       |     |  |  |  |
| OPERATOR                     |                               | WATER TREATMENT                            |   | 2  | 16                       |     |  |  |  |
| SUPERINTENDI                 | ENT                           | 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                  | TEMPLOYMENT INF               | ORMATION                                   |   |  |                          |     |  |  |  |
| Employer's Nam               | ne:                           |  |   | Phone #:                                     |                          |     |  |  |  |
| Number of Facil              | ities (or Plants) that you cu | rrently operate:                           |   | I am employed                                | by the Facility owner    |     |  |  |  |
| I am currently no            | ot operating any Facility     |  | I pro   | vide contractual s                           | services to the Facility | П   |  |  |  |
| Please provide t             | he following information as   | bout each Facility/Plant that you operate. | Use addtion   | al pages as neede                            | ed.                      |     |  |  |  |
| Facility / Plant N           | Name                          |  | Class PD  | OWIS (Water) N                               | NPDES (Wastewater)       |     |  |  |  |
|                              |                               |  |   |  |                          |     |  |  |  |
|                              |                               |  |   |  |                          |     |  |  |  |
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|                              |                               |  |   |  |                          |     |  |  |  |
|                              |                               | (OVER)                                     |   |  |                          |     |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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|----------------------|---|--|-------------------------------------|--|--|--|--|--|
|                      | lease enter you're current address on the lines below and, if | necessary,                                     | Certification(s) below will exp     |  |  |  |  |  |
| С                    | orrect the City, state and ZIP Code. Please print legibly.    |  | The fee to renew certific           | \$50   |  |  |  |  |
|                      |   |  | requirements by result in an ac     | lete or submit renewal<br>the expiration date will<br>Iditional late fees as<br>ed in Section V. |  |  |  |  |
| I. CERTIFICA         | ATES TO RENEW:  |  |                                     | Training Units   |  |  |  |  |
| Certification Ty     | pe Category   |  | Class                               | Required   |  |  |  |  |
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|                      |   |  |                                     | _  |  |  |  |  |
|                      |   |  |                                     |  |  |  |  |  |
|                      |   |  |                                     |  |  |  |  |  |
|                      |   |  |                                     |  |  |  |  |  |
|                      |   |  |                                     |  |  |  |  |  |



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| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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| This is page one    | e of a two page form. Both pages must be completed and retur             | Operator Certification Number: <b>3944</b> |  |                       |  |  |  |  |
|---------------------|--|--|--|-----------------------|--|--|--|--|
|                     | Please enter you're current address on the lines below and, if necessity | essary,                                    | Certification(s) s<br>below will exp   |                       |  |  |  |  |
|                     | correct the City, state and ZIP Code. Please print legibly.              |  | The fee to renew certification   | 150                   |  |  |  |  |
|                     |  |  | <ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration da result in an additional late fees described in Section V.</li> </ul> |                       |  |  |  |  |
|                     | ATES TO RENEW:   |  |  | <b>Training Units</b> |  |  |  |  |
| Certification T     | ype Category   |  | Class  | Required              |  |  |  |  |
| OPERATOR            | WASTEWATER TREATMENT   |  | 5  | 30                    |  |  |  |  |
| OPERATOR            | WASTEWATER TREATMENT   |  | Α  | 16                    |  |  |  |  |
| II. CURRENT         | EMPLOYMENT INFORMATION   |  |  |                       |  |  |  |  |
| Employer's Name     | ::   |  | Phone #:   |                       |  |  |  |  |
| Number of Facilit   | ties (or Plants) that you currently operate:                             |  | I am employed by   | the Facility owner    |  |  |  |  |
| I am currently not  | t operating any Facility   | I pro                                      | I provide contractual services to the Facility   |                       |  |  |  |  |
| Please provide th   | e following information about each Facility/Plant that you opera         | te. Use addtion                            | nal pages as needed.   |                       |  |  |  |  |
| Facility / Plant Na | ame  | Class Pl                                   | DWIS (Water) NPI   | DES (Wastewater)      |  |  |  |  |
|                     |  |  |  |                       |  |  |  |  |
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#### **III. CONTINUING EDUCATION:**

Page 2

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

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

| This is page one of a two    | <b>d.</b> Operator Certification Num                          | ber: <b>4350</b>                               |  |  |  |  |  |
|------------------------------|---|--|--|--|--|--|--|
|                              | ter you're current address on the lines below and, if necessa | Certification(s) sho<br>ary, below will expire |  |  |  |  |  |
| correct the                  | e City, state and ZIP Code. Please print legibly.             | The fee to renew th certification              | 620  |  |  |  |  |
|                              |   | requirements by the result in an addi          | e or submit renewal<br>e expiration date will<br>tional late fees as<br>n Section V. |  |  |  |  |
| I. CERTIFICATES 7            | ΓO RENEW:   |  | Training Units   |  |  |  |  |
| Certification Type           | Category  | Class  | Required   |  |  |  |  |
| OPERATOR                     | INDUSTRIAL WASTEWATER   | 6  | 16   |  |  |  |  |
| II. CURRENT EMPLO            | YMENT INFORMATION   |  |  |  |  |  |  |
| Employer's Name:             |   | Phone #:                                       |  |  |  |  |  |
| Number of Facilities (or Pla | ants) that you currently operate:                             | I am employed by the                           | ne Facility owner  |  |  |  |  |
| I am currently not operating | any Facility  | I provide contractual services to the Facility |  |  |  |  |  |
| Please provide the following | g information about each Facility/Plant that you operate.     | Use addtional pages as needed.                 |  |  |  |  |  |
| Facility / Plant Name        |   | Class PDWIS (Water) NPDE                       | S (Wastewater)   |  |  |  |  |
|                              |   |  |  |  |  |  |  |
|                              |   |  |  |  |  |  |  |
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|                              |   |  |  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

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|----------------------------------|
| Operator in Responsible Charge:  |

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|---|----------------------------|--------------------------------|--|
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| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of   | a two page form. Both pages must be completed and ret          | perator Certification Nu                       | ımber: <b>4377</b>   |                  |  |  |  |
|-----------------------|--|--|--|------------------|--|--|--|
|                       | ase enter you're current address on the lines below and, if no | ecessary,                                      | shown ire on: 7/1/2023   |                  |  |  |  |
| cor                   | rect the City, state and ZIP Code. Please print legibly.       |  | The fee to renew certification   | \$5A             |  |  |  |
|                       |  |  | Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. |                  |  |  |  |
| I. CERTIFICAT         | TES TO RENEW:  |  |  | Training Units   |  |  |  |
| Certification Type    | e Category   |  | Class  | Required         |  |  |  |
| SUPERINTENDENT        | WATER TREATMENT  |  | 3  | 7                |  |  |  |
| II. CURRENT EM        | IPLOYMENT INFORMATION  |  |  |                  |  |  |  |
| Employer's Name:      |  |  | Phone #:   |                  |  |  |  |
| Number of Facilities  | (or Plants) that you currently operate:                        | I am employed by the Facility owner            |  |                  |  |  |  |
| I am currently not op | erating any Facility   | I provide contractual services to the Facility |  |                  |  |  |  |
| Please provide the fo | llowing information about each Facility/Plant that you ope     | rate. Use addti                                | onal pages as needed.  |                  |  |  |  |
| Facility / Plant Name |  | Class 1  | PDWIS (Water) NPI  | DES (Wastewater) |  |  |  |
|                       |  |  |  |                  |  |  |  |
|                       |  |  |  |                  |  |  |  |
|                       |  |  |  |                  |  |  |  |
|                       |  |  |  |                  |  |  |  |
|                       |  |  |  |                  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| Name and Certification Number of |
|----------------------------------|
| Operator in Responsible Charge:  |

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| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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| This is page one of a two pag   | perator Certification Number: 4564                     |  |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|--|--|
|                                 | you're current address on the lines below and, if neco | essary,                                | nown re on: 7/1/2023                           |  |  |  |  |  |
| correct the C                   | ity, state and ZIP Code. Please print legibly.         |  | The fee to renew certifica                     | 620  |  |  |  |  |
|                                 |  |  | requirements by the result in an add           | ete or submit renewal<br>he expiration date will<br>ditional late fees as<br>I in Section V. |  |  |  |  |
| I. CERTIFICATES TO              | RENEW:   |  |  | Training Units   |  |  |  |  |
| Certification Type              | Category   |  | Class  | Required   |  |  |  |  |
| OPERATOR                        | WATER DISTRIBUTION                                     |  | 1  | 16   |  |  |  |  |
| II. CURRENT EMPLOYN             | MENT INFORMATION                                       |  |  |  |  |  |  |  |
| Employer's Name:                |  |  | Phone #:                                       |  |  |  |  |  |
| Number of Facilities (or Plants | ) that you currently operate:                          |  | I am employed by the Facility owner            |  |  |  |  |  |
| I am currently not operating an | y Facility   | I pı                                   | I provide contractual services to the Facility |  |  |  |  |  |
| Please provide the following in | nformation about each Facility/Plant that you opera    | te. Use addtio                         | onal pages as needed.                          |  |  |  |  |  |
| Facility / Plant Name           |  | Class PDWIS (Water) NPDES (Wastewater) |  |  |  |  |  |  |
|                                 |  |  |  |  |  |  |  |  |
|                                 |  |  |  |  |  |  |  |  |
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|                                 |  |  |  |  |  |  |  |  |
|                                 |  |  |  |  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| Operator in Responsible Charge:  |

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| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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| This is page one    | of a two page form. Both pages must be completed and returned            | perator Certification Number: 4641 |   |   |  |  |  |  |
|---------------------|--|------------------------------------|---|---|--|--|--|--|
|                     | Please enter you're current address on the lines below and, if necessary | ary,                               | Certification(s) shown below will expire on: 7/1/2023 |   |  |  |  |  |
|                     | correct the City, state and ZIP Code. Please print legibly.              |                                    | The fee to rene certifi                               | w these cations: \$100  |  |  |  |  |
|                     |  |                                    | requirements by<br>result in an a                     | plete or submit renewal<br>the expiration date will<br>additional late fees as<br>sed in Section V. |  |  |  |  |
| I. CERTIFIC         | ATES TO RENEW:   |                                    |   | Training Units  |  |  |  |  |
| Certification T     | ype Category   |                                    | Class   | Required  |  |  |  |  |
| OPERATOR            | WASTEWATER TREATMENT   |                                    | Α   | 16  |  |  |  |  |
| SUPERINTENDE        | NT WASTEWATER TREATMENT  |                                    | 5   | 7   |  |  |  |  |
| OPERATOR            | WASTEWATER TREATMENT   |                                    | 5   | 30  |  |  |  |  |
| SUPERINTENDE        | NT WASTEWATER TREATMENT  |                                    | Α   | 7   |  |  |  |  |
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| Facility / Plant Na | nme  | Class PI                           | OWIS (Water) N  | PDES (Wastewater)   |  |  |  |  |
|                     |  |                                    |   |   |  |  |  |  |
|                     |  |                                    |   |   |  |  |  |  |
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|                     | (OVER)   |                                    |   |   |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

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|----------------------------------|
| 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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- 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: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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

| This is page one of a t  | wo page form. Both pages must be completed and re         | perator Certifcation Nu | ımber: <b>4846</b>                             |   |  |  |  |  |
|--------------------------|---|-------------------------|--|---|--|--|--|--|
|                          | e enter you're current address on the lines below and, if | necessary,              | Certification(s) s<br>below will exp           |   |  |  |  |  |
| correc                   | et the City, state and ZIP Code. Please print legibly.    |                         | The fee to renew certification                 | \$50  |  |  |  |  |
|                          |   |                         | requirements by t<br>result in an ad           | ete or submit renewal<br>the expiration date will<br>ditional late fees as<br>d in Section V. |  |  |  |  |
| I. CERTIFICATE           | S TO RENEW:   |                         | 46561156                                       | Training Units  |  |  |  |  |
| Certification Type       | Category  |                         | Class  | Required  |  |  |  |  |
| TEMPORARY                | WATER DISTRIBUTION  |                         | 1  | 24  |  |  |  |  |
| II. CURRENT EMP          | LOYMENT INFORMATION                                       |                         |  |   |  |  |  |  |
| Employer's Name:         |   |                         | Phone #:                                       |   |  |  |  |  |
| Number of Facilities (or | Plants) that you currently operate:                       |                         | I am employed by the Facility owner            |   |  |  |  |  |
| I am currently not opera | ating any Facility  | Ιp                      | I provide contractual services to the Facility |   |  |  |  |  |
| Please provide the follo | wing information about each Facility/Plant that you op    | perate. Use addti       | onal pages as needed.                          |   |  |  |  |  |
| Facility / Plant Name    |   | Class                   | PDWIS (Water) NPI                              | DES (Wastewater)  |  |  |  |  |
|                          |   |                         |  |   |  |  |  |  |
|                          |   |                         |  |   |  |  |  |  |
|                          |   |                         |  |   |  |  |  |  |
|                          |   |                         |  |   |  |  |  |  |
|                          |   |                         |  |   |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of   | a two page form. Both pages must be co        | Operator Certification N       | Number: <b>4960</b>            |   |  |  |  |  |
|-----------------------|---|--------------------------------|--------------------------------|---|--|--|--|--|
|                       | ease enter you're current address on the line |                                |                                | Certification(s) shown below will expire on: 7/1/2023   |  |  |  |  |
| co                    | rrect the City, state and ZIP Code. Please p  | orint legibly.                 | The fee to rene certifi        | w these scations: \$50  |  |  |  |  |
|                       |   |                                | requirements by result in an a | plete or submit renewal<br>v the expiration date will<br>additional late fees as<br>sed in Section V. |  |  |  |  |
| I. CERTIFICA          | TES TO RENEW:                                 |                                |                                | Training Units  |  |  |  |  |
| Certification Typ     | e Category                                    |                                | Class                          | Required  |  |  |  |  |
| OPERATOR              | WASTEWATER (                                  | COLLECTION                     | 2                              | 16  |  |  |  |  |
| II. CURRENT E         | MPLOYMENT INFORMATION                         |                                |                                |   |  |  |  |  |
| Employer's Name:      |   |                                | Phone #:                       |   |  |  |  |  |
| Number of Facilities  | (or Plants) that you currently operate:       |                                | I am employed                  | by the Facility owner   |  |  |  |  |
| I am currently not of | perating any Facility                         |                                | I provide contractual se       | rvices to the Facility  |  |  |  |  |
| Please provide the f  | ollowing information about each Facility/I    | Plant that you operate. Use ac | ldtional pages as needed       | <i>d</i> .  |  |  |  |  |
| Facility / Plant Nam  | 2   | Class                          | PDWIS (Water) NI               | PDES (Wastewater)   |  |  |  |  |
|                       |   |                                |                                |   |  |  |  |  |
|                       |   |                                |                                |   |  |  |  |  |
|                       |   |                                |                                |   |  |  |  |  |
|                       |   |                                |                                |   |  |  |  |  |
|                       |   |                                |                                |   |  |  |  |  |



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Page 2

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| Applicant's Signature  | Date                       |                                |  |  |  |  |  |  |  |
|--|----------------------------|--------------------------------|--|--|--|--|--|--|--|
| Last 4 digits of Social Security Number  | Email Address              |                                |  |  |  |  |  |  |  |
| Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators |                            |                                |  |  |  |  |  |  |  |
| Mail to: Maryland Department of the Er   | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |  |  |  |  |  |  |
| * AN INCOMPLETE A  | APPLICATION WILL B         | E RETURNED *                   |  |  |  |  |  |  |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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| This is page one of a two pa   | age form. Both pages must be completed and returned.   | Operator Certification       | Number: <b>5112</b>   |
|--------------------------------|--|------------------------------|---|
| PATRICK M HOFFMAST             |  | Certification(s              |   |
|                                | r you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly. |                              | xpire on:   |
| correct the s                  | erty, state and 211 Code. I lease print legiory.   | The fee to rene certif       | ew these ications: \$100  |
|                                |  | requirements by result in an | plete or submit renewal<br>y the expiration date will<br>additional late fees as<br>bed in Section V. |
| I. CERTIFICATES TO             | O RENEW:   |                              | <b>Training Units</b>   |
| Certification Type             | Category   | Class                        | Required  |
| OPERATOR                       | WATER TREATMENT  | 1                            | 16  |
| OPERATOR                       | WATER TREATMENT  | 3                            | 30  |
| OPERATOR                       | WATER TREATMENT  | 4                            | 30  |
| OPERATOR                       | WASTEWATER TREATMENT   | 5                            | 30  |
| OPERATOR                       | WASTEWATER TREATMENT   | А                            | 16  |
| SUPERINTENDENT                 | WATER TREATMENT  | 4                            | 7   |
| SUPERINTENDENT                 | WASTEWATER TREATMENT   | 5                            | 7   |
| SUPERINTENDENT                 | WASTEWATER TREATMENT   | А                            | 7   |
| II. CURRENT EMPLOY             | MENT INFORMATION   |                              |   |
| Employer's Name:               |  | Phone #:                     |   |
| Number of Facilities (or Plant | ts) that you currently operate:  | I am employed                | by the Facility owner   |
| I am currently not operating a | ny Facility  | I provide contractual so     | ervices to the Facility   |
| Please provide the following   | information about each Facility/Plant that you operate. Use  | e addtional pages as neede   | d.  |
| Facility / Plant Name          | Cla  | ass PDWIS (Water) N          | PDES (Wastewater)   |
|                                |  |                              |   |
|                                |  |                              |   |
|                                |  |                              |   |
|                                |  |                              |   |
|                                | Loven  |                              |   |
|                                | (OVER)   |                              |   |



#### **III. CONTINUING EDUCATION:**

Page 2

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|----------------------------------|
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| This is page one    | of a two page form. Both pages must be completed and returned         | <b>d.</b> Operator Certification Number       | : 5365                                      |  |  |  |  |  |
|---------------------|---|---|---|--|--|--|--|--|
|                     | Please enter you're current address on the lines below and, if necess | Certification(s) shown below will expire on   |   |  |  |  |  |  |
|                     | correct the City, state and ZIP Code. Please print legibly.           | The fee to renew these certifications         | Q 1 / W 1                                   |  |  |  |  |  |
|                     |   | Failure to complete or requirements by the ex | piration date will                          |  |  |  |  |  |
|                     |   | described in S                                |   |  |  |  |  |  |
| I. CERTIFIC         | ATES TO RENEW:  |   | Training Units                              |  |  |  |  |  |
| Certification T     | ype Category  |   | Required                                    |  |  |  |  |  |
| OPERATOR            | WASTEWATER TREATMENT  | Α :   | 16  |  |  |  |  |  |
| OPERATOR            | WATER TREATMENT   | 4   | 30  |  |  |  |  |  |
| OPERATOR            | WASTEWATER TREATMENT  | 5   | 30  |  |  |  |  |  |
| II. CURRENT         | EMPLOYMENT INFORMATION  |   |   |  |  |  |  |  |
| Employer's Name     | :   | Phone #:                                      |   |  |  |  |  |  |
| Number of Facilit   | ties (or Plants) that you currently operate:                          | I am employed by the I                        | I am employed by the Facility owner         |  |  |  |  |  |
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| Facility / Plant Na | ame   | Class PDWIS (Water) NPDES (                   | Wastewater)                                 |  |  |  |  |  |
|                     |   |   |   |  |  |  |  |  |
|                     |   |   |   |  |  |  |  |  |
|                     |   |   |   |  |  |  |  |  |
|                     |   |   |   |  |  |  |  |  |
|                     |   |   |   |  |  |  |  |  |
|                     | (OVER)  |   |   |  |  |  |  |  |



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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

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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 Er   | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |  |  |  |  |  |  |
| * AN INCOMPLETE A  | APPLICATION WILL B         | E RETURNED *                   |  |  |  |  |  |  |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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

| This is page one of a tw   | vo page form. Both pages must be completed and return       | rator Certifcation N | umber: <b>5378</b>  |                       |  |  |  |  |
|----------------------------|---|----------------------|---|-----------------------|--|--|--|--|
|                            | enter you're current address on the lines below and, if nec | essary,              | Certification(s) below will exp   | //1//11/3             |  |  |  |  |
| correct                    | the City, state and ZIP Code. Please print legibly.         |                      | The fee to renew certific   | \$100                 |  |  |  |  |
|                            |   |                      | Failure to complete or submit requirements by the expiration result in an additional late f |                       |  |  |  |  |
| I. CERTIFICATES            | S TO RENEW:   |                      |   | <b>Training Units</b> |  |  |  |  |
| Certification Type         | Category  |                      | Class   | Required              |  |  |  |  |
| OPERATOR                   | WATER DISTRIBUTION  |                      | 1   | 16                    |  |  |  |  |
| OPERATOR                   | WASTEWATER COLLECTION                                       |                      | 2   | 16                    |  |  |  |  |
| II. CURRENT EMPL           | LOYMENT INFORMATION   |                      |   |                       |  |  |  |  |
| Employer's Name:           |   |                      | Phone #:  |                       |  |  |  |  |
| Number of Facilities (or l | Plants) that you currently operate:                         |                      | I am employed b   | y the Facility owner  |  |  |  |  |
| I am currently not operati | ing any Facility  | I prov               | vide contractual ser  | vices to the Facility |  |  |  |  |
| Please provide the follow  | ving information about each Facility/Plant that you operc   | ate. Use addtion     | al pages as needed.   |                       |  |  |  |  |
| Facility / Plant Name      |   | Class PD             | OWIS (Water) NP   | DES (Wastewater)      |  |  |  |  |
|                            |   |                      |   |                       |  |  |  |  |
|                            |   |                      |   |                       |  |  |  |  |
|                            |   |                      |   |                       |  |  |  |  |
|                            |   |                      |   |                       |  |  |  |  |
|                            |   |                      |   |                       |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of |
|----------------------------------|
| Operator in Responsible Charge:  |

## V. LATE FEES AND REINSTATEMENT

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|---|----------------------------|--------------------------------|--|
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| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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| This is page on            | e of a two page form. Both pages must be completed and returned          | Operator Certification Number: 5379 |  |   |  |  |  |  |
|----------------------------|--|-------------------------------------|--|---|--|--|--|--|
| NOELLE ANU                 | Please enter you're current address on the lines below and, if necessary | ary,                                | Certification(s)<br>below will ex              |   |  |  |  |  |
|                            | correct the City, state and ZIP Code. Please print legibly.              |                                     | The fee to renev                               | w these cations: \$100  |  |  |  |  |
|                            |  |                                     | requirements by result in an a                 | plete or submit renewal<br>y the expiration date will<br>additional late fees as<br>bed in Section V. |  |  |  |  |
| I. CERTIFIC                | CATES TO RENEW:  |                                     |  | <b>Training Units</b>   |  |  |  |  |
| Certification <sup>7</sup> | Type Category  |                                     | Class  | Required  |  |  |  |  |
| OPERATOR                   | WATER TREATMENT  |                                     | 4  | 30  |  |  |  |  |
| OPERATOR                   | WASTEWATER TREATMENT   |                                     | 4  | 30  |  |  |  |  |
| OPERATOR                   | WASTEWATER TREATMENT   |                                     | 5  | 30  |  |  |  |  |
| OPERATOR                   | WASTEWATER TREATMENT   |                                     | А  | 16  |  |  |  |  |
| II. CURRENT                | EMPLOYMENT INFORMATION   |                                     |  |   |  |  |  |  |
| Employer's Nam             | e:   |                                     | Phone #:                                       |   |  |  |  |  |
| Number of Facil            | ities (or Plants) that you currently operate:                            |                                     | I am employed b                                | by the Facility owner   |  |  |  |  |
| I am currently no          | ot operating any Facility  | I pro                               | I provide contractual services to the Facility |   |  |  |  |  |
| Please provide t           | he following information about each Facility/Plant that you operate.     | Use addtion                         | ial pages as needed                            | <u> </u>  |  |  |  |  |
| Facility / Plant N         | Name   | Class PI                            | OWIS (Water) NF                                | PDES (Wastewater)   |  |  |  |  |
|                            |  |                                     |  |   |  |  |  |  |
|                            |  |                                     |  |   |  |  |  |  |
|                            |  |                                     |  |   |  |  |  |  |
|                            | (CYTER)  |                                     |  |   |  |  |  |  |
|                            | (OVER)   |                                     |  |   |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| Operator in Responsible Charge:  |

## V. LATE FEES AND REINSTATEMENT

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|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
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| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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| This is page one     | of a two page form. Both pages must be completed and returned            | <b>d.</b> Operator Certification Number          | r: <b>5577</b>     |  |  |
|----------------------|--|--|--------------------|--|--|
|                      | Please enter you're current address on the lines below and, if necessary | Certification(s) shown ary, below will expire on |                    |  |  |
| C                    | correct the City, state and ZIP Code. Please print legibly.              | The fee to renew these certifications            | \$100              |  |  |
|                      |  | Failure to complete or requirements by the ex    |                    |  |  |
|                      |  | regult in an additio                             | ional late fees as |  |  |
| I. CERTIFICA         | ATES TO RENEW:   |  | Training Units     |  |  |
| Certification Ty     | pe Category  |  | Required           |  |  |
| OPERATOR             | WATER TREATMENT  | 1  | 16                 |  |  |
| OPERATOR             | WASTEWATER TREATMENT   | 5  | 30                 |  |  |
| OPERATOR             | WASTEWATER TREATMENT   | А  | 16                 |  |  |
| II. CURRENT I        | EMPLOYMENT INFORMATION   |  |                    |  |  |
| Employer's Name:     |  | Phone #:   |                    |  |  |
| Number of Facilitie  | es (or Plants) that you currently operate:                               | I am employed by the                             | Facility owner     |  |  |
| I am currently not   | operating any Facility   | I provide contractual services                   | to the Facility    |  |  |
| Please provide the   | following information about each Facility/Plant that you operate.        | Use addtional pages as needed.                   |                    |  |  |
| Facility / Plant Nat | me   | Class PDWIS (Water) NPDES (                      | (Wastewater)       |  |  |
|                      |  |  |                    |  |  |
|                      |  |  |                    |  |  |
|                      |  |  |                    |  |  |
|                      |  |  |                    |  |  |
|                      | L <sub>2</sub> . L   |  |                    |  |  |
|                      | (OVER)   |  |                    |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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|----------------------------------|
| Operator in Responsible Charge:  |

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| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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| This is page on            | e of a two page form. Bot      | erator Certification N                     | Number: <b>5894</b>  |  |                       |  |  |  |  |
|----------------------------|--------------------------------|--|--|--|-----------------------|--|--|--|--|
| ROBERT P VA                | Please enter you're curren     | sary,                                      | Certification(s)<br>below will ex  |  |                       |  |  |  |  |
|                            | correct the City, state and    |  | The fee to renev   | w these cations: \$100                         |                       |  |  |  |  |
|                            |                                |  | Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. |  |                       |  |  |  |  |
| I. CERTIFIC                | CATES TO RENEW                 | <u>:</u>                                   |  |  | <b>Training Units</b> |  |  |  |  |
| Certification <sup>7</sup> | Туре                           | Category                                   |  | Class  | Required              |  |  |  |  |
| SUPERINTENDI               | ENT                            | WASTEWATER COLLECTION                      |  | 2  | 7                     |  |  |  |  |
| SUPERINTENDI               | ENT                            | WATER DISTRIBUTION                         |  | 1  | 7                     |  |  |  |  |
| OPERATOR                   |                                | WATER DISTRIBUTION                         |  | 1  | 16                    |  |  |  |  |
| OPERATOR                   |                                | WASTEWATER COLLECTION                      |  | 2  | 16                    |  |  |  |  |
| II. CURRENT                | EMPLOYMENT INF                 | ORMATION                                   |  |  |                       |  |  |  |  |
| Employer's Nam             | e:                             |  |  | Phone #:                                       |                       |  |  |  |  |
| Number of Facil            | ities (or Plants) that you cur | rrently operate:                           |  | I am employed b                                | by the Facility owner |  |  |  |  |
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| Facility / Plant N         | Name                           |  | Class P  | DWIS (Water) NF                                | PDES (Wastewater)     |  |  |  |  |
|                            |                                |  |  |  |                       |  |  |  |  |
|                            |                                |  |  |  |                       |  |  |  |  |
|                            |                                |  |  |  |                       |  |  |  |  |
|                            |                                | (OVER)                                     |  |  |                       |  |  |  |  |
|                            |                                | (OVER)                                     |  |  |                       |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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|----------------------------------|
| Operator in Responsible Charge:  |

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| This is page one    | e of a two page form. Both pages must be completed and return        | ed. Operator Certification Numb   | per: <b>6244</b>      |
|---------------------|--|---|-----------------------|
|                     | Please enter you're current address on the lines below and, if neces | Certification(s) sho<br>below will expire                               |                       |
|                     | correct the City, state and ZIP Code. Please print legibly.          | The fee to renew the certification                                      | X 1 (1)(1)            |
|                     |  | Failure to complete requirements by the result in an addit described in | expiration date will  |
|                     | ATES TO RENEW:   |   | <b>Training Units</b> |
| Certification T     | ype Category   | Class   | Required              |
| OPERATOR            | WASTEWATER TREATMENT   | 5   | 30                    |
| OPERATOR            | WATER TREATMENT  | 4   | 30                    |
| II. CURRENT         | EMPLOYMENT INFORMATION   |   |                       |
| Employer's Name     | ::   | Phone #:  |                       |
| Number of Facilit   | ties (or Plants) that you currently operate:                         | I am employed by th   | e Facility owner      |
| I am currently not  | t operating any Facility   | I provide contractual service   | es to the Facility    |
| Please provide th   | e following information about each Facility/Plant that you operate   | e. Use addtional pages as needed.                                       |                       |
| Facility / Plant Na | ame  | Class PDWIS (Water) NPDE  | S (Wastewater)        |
| -                   |  |   | _                     |
|                     |  |   |                       |
|                     |  |   |                       |
|                     |  |   |                       |
|                     |  |   |                       |
|                     | (OVER)   |   |                       |



#### **III. CONTINUING EDUCATION:**

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certification Number of |
|----------------------------------|
| Operator in Responsible Charge:  |

## V. LATE FEES AND REINSTATEMENT

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

#### VII. APPLICANT'S STATEMENT

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

| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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

| This is page one of a tw   | o page form. Both pages must be completed and return          | perator Certification Number: 6546             |                                |   |  |  |  |
|----------------------------|---|--|--------------------------------|---|--|--|--|
|                            | enter you're current address on the lines below and, if neces | ssary,   | shown pire on: 7/1/2023        |   |  |  |  |
| correct                    | the City, state and ZIP Code. Please print legibly.           |  | The fee to renev               | v these cations: \$50   |  |  |  |
|                            |   |  | requirements by result in an a | olete or submit renewal<br>the expiration date will<br>dditional late fees as<br>ed in Section V. |  |  |  |
| I. CERTIFICATES            | S TO RENEW:   |  | describ                        | Training Units  |  |  |  |
| Certification Type         | Category  |  | Class                          | Required  |  |  |  |
| TEMPORARY                  | INDUSTRIAL WASTEWATER   |  | 5                              | 45  |  |  |  |
| II. CURRENT EMPL           | OYMENT INFORMATION  |  |                                |   |  |  |  |
| Employer's Name:           |   |  | Phone #:                       |   |  |  |  |
| Number of Facilities (or I | Plants) that you currently operate:                           |  | I am employed b                | by the Facility owner   |  |  |  |
| I am currently not operati | ng any Facility   | I provide contractual services to the Facility |                                |   |  |  |  |
| Please provide the follow  | ring information about each Facility/Plant that you operate   | . Use addtic                                   | onal pages as needed           |   |  |  |  |
| Facility / Plant Name      |   | Class F  | PDWIS (Water) NF               | DES (Wastewater)  |  |  |  |
|                            |   |  |                                |   |  |  |  |
|                            |   |  |                                |   |  |  |  |
|                            |   |  |                                |   |  |  |  |
|                            |   |  |                                |   |  |  |  |
|                            |   |  |                                |   |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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| Name and Certification Number of |
|----------------------------------|
| Operator in Responsible Charge:  |

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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

| This is page one    | of a two page form. Both      | Operator Certification Number: 6610         |                           |   |                        |  |  |  |  |
|---------------------|-------------------------------|---|---------------------------|---|------------------------|--|--|--|--|
|                     | Please enter you're current   | address on the lines below and, if nece     | essary,                   | Certification(s) below will exp   |                        |  |  |  |  |
| (                   | correct the City, state and Z |   | The fee to renew certific | \$100   |                        |  |  |  |  |
|                     |                               |   |                           |   | lete or submit renewal |  |  |  |  |
|                     |                               |   |                           | requirements by the expiration date<br>result in an additional late fees a<br>described in Section V. |                        |  |  |  |  |
| I. CERTIFICA        | ATES TO RENEW:                |   |                           |   | Training Units         |  |  |  |  |
| Certification Ty    | /pe                           | Category                                    |                           | Class   | Required               |  |  |  |  |
| OPERATOR            |                               | WATER TREATMENT                             |                           | 1   | 16                     |  |  |  |  |
| OPERATOR            |                               | WATER TREATMENT                             |                           | 4   | 30                     |  |  |  |  |
| OPERATOR            |                               | WASTEWATER TREATMENT                        |                           | 4   | 30                     |  |  |  |  |
| OPERATOR            |                               | WASTEWATER TREATMENT                        |                           | 5   | 30                     |  |  |  |  |
| II. CURRENT I       | EMPLOYMENT INFO               | ORMATION                                    |                           |   |                        |  |  |  |  |
| Employer's Name:    |                               |   |                           | Phone #:  |                        |  |  |  |  |
| Number of Faciliti  | ies (or Plants) that you curr | ently operate:                              |                           | I am employed by the Facility owner   |                        |  |  |  |  |
| I am currently not  | operating any Facility        |   | I pro                     | ovide contractual ser   | vices to the Facility  |  |  |  |  |
| Please provide the  | e following information abo   | _<br>out each Facility/Plant that you opera | te. Use addtio            | nal pages as needed.  | . —                    |  |  |  |  |
| Facility / Plant Na | me                            |   | Class P                   | DWIS (Water) NP   | DES (Wastewater)       |  |  |  |  |
|                     |                               |   |                           |   |                        |  |  |  |  |
|                     |                               |   |                           |   |                        |  |  |  |  |
|                     |                               |   |                           |   |                        |  |  |  |  |
|                     |                               |   |                           |   |                        |  |  |  |  |
|                     |                               |   |                           |   |                        |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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|----------------------------------|
| Operator in Responsible Charge:  |

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|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
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| This is page one of a two page form.       | Operator Certification N                          | umber: <b>6701</b>  |                        |
|--|---|---|------------------------|
| PATRICIA A. LYONS  Please enter you're cur | Certification(s)<br>below will exp                |   |                        |
| correct the City, state                    | The fee to renew certific                         | v these cations: \$100  |                        |
|  | requirements by result in an a                    | olete or submit renewal<br>the expiration date will<br>dditional late fees as<br>ed in Section V. |                        |
| I. CERTIFICATES TO RENE                    | EW:   |   | Training Units         |
| Certification Type                         | Category  | Class   | Required               |
| SUPERINTENDENT                             | INDUSTRIAL WASTEWATER                             | 6   | 7                      |
| SUPERINTENDENT                             | WASTEWATER TREATMENT                              | 5   | 7                      |
| SUPERINTENDENT                             | WASTEWATER TREATMENT                              | А   | 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                              | А   | 16                     |
| II. CURRENT EMPLOYMENT I                   | NFORMATION  |   |                        |
| Employer's Name:                           |   | Phone #:  |                        |
| Number of Facilities (or Plants) that you  | currently operate:                                | I am employed b   | by the Facility owner  |
| I am currently not operating any Facility  |   | I provide contractual ser   | rvices to the Facility |
| Please provide the following informatio    | n about each Facility/Plant that you operate. Use | e addtional pages as needed   | ·                      |
| Facility / Plant Name                      | Cla   | ass PDWIS (Water) NP  | DES (Wastewater)       |
|  |   |   |                        |
|  |   |   |                        |
|  |   |   |                        |
|  |   |   |                        |
|  |   |   |                        |
|  | (OVER)  |   |                        |



#### **III. CONTINUING EDUCATION:**

Page 2

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| Name and Certification Number of |
|----------------------------------|
| Operator in Responsible Charge:  |

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|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page   | e form. Both pages must be completed and returned        | l. Oper                             | Operator Certification Number: 7340   |                       |  |  |  |  |  |
|----------------------------------|--|-------------------------------------|---|-----------------------|--|--|--|--|--|
|                                  | ou're current address on the lines below and, if necessa | ary,                                | Certification(s) shown below will expire on: 7/1/202  |                       |  |  |  |  |  |
| correct the Cit                  | ty, state and ZIP Code. Please print legibly.            |                                     | The fee to renew certific   | \$100                 |  |  |  |  |  |
|                                  |  |                                     | Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as |                       |  |  |  |  |  |
|                                  | DELIGIN  |                                     | describe  | ed in Section V.      |  |  |  |  |  |
| I. CERTIFICATES TO               | RENEW:   |                                     |   | <b>Training Units</b> |  |  |  |  |  |
| Certification Type               | Category   |                                     | Class   | Required              |  |  |  |  |  |
| OPERATOR                         | WASTEWATER TREATMENT                                     |                                     | 5   | 30                    |  |  |  |  |  |
| OPERATOR                         | WASTEWATER TREATMENT                                     |                                     | Α   | 16                    |  |  |  |  |  |
| SUPERINTENDENT                   | WASTEWATER TREATMENT                                     |                                     | 5   | 7                     |  |  |  |  |  |
| SUPERINTENDENT                   | WASTEWATER TREATMENT                                     |                                     | Α   | 7                     |  |  |  |  |  |
| II. CURRENT EMPLOYM              | IENT INFORMATION   |                                     |   |                       |  |  |  |  |  |
| Employer's Name:                 |  |                                     | Phone #:  |                       |  |  |  |  |  |
| Number of Facilities (or Plants) | that you currently operate:                              | I am employed by the Facility owner |   |                       |  |  |  |  |  |
| I am currently not operating any | Facility   | I pro                               | vide contractual ser  | vices to the Facility |  |  |  |  |  |
| Please provide the following inf | formation about each Facility/Plant that you operate.    | Use addtion                         | al pages as needed.   |                       |  |  |  |  |  |
| Facility / Plant Name            |  | Class PD                            | WIS (Water) NP  | DES (Wastewater)      |  |  |  |  |  |
|                                  |  |                                     |   |                       |  |  |  |  |  |
|                                  |  |                                     |   |                       |  |  |  |  |  |
|                                  |  |                                     |   |                       |  |  |  |  |  |
|                                  |  |                                     |   |                       |  |  |  |  |  |
|                                  |  |                                     |   |                       |  |  |  |  |  |



#### **III. CONTINUING EDUCATION:**

Page 2

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| Name and Certification Number of |
|----------------------------------|
| Operator in Responsible Charge:  |

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- 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: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s) | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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

| This is page one of     | of a two page form. Both pages must be compl        | Operator Certification N     | Tumber: <b>7788</b>                                  |   |  |  |  |  |
|-------------------------|---|------------------------------|--|---|--|--|--|--|
|                         | Please enter you're current address on the lines be |                              | Certification(s) shown below will expire on: 7/1/202 |   |  |  |  |  |
| c                       | orrect the City, state and ZIP Code. Please print   | legibly.                     | The fee to renev                                     | v these cations: \$50   |  |  |  |  |
|                         |   |                              | — requirements by result in an a                     | olete or submit renewal<br>the expiration date will<br>dditional late fees as<br>ed in Section V. |  |  |  |  |
| I. CERTIFICA            | ATES TO RENEW:                                      |                              |  | Training Units  |  |  |  |  |
| <b>Certification Ty</b> | pe Category   |                              | Class  | Required  |  |  |  |  |
| OPERATOR                | WASTEWATER COLI                                     | ECTION                       | 2  | 16  |  |  |  |  |
| II. CURRENT I           | EMPLOYMENT INFORMATION                              |                              |  |   |  |  |  |  |
| Employer's Name:        |   |                              | Phone #:   |   |  |  |  |  |
| Number of Facilitie     | es (or Plants) that you currently operate:          |                              | I am employed b                                      | by the Facility owner   |  |  |  |  |
| I am currently not      | operating any Facility                              | I                            | I provide contractual services to the Facility       |   |  |  |  |  |
| Please provide the      | following information about each Facility/Plant     | t that you operate. Use addi | tional pages as needed                               | <u></u>   |  |  |  |  |
| Facility / Plant Nar    | ne  | Class                        | PDWIS (Water) NF                                     | PDES (Wastewater)   |  |  |  |  |
|                         |   |                              |  |   |  |  |  |  |
|                         |   |                              |  |   |  |  |  |  |
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|                         |   |                              |  |   |  |  |  |  |



### **III. CONTINUING EDUCATION:**

Page 2

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| This is page one of    | a two page form. Both pages must be completed and returned         | d. Ope   | erator Certification Nu   | ımber: <b>7846</b> |  |  |  |  |
|------------------------|--|--|---|--------------------|--|--|--|--|
|                        | ase enter you're current address on the lines below and, if necess | ary,   | hown ire on: 7/1/2023   |                    |  |  |  |  |
| cor                    | rect the City, state and ZIP Code. Please print legibly.           |  | The fee to renew certification  | \$50               |  |  |  |  |
|                        |  |  | Failure to complete or submit renewa requirements by the expiration date wiresult in an additional late fees as described in Section V. |                    |  |  |  |  |
| I. CERTIFICAT          | TES TO RENEW:  |  |   | Training Units     |  |  |  |  |
| Certification Type     | e Category   |  | Class   | Required           |  |  |  |  |
| OPERATOR               | WATER TREATMENT  |  | 2   | 16                 |  |  |  |  |
| II. CURRENT EM         | IPLOYMENT INFORMATION  |  |   |                    |  |  |  |  |
| Employer's Name:       |  |  | Phone #:  |                    |  |  |  |  |
| Number of Facilities   | (or Plants) that you currently operate:                            | I am employed by the Facility owner            |   |                    |  |  |  |  |
| I am currently not ope | erating any Facility   | I provide contractual services to the Facility |   |                    |  |  |  |  |
| Please provide the fo  | llowing information about each Facility/Plant that you operate.    | Use addtion                                    | nal pages as needed.  | _                  |  |  |  |  |
| Facility / Plant Name  |  | Class PI                                       | OWIS (Water) NPI  | DES (Wastewater)   |  |  |  |  |
|                        |  |  |   |                    |  |  |  |  |
|                        |  |  |   |                    |  |  |  |  |
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Page 2

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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. I     | Both pages must be completed and re       | turned. O        | perator Certifcation N  | umber: <b>7862</b>    |  |  |  |
|-----------------|-------------------------------|---|------------------|---|-----------------------|--|--|--|
| LINWOOD         | Please enter you're cur       | rent address on the lines below and, if r | necessary,       | Certification(s) below will exp   |                       |  |  |  |
|                 | correct the City, state a     | and ZIP Code. Please print legibly.       |                  | The fee to renew certific   | \$50                  |  |  |  |
|                 |                               |   |                  | Failure to complete or submit rener requirements by the expiration date result in an additional late fees a described in Section V. |                       |  |  |  |
| I. CERTIF       | ICATES TO RENE                | <u>W:</u>                                 |                  |   | Training Units        |  |  |  |
| Certification   | n Type                        | Category                                  |                  | Class   | Required              |  |  |  |
| OPERATOR        |                               | WASTEWATER TREATMENT                      |                  | 5   | 30                    |  |  |  |
| II. CURRE       | NT EMPLOYMENT II              | NFORMATION                                |                  |   |                       |  |  |  |
| Employer's Na   | ame:                          |   |                  | Phone #:  |                       |  |  |  |
| Number of Fa    | cilities (or Plants) that you | currently operate:                        |                  | I am employed b   | y the Facility owner  |  |  |  |
| I am currently  | not operating any Facility    |   | Ιp               | provide contractual ser   | vices to the Facility |  |  |  |
| Please provid   | e the following information   | about each Facility/Plant that you op     | erate. Use addti | onal pages as needed.   |                       |  |  |  |
| Facility / Plan | t Name                        |   | Class            | PDWIS (Water) NP  | DES (Wastewater)      |  |  |  |
|                 |                               |   |                  |   |                       |  |  |  |
|                 |                               |   |                  |   |                       |  |  |  |
|                 |                               |   |                  |   |                       |  |  |  |
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Page 2

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| Operator in Responsible Charge:  |

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| This is page one   | e of a two page form. Both pages must be completed and retur             | ned. Ope        | Operator Certification Number: <b>8030</b>     |   |  |  |  |  |
|--------------------|--|-----------------|--|---|--|--|--|--|
| SHAWN PATO         | Please enter you're current address on the lines below and, if necessity | essary,         | Certification(s) s<br>below will expi          |   |  |  |  |  |
|                    | correct the City, state and ZIP Code. Please print legibly.              |                 | The fee to renew certification                 | 150   |  |  |  |  |
|                    |  |                 | requirements by t<br>result in an ad           | ete or submit renewal<br>the expiration date will<br>ditional late fees as<br>d in Section V. |  |  |  |  |
| I. CERTIFIC        | CATES TO RENEW:  |                 |  | <b>Training Units</b>   |  |  |  |  |
| Certification T    | Гуре Category  |                 | Class  | Required  |  |  |  |  |
| OPERATOR           | WASTEWATER TREATMENT   |                 | 5  | 30  |  |  |  |  |
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|                    |  |                 |  |   |  |  |  |  |
|                    |  |                 |  |   |  |  |  |  |
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|                    |  |                 |  |   |  |  |  |  |
|                    | (OVER)   |                 |  |   |  |  |  |  |



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| This is page one of     | of a two page form. Both pages must be completed and ro       | eturned. Op        | erator Certification N                         | amber: <b>8055</b>  |  |  |  |  |
|-------------------------|---|--------------------|--|---|--|--|--|--|
|                         | lease enter you're current address on the lines below and, if | necessary,         | Certification(s) s<br>below will exp           | //1//11/3   |  |  |  |  |
| С                       | orrect the City, state and ZIP Code. Please print legibly.    |                    | The fee to renew certific                      | 950   |  |  |  |  |
|                         |   |                    | requirements by result in an ac                | lete or submit renewal<br>the expiration date will<br>lditional late fees as<br>d in Section V. |  |  |  |  |
| I. CERTIFICA            | ATES TO RENEW:  |                    |  | <b>Training Units</b>   |  |  |  |  |
| <b>Certification Ty</b> | pe Category   |                    | Class  | Required  |  |  |  |  |
| OPERATOR                | WATER DISTRIBUTION  |                    | 1  | 16  |  |  |  |  |
| II. CURRENT E           | EMPLOYMENT INFORMATION  |                    |  |   |  |  |  |  |
| Employer's Name:        |   |                    | Phone #:                                       |   |  |  |  |  |
| Number of Facilitie     | es (or Plants) that you currently operate:                    |                    | I am employed by the Facility owner            |   |  |  |  |  |
| I am currently not o    | operating any Facility  | I pr               | I provide contractual services to the Facility |   |  |  |  |  |
| Please provide the      | following information about each Facility/Plant that you op   | perate. Use addtio | nal pages as needed.                           | <u> </u>  |  |  |  |  |
| Facility / Plant Nan    | ne  | Class P            | DWIS (Water) NP                                | DES (Wastewater)  |  |  |  |  |
|                         |   |                    |  |   |  |  |  |  |
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### **III. CONTINUING EDUCATION:**

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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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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- 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: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s, | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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

| This is page one of a tv  | wo page form. Both pages must be completed and returned          | <b>d.</b> Operator Certification Num     | mber: <b>8303</b>   |  |  |  |  |  |  |
|---------------------------|--|--|---|--|--|--|--|--|--|
|                           | e enter you're current address on the lines below and, if necess | Certification(s) shary, below will expir | //1//11/3   |  |  |  |  |  |  |
| correc                    | t the City, state and ZIP Code. Please print legibly.            | The fee to renew to certificate          | \$100   |  |  |  |  |  |  |
|                           |  | requirements by the result in an add     | Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. |  |  |  |  |  |  |
| I. CERTIFICATES           | S TO RENEW:  |  | Training Units  |  |  |  |  |  |  |
| Certification Type        | Category   | Class                                    | Required  |  |  |  |  |  |  |
| OPERATOR                  | WASTEWATER COLLECTION  | 2  | 16  |  |  |  |  |  |  |
| OPERATOR                  | WATER DISTRIBUTION   | 1  | 16  |  |  |  |  |  |  |
| II. CURRENT EMP           | LOYMENT INFORMATION  |  |   |  |  |  |  |  |  |
| Employer's Name:          |  | Phone #:                                 |   |  |  |  |  |  |  |
| Number of Facilities (or  | Plants) that you currently operate:                              | I am employed by                         | the Facility owner  |  |  |  |  |  |  |
| I am currently not operat | ting any Facility  | I provide contractual servi              | provide contractual services to the Facility  |  |  |  |  |  |  |
| Please provide the follow | wing information about each Facility/Plant that you operate.     | Use additional pages as needed.          |   |  |  |  |  |  |  |
| Facility / Plant Name     |  | Class PDWIS (Water) NPD                  | ES (Wastewater)   |  |  |  |  |  |  |
|                           |  |  |   |  |  |  |  |  |  |
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|                           |  |  |   |  |  |  |  |  |  |



### **III. CONTINUING EDUCATION:**

Page 2

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|----------------------------------|
| Operator in Responsible Charge:  |

## V. LATE FEES AND REINSTATEMENT

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|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
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| 1 | cons | ent to | receive | my | certificate(s, | by) | emial | in | lieu | of mail |  |
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| This is page one of     | of a two page form. Both      | perator Certifcation Nu                   | ımber: <b>8349</b> |                                       |   |
|-------------------------|-------------------------------|---|--------------------|---------------------------------------|---|
|                         | Please enter you're current a | address on the lines below and, if ne     | ecessary,          | Certification(s) s<br>below will expi | //1//11/3   |
| c                       | correct the City, state and Z | IP Code. Please print legibly.            |                    | The fee to renew certification        | \$50  |
|                         |                               |   |                    | requirements by t<br>result in an ad  | ete or submit renewal<br>the expiration date will<br>ditional late fees as<br>d in Section V. |
| I. CERTIFICA            | ATES TO RENEW:                |   |                    |                                       | <b>Training Units</b>   |
| <b>Certification Ty</b> | pe                            | Category                                  |                    | Class                                 | Required  |
| OPERATOR                | ,                             | WASTEWATER TREATMENT                      |                    | 5                                     | 30  |
| OPERATOR                | ,                             | WASTEWATER TREATMENT                      |                    | А                                     | 16  |
| II. CURRENT F           | EMPLOYMENT INFO               | RMATION                                   |                    |                                       |   |
| Employer's Name:        |                               |   |                    | Phone #:                              |   |
| Number of Facilitie     | es (or Plants) that you curre | ently operate:                            |                    | I am employed by                      | the Facility owner  |
| I am currently not      | operating any Facility        | ]   | Ιp                 | provide contractual serv              | vices to the Facility   |
| Please provide the      | following information abo     | -<br>ut each Facility/Plant that you oper | ate. Use addti     | onal pages as needed.                 |   |
| Facility / Plant Nar    | me                            |   | Class              | PDWIS (Water) NPI                     | DES (Wastewater)  |
|                         |                               |   |                    |                                       |   |
|                         |                               |   |                    |                                       |   |
|                         |                               |   |                    |                                       |   |
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|                         |                               |   |                    |                                       |   |



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Page 2

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|---|----------------------------|--------------------------------|--|
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| This is page one of a two p   | perator Certifcation Nu                                  | ımber: <b>8519</b>                             |                                       |   |  |  |  |  |
|-------------------------------|--|--|---------------------------------------|---|--|--|--|--|
|                               | er you're current address on the lines below and, if nec | essary,  | Certification(s) s<br>below will expi |   |  |  |  |  |
| correct the                   | e City, state and ZIP Code. Please print legibly.        |  | The fee to renew certification        | \$50  |  |  |  |  |
|                               |  |  | requirements by t result in an ad     | ete or submit renewal<br>the expiration date will<br>ditional late fees as<br>d in Section V. |  |  |  |  |
| I. CERTIFICATES T             | O RENEW:   |  |                                       | <b>Training Units</b>   |  |  |  |  |
| Certification Type            | Category   |  | Class                                 | Required  |  |  |  |  |
| SUPERINTENDENT                | WATER TREATMENT  |  | 4                                     | 7   |  |  |  |  |
| II. CURRENT EMPLO             | YMENT INFORMATION  |  |                                       |   |  |  |  |  |
| Employer's Name:              |  |  | Phone #:                              |   |  |  |  |  |
| Number of Facilities (or Plan | nts) that you currently operate:                         |  | I am employed by the Facility owner   |   |  |  |  |  |
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| Facility / Plant Name         |  | Class  | PDWIS (Water) NPI                     | DES (Wastewater)  |  |  |  |  |
|                               |  |  |                                       |   |  |  |  |  |
|                               |  |  |                                       |   |  |  |  |  |
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Page 2

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|----------------------------------|
| Operator in Responsible Charge:  |

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| This is page one of a two page    | Operator Certification Numb                                | per: <b>9076</b>  |  |  |  |  |  |  |
|-----------------------------------|--|---|--|--|--|--|--|--|
|                                   | ou're current address on the lines below and, if necessary | Certification(s) show below will expire                                 |  |  |  |  |  |  |
| correct the Cit                   | y, state and ZIP Code. Please print legibly.               | The fee to renew the certificatio                                       | \$100  |  |  |  |  |  |
|                                   |  | Failure to complete requirements by the result in an addit described in | expiration date will ional late fees as        |  |  |  |  |  |
| I. CERTIFICATES TO                | RENEW:   |   | <b>Training Units</b>                          |  |  |  |  |  |
| Certification Type                | Category   | Class   | Required                                       |  |  |  |  |  |
| OPERATOR                          | WASTEWATER COLLECTION                                      | 2   | 16   |  |  |  |  |  |
| OPERATOR                          | WATER TREATMENT  | 2   | 16   |  |  |  |  |  |
| II. CURRENT EMPLOYM               | ENT INFORMATION  |   |  |  |  |  |  |  |
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| Facility / Plant Name             | C  | lass PDWIS (Water) NPDES  | S (Wastewater)                                 |  |  |  |  |  |
|                                   |  |   |  |  |  |  |  |  |
|                                   |  |   |  |  |  |  |  |  |
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| Operator in Responsible Charge:  |

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| Applicant's Signature                   | Date                       |                                |  |
|---|----------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address              |                                |  |
| Make checks payable to: Marylar         | nd Board of Waterworks and | Waste Systems Operators        |  |
| Mail to: Maryland Department of the Er  | nvironment, P.O. Box 2057, | Baltimore, Maryland 21203-1708 |  |
| * AN INCOMPLETE A                       | APPLICATION WILL B         | E RETURNED *                   |  |

| 1 | cons | ent to | receive | my | certificate(s, | by) | emial | in | lieu | of mail |  |
|---|------|--------|---------|----|----------------|-----|-------|----|------|---------|--|



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| This is page one of   | a two page form. Both pages must be completed and         | erator Certification N | umber: <b>9138</b>                             |   |  |  |  |  |
|-----------------------|---|------------------------|--|---|--|--|--|--|
|                       | ease enter you're current address on the lines below and, | if necessary,          | Certification(s) shown below will expire on:   |   |  |  |  |  |
| coi                   | rrect the City, state and ZIP Code. Please print legibly. |                        | The fee to renew certific                      | 950   |  |  |  |  |
|                       |   |                        | requirements by result in an ac                | lete or submit renewal<br>the expiration date will<br>lditional late fees as<br>d in Section V. |  |  |  |  |
| I. CERTIFICAT         | ΓES TO RENEW:   |                        |  | Training Units  |  |  |  |  |
| Certification Type    | e Category  |                        | Class  | Required  |  |  |  |  |
| TEMPORARY             | WASTEWATER TREATMENT                                      |                        | 5  | 45  |  |  |  |  |
| II. CURRENT EN        | APLOYMENT INFORMATION                                     |                        |  |   |  |  |  |  |
| Employer's Name:      |   |                        | Phone #:                                       |   |  |  |  |  |
| Number of Facilities  | (or Plants) that you currently operate:                   |                        | I am employed by                               | y the Facility owner  |  |  |  |  |
| I am currently not op | erating any Facility                                      | I pr                   | I provide contractual services to the Facility |   |  |  |  |  |
| Please provide the fo | llowing information about each Facility/Plant that you    | operate. Use addtio    | onal pages as needed.                          |   |  |  |  |  |
| Facility / Plant Name |   | Class I                | PDWIS (Water) NPI                              | DES (Wastewater)  |  |  |  |  |
|                       |   |                        |  |   |  |  |  |  |
|                       |   |                        |  |   |  |  |  |  |
|                       |   |                        |  |   |  |  |  |  |
|                       |   |                        |  |   |  |  |  |  |
|                       |   |                        |  |   |  |  |  |  |
|                       | (OVER)  |                        |  |   |  |  |  |  |



### **III. CONTINUING EDUCATION:**

Page 2

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

| This is page one of     | of a two page form. Both pages must be comp       | Operator Certification      | Number: <b>9169</b>            |   |
|-------------------------|---|-----------------------------|--------------------------------|---|
|                         | lease enter you're current address on the lines b |                             | Certification(s below will e   |   |
| c                       | orrect the City, state and ZIP Code. Please print | legibly.                    | The fee to rencerti:           | ew these fications: \$50  |
|                         |   |                             | requirements b<br>result in an | nplete or submit renewal<br>by the expiration date will<br>additional late fees as<br>bed in Section V. |
| I. CERTIFICA            | ATES TO RENEW:                                    |                             |                                | Training Units  |
| <b>Certification Ty</b> | pe Category                                       |                             | Class                          | Required  |
| OPERATOR                | WATER TREATMEN                                    | Т                           | 4                              | 30  |
| II. CURRENT F           | EMPLOYMENT INFORMATION                            |                             |                                |   |
| Employer's Name:        |   |                             | Phone #:                       |   |
| Number of Facilitie     | es (or Plants) that you currently operate:        |                             | I am employed                  | by the Facility owner   |
| I am currently not      | operating any Facility                            | 1                           | provide contractual s          | ervices to the Facility   |
| Please provide the      | following information about each Facility/Plan    | t that you operate. Use add | ltional pages as neede         | <br>ed.   |
| Facility / Plant Nar    | ne  | Class                       | PDWIS (Water) N                | NPDES (Wastewater)  |
|                         |   |                             |                                |   |
|                         |   |                             |                                |   |
|                         |   |                             |                                |   |
|                         |   |                             |                                |   |
|                         |   |                             |                                |   |



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Page 2

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| Operator in Responsible Charge:  |

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|--|---------------------------------|----------------------------|--|--|--|--|--|--|
| Last 4 digits of Social Security Number  | Email Address                   |                            |  |  |  |  |  |  |
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|  | 1 | Consent t | n receive | my | certificate(s) | hu | emial i | in li | ou of | mail |  |
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| This is page one of  | of a two page form. Both pages must be completed and retur               | ned. Operato        | r Certifcation Nu                           | umber: <b>9605</b>   |  |  |  |
|----------------------|--|---------------------|---|--|--|--|--|
|                      | Please enter you're current address on the lines below and, if necessity |                     | Certification(s) s<br>below will exp        |  |  |  |  |
| c                    | correct the City, state and ZIP Code. Please print legibly.              | ,                   | The fee to renew certification              | \$100  |  |  |  |
|                      |  |                     | quirements by t<br>result in an ad          | ete or submit renewal<br>the expiration date will<br>lditional late fees as<br>d in Section V. |  |  |  |
|                      | ATES TO RENEW:   |                     |   | <b>Training Units</b>  |  |  |  |
| Certification Ty     | pe Category  |                     | Class                                       | Required   |  |  |  |
| SUPERINTENDEN        | T WASTEWATER COLLECTION  |                     | 2   | 7  |  |  |  |
| SUPERINTENDEN        | T WATER DISTRIBUTION   |                     | 1   | 7  |  |  |  |
| II. CURRENT I        | EMPLOYMENT INFORMATION   |                     |   |  |  |  |  |
| Employer's Name:     |  |                     | Phone #:                                    |  |  |  |  |
| Number of Facilitie  | es (or Plants) that you currently operate:                               | I                   | am employed by                              | y the Facility owner   |  |  |  |
| I am currently not   | operating any Facility   | I provide           | rovide contractual services to the Facility |  |  |  |  |
| Please provide the   | following information about each Facility/Plant that you opera           | te. Use addtional p | vages as needed.                            |  |  |  |  |
| Facility / Plant Nar | me   | Class PDWI          | S (Water) NPI                               | DES (Wastewater)   |  |  |  |
|                      |  |                     |   |  |  |  |  |
|                      |  |                     |   |  |  |  |  |
|                      |  |                     |   |  |  |  |  |
|                      |  |                     |   |  |  |  |  |
|                      |  |                     |   |  |  |  |  |
|                      | (OVER)   |                     |   |  |  |  |  |



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| Co                         | orrect the City, state and ZIP Code. Please print legibly. |                          | The fee to renew certification             |   |  |  |  |
|                            |  |                          | requirements by t result in an ad          | Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. |  |  |  |
|                            | TES TO RENEW:  |                          |  | <b>Training Units</b>   |  |  |  |
| Certification Type         | pe Category  |                          | Class                                      | Required  |  |  |  |
| SUPERINTENDEN <sup>T</sup> | T WASTEWATER TREATMEN                                      | Γ                        | А  | 7   |  |  |  |
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|                            |  |                          |  |   |  |  |  |
|                            |  |                          |  |   |  |  |  |
|                            |  |                          |  |   |  |  |  |
|                            |  |                          |  |   |  |  |  |
|                            |  |                          |  |   |  |  |  |
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|--|----------------------------------|----------------------------------|--|--|--|--|--|--|
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