



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

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

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

Operator Certification Number: **0013**

JOHN R. GRAHAM

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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



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Page 2

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

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

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

Date \_\_\_\_\_

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

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

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



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Operator Certification Number: **0023**

DEVIN BOYD

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**I. CERTIFICATES TO RENEW:**

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

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **0291**

JOSEPH J. MOXEY

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **0318**

MICHAEL MCCAULEY

Certification(s) shown below will expire on: **7/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
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_____			
_____			
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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **0319**

STEPHEN E. SHELLEY

Certification(s) shown below will expire on: **7/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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Operator Certification Number: **0632**

ROBERT WAYNE DORMAN

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

Date \_\_\_\_\_

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

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

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

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



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

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Operator Certification Number: **0732**

GEORGE C. OSBORNE

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

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Date \_\_\_\_\_

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Operator Certification Number: **0879**

EDWIN SCOTT, JR

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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

(OVER)



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

Page 2

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **0880**

BRYCE DOWNES

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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_____			
_____			
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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

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Operator Certification Number: **0882**

TROY SARGEANT

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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_____			
_____			
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(OVER)



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

Page 2

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Operator Certification Number: **0908**

STEVEN C. KOETHE

Certification(s) shown below will expire on: **7/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

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

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(OVER)



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

Date \_\_\_\_\_

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

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

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

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



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

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Operator Certification Number: **0954**

LEROY BRIGHT

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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Operator Certification Number: **0956**

GREGORY JOHN SWARTZ

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	INDUSTRIAL WASTEWATER	6	7
SUPERINTENDENT	WATER TREATMENT	4	7

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10023**

MICHAEL G MASUCCI

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

**III. CONTINUING EDUCATION:**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10077**

JEREMY BESNOSKA

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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(OVER)



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

Page 2

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

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

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

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Operator Certification Number: **10643**

ANDREW T PARKER

Certification(s) shown  
below will expire on: **7/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10786**

BRADLEY FLOWER

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	5AS	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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

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

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Operator Certification Number: **10927**

JESSE E HILL

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	5	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

(OVER)



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

Page 2

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10946**

AVIONN CARUTH

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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

(OVER)



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

Page 2

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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

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Operator Certification Number: **10947**

WALTER SAAVEDRA

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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(OVER)



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

Page 2

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

**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **10948**

ZETH KING

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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(OVER)



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

Page 2

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Name and Certification Number of  
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Operator Certification Number: **10949**

DYLAN JOHNSON

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

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

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_____			
_____			
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(OVER)



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

**VII. APPLICANT'S STATEMENT**

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

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

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

Date \_\_\_\_\_

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

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

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

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





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

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

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

Operator Certification Number: **10951**

ZACHARY CLARK

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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



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

Page 2

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

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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 to the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10952**

JOSHUA BALDWIN

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10953**

ALEXANDER CASTLE-SMITH

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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



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

Page 2

**III. CONTINUING EDUCATION:**

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

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10954**

JEROME BURY

Certification(s) shown  
below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10955**

WILLIAM CHRISTOPHE BLAIR

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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_____			
_____			
_____			
_____			
_____			

(OVER)



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

Page 2

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10956**

ROBERT LITTLE

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

Date \_\_\_\_\_

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

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

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Operator Certification Number: **10957**

CAMPBELL LONZELL

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	1	24
TEMPORARY	WASTEWATER TREATMENT	4	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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I provide contractual services to the Facility ☐

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

(OVER)



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

Page 2

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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10958**

MATTHEW HAMMONS

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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

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

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Operator Certification Number: **10959**

TIMOTHY T THOMPSON, JR

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	6	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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

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



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

Page 2

**III. CONTINUING EDUCATION:**

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10960**

RONALD JAMES GILLENARDO

Certification(s) shown below will expire on: **7/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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

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

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

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

Date \_\_\_\_\_

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

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

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

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



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

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

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

Operator Certification Number: **10962**

CAITLYN DEARBORN

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	INDUSTRIAL WASTEWATER	2	0
TEMPORARY	WATER TREATMENT	4	45

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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- 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.

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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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Operator Certification Number: **10963**

JOHN LEACH

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	6	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10964**

JORDAN GREENWOOD

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10965**

JOSHUA B COPEN

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

(OVER)



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

Page 2

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

**V. LATE FEES AND REINSTATEMENT**

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

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Operator Certification Number: **10966**

DREW B STONE

Certification(s) shown below will expire on: **7/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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(OVER)



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

Page 2

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

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

Date \_\_\_\_\_

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Operator Certification Number: **10967**

GARY HOWARD

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up to the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

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

**V. LATE FEES AND REINSTATEMENT**

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

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

Date \_\_\_\_\_

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

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

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



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

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Operator Certification Number: **10969**

BARRY PULLIAM

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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I provide contractual services to the Facility ☐

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

(OVER)



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

Page 2

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10970**

KURY LETTERMAN

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

(OVER)



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

Page 2

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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

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Operator Certification Number: **10971**

NICK PAPAROUNIS

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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

(OVER)



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

Page 2

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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

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Operator Certification Number: **10972**

NATHAN STREETT

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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(OVER)



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

Page 2

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Name and Certification Number of  
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Operator Certification Number: **10974**

CHRISTIAN A CONAWAY

Certification(s) shown below will expire on: **7/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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(OVER)



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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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

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

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



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

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Operator Certification Number: **10975**

JEFFREY D MARKLEY

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	6	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

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Operator Certification Number: **10976**

TEDDY KUMOJI

Certification(s) shown below will expire on: **7/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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_____			
_____			
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10978**

DENNIS WEIRZBICKI

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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

(OVER)



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

Page 2

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

**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **10979**

RICHARD W CASTILLO

Certification(s) shown below will expire on: **7/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Operator Certification Number: **10980**

ZACHARY SCHLEY

Certification(s) shown  
below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary,  
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(OVER)



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Date \_\_\_\_\_

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Operator Certification Number: **10981**

CHRISTOPHER M WOLFE

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10982**

VALERIE CHALK

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	5AS	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10983**

ASHLEY GIZZI

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	5AS	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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

(OVER)



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

Page 2

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10984**

DOUGLAS EDWARD BUCK

Certification(s) shown  
below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10985**

CHARLES TONY TULL, JR

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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(OVER)



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

Page 2

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

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Operator Certification Number: **10986**

MARQUIS L BERRY

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

(OVER)



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

Page 2

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

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

**V. LATE FEES AND REINSTATEMENT**

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**VII. APPLICANT'S STATEMENT**

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

Date \_\_\_\_\_

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

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

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





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

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

Operator Certification Number: **10987**

ERNEST WALKER, III

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

Date \_\_\_\_\_

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Operator Certification Number: **10988**

SAMY HASSANEIN

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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I am employed by the Facility owner ☐

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10989**

ERIC EUGENE TOMLINSON

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10991**

STEVEN LEE SALES, II

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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

(OVER)



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

Page 2

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Name and Certification Number of  
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Operator Certification Number: **10992**

THOMAS BROWN

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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_____			
_____			
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(OVER)



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

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

Date \_\_\_\_\_

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

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

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

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



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

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

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Operator Certification Number: **10993**

KYLE WELLER

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10994**

RYAN CARTER

Certification(s) shown  
below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10995**

JEMMEL BACON

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

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Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **1193**

AYOOLA O. ADEOYE

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

(OVER)



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

Page 2

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **1258**

THERESA C. GARROD

Certification(s) shown below will expire on: **7/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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-----------------------	-------	---------------	--------------------

(OVER)



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

Page 2

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **1352**

PATRICK PILKERTON

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

Date \_\_\_\_\_

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

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

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



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

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Operator Certification Number: **1395**

MARVIN O. SMITH, SR.

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **1403**

TRACY L. DORSEY

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **1418**

ED CREAN

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	5AS	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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_____			
_____			
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Date \_\_\_\_\_

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Operator Certification Number: **1533**

GREG INGRAHAM

Certification(s) shown  
below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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_____			
_____			
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Operator Certification Number: **1572**

KENNETH WAYNE SHARRER

Certification(s) shown below will expire on: **7/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	GDE	???

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(OVER)



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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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

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

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Operator Certification Number: **1633**

JEREMY MOSE

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	5GW	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

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Name and Certification Number of  
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Operator Certification Number: **1688**

ALBERT C. GREENE

Certification(s) shown below will expire on: **7/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

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

(OVER)



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

Page 2

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

Date \_\_\_\_\_

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

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

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Operator Certification Number: **1717**

MICHAEL JOEL SEWARD

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	INDUSTRIAL WASTEWATER	2	0
OPERATOR	WATER TREATMENT	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

**III. CONTINUING EDUCATION:**

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **19051**

ZACHARY CLARK

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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Operator Certification Number: **1919**

ROGER E WILLIAMS, JR.

Certification(s) shown below will expire on: **7/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	7	24

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-----------------------	-------	---------------	--------------------

(OVER)



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

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

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Operator Certification Number: **1994**

DENNIS WAYNE LONG

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- 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 to the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

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

**V. LATE FEES AND REINSTATEMENT**

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

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

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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

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

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



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Operator Certification Number: **2038**

ALLAN L HENMAN

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	1	16
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **2062**

RYAN MAINES

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **2079**

ROBERT LEE MONEY, JR.

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

(OVER)



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Page 2

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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Operator Certification Number: **2082**

LANNY A. CREIGHTON

Certification(s) shown below will expire on: **7/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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



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

Date \_\_\_\_\_

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Operator Certification Number: **2130**

CHARLES H. HEINE

Certification(s) shown below will expire on: **7/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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(OVER)



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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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☐ *I consent to receive my certificate(s) by email in lieu of mail*





APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **2139**

RUSSELL JOHNSON

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2172**

KENNETH LEE SMITH

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2260**

BRADLEY J. BOEING

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **2340**

LIONEL P. GREEN

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Name and Certification Number of  
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Operator Certification Number: **2363**

JAMES W. LEFFEW, JR.

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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_____			
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***

☐ I consent to receive my certificate(s) by email in lieu of mail



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **2585**

MATTHEW RIDLEY

Certification(s) shown  
below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary,  
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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- Upon passing the exam and obtaining full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2739**

ERIC A. BAIR

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	A	24
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2772**

MATTHEW JOHNSTON

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
-----------------------	-------	---------------	--------------------

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2801**

JOSEPH E. DREJKA

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
-----------------------	-------	---------------	--------------------

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2818**

JAKE BOROWY

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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Applicant's Signature: \_\_\_\_\_

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Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2829**

CHARLES CHRYSTAL

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up to the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtaining full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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**VII. APPLICANT'S STATEMENT**

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **2830**

TODD RAMPMEYER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2832**

COLUMBUS BATTLE, JR.

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WASTEWATER TREATMENT	5	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **2833**

KRISTOPHER PARKER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **2837**

MICHAEL SLECHTER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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Applicant's Signature: \_\_\_\_\_

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Operator Certification Number: **2842**

CARL BARNHILL

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
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TEMPORARY	WASTEWATER TREATMENT	5	45

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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☐ *I consent to receive my certificate(s) by email in lieu of mail*



APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **2850**

DEONTE WELBORN

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WASTEWATER TREATMENT	5	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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**

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Date \_\_\_\_\_

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Operator Certification Number: **2862**

WESLEY VANGRAAFEILAND

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2866**

TERRILL COVELL

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **2883**

MICHAEL J. SMITH, JR.

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **2893**

GEORGE A LATTANZIA

Certification(s) shown below will expire on: **7/1/2022**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

**II. CURRENT EMPLOYMENT INFORMATION**

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_____			
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_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Operator Certification Number: **2899**

EDWARD MARTIN

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up to the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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**VII. APPLICANT'S STATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2994**

WALLACE M. HIGH

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **3002**

BERNARD STACY CAMPBELL

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **3163**

TREVOR IRVINE

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **3540**

TIMOTHY M GIBSON

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Operator Certification Number: **3551**

DANIEL R FISSEL

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	5DE	24

**II. CURRENT EMPLOYMENT INFORMATION**

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-----------------------	-------	---------------	--------------------

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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☐ *I consent to receive my certificate(s) by email in lieu of mail*





**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **3555**

STEVEN SOKOL

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER DISTRIBUTION	1	7
SUPERINTENDENT	WASTEWATER COLLECTION	2	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **3601**

CURTIS BALL

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **3662**

ANTHONY W MASEMER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- 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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Date \_\_\_\_\_

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Operator Certification Number: **3694**

KARL G. WEBER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16
OPERATOR	WATER TREATMENT	3	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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Operator Certification Number: **3703**

GEORGE S. SHOEMAKER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	5	30
OPERATOR	WASTEWATER TREATMENT	5	30
SUPERINTENDENT	INDUSTRIAL WASTEWATER	5	7

**II. CURRENT EMPLOYMENT INFORMATION**

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(OVER)



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**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***

☐ *I consent to receive my certificate(s) by email in lieu of mail*



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **3900**

ROBERT C SMYERS

Certification(s) shown  
below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary,  
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these  
certifications: **\$50**

**Failure to complete or submit renewal  
requirements by the expiration date will  
result in an additional late fees as  
described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Upon passing the exam and obtaining full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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**VII. APPLICANT'S STATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **4100**

JOHN F DELACEY

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **4124**

DEMOND MILLER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **4519**

WILLIAM S. ALEXANDER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	7	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **4689**

BRIAN C. BOATWRIGHT

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **4845**

SHARON L VANLOWE-DELACEY

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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☐ *I consent to receive my certificate(s) by email in lieu of mail*



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Operator Certification Number: **5011**

PATRICK A CARROLL

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
-----------------------	-------	---------------	--------------------

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **5156**

RODNEY RICHARDSON, SR.

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **5160**

FRANCIS G HARROD

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WATER TREATMENT	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **5167**

DANIEL G LATOVA

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Operator Certification Number: **5406**

RONALD R DEAL

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	30

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Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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_____			
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(OVER)



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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***

☐ I consent to receive my certificate(s) by email in lieu of mail



APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **5510**

PETER M KLIMOVITZ

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **5551**

JEROME A. PICKERAL

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **5692**

JACQUELINE M CLARK

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **5721**

ROBERT CHARLES PHELPS

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	3	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **5758**

VANCE SUMMERHILL

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **5936**

ROBERT W RAITHER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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**VII. APPLICANT'S STATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **5969**

WILLIAM S BRIGMAN

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **6095**

JAMES M BOWEN

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **6119**

DUWAYNE R POTTER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **6293**

TERRY L WRAY

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WATER TREATMENT	5G	???

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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(OVER)



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Operator Certification Number: **6527**

DANIEL M. HINCHLIFFE

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

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_____			
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(OVER)



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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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☐ *I consent to receive my certificate(s) by email in lieu of mail*





APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **6945**

HARRY J. ELLIOTT, JR.

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **7007**

TROY MASON

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **7147**

GEORGE S. BOILEAU II

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **7212**

KEVIN E. MACKERETH

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **7226**

DANIEL K. MONOPOLI

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
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_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **7251**

SHAWN D. RAUDENBUSH

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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**VII. APPLICANT'S STATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **7270**

CHRISTOPHER L. BRANDT

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **7341**

RICHARD S. ARMACOST

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WATER TREATMENT	3	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **7360**

HAROLD MCKENNA

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
-----------------------	-------	---------------	--------------------

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **7617**

TERELL D JONES

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16
SUPERINTENDENT	WATER TREATMENT	4	7
SUPERINTENDENT	WATER TREATMENT	1	7
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	3	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



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Applicant's Signature: \_\_\_\_\_

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Operator Certification Number: **7694**

MICHAEL A STONE

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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**VII. APPLICANT'S STATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***

☐ *I consent to receive my certificate(s) by email in lieu of mail*



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **7822**

DENNIS WAGANER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **7985**

CHARLES J. FISHER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	5DE	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **7990**

WILLIAM DAVE SEAMAN

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **8231**

HOWARD D. MUMMA, JR.

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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_____			
_____			
_____			
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_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **8559**

MICHAEL CROSTEN

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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_____			
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(OVER)



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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***

☐ *I consent to receive my certificate(s) by email in lieu of mail*



APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **8631**

CLARENCE GILLIAM

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Upon passing the exam and obtaining full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **8700**

BRIAN K. TAYLOR

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **8775**

MARCELLA M. LOWREY

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	G	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **8787**

SHANE MICHAEL STONESIFER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **8814**

CHRISTOPHER CUSIC

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **8844**

MICHAEL E. HARRIS

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
TEMPORARY	WATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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**VII. APPLICANT'S STATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **8850**

THERESA ROCHELLE TUCKER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Operator Certification Number: **8983**

VERONICA ZOE DUNNOCK

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER COLLECTION	2	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Name and Certification Number of  
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **8999**

ALBERT J. HOFFMAN

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Name and Certification Number of  
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**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **9021**

JOSEPH BUCIOR, III

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
SUPERINTENDENT	WATER TREATMENT	1	7

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(OVER)



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Operator Certification Number: **9040**

CARRIE A. MYERS

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	5AS	24

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***

☐ *I consent to receive my certificate(s) by email in lieu of mail*





**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **9104**

RYAN J. DINSMORE

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER DISTRIBUTION	1	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
-----------------------	-------	---------------	--------------------

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **9274**

GILMORE WINFIELD STITELY, IV

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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Name and Certification Number of  
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **9498**

STEVE FOSTER THOMAS

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **9584**

JONATHAN A. GLENN

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

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_____			
_____			
_____			
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(OVER)



**APPLICATION FOR CERTIFICATION RENEWAL**  
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Page 2

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**V. LATE FEES AND REINSTATEMENT**

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Operator Certification Number: **9613**

JOSEPH E. SINNOTT

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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(OVER)



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APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and is subject to the Maryland Public Information Act. This form may be available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **9646**

WILLIAM M. BAUMGARDNER

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



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**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

Page 2

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- 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 to the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

**VII. APPLICANT'S STATEMENT**

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators  
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***

☐ *I consent to receive my certificate(s) by email in lieu of mail*





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Operator Certification Number: **9677**

ERIC HARRIS

Certification(s) shown below will expire on: **7/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	7	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
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(OVER)



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Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **9929**

CLINTON DAVID WIKE

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	30

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Page 2

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