

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

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

This is page one of a tw	vo page form. Both pages must be completed and returned.	rator Certification N	umber: 0013	
JOHN R. GRAHAM Please	enter you're current address on the lines below and, if necessar	Certification(s) shown ry, below will expire on:		
correct	t the City, state and ZIP Code. Please print legibly.		The fee to renew certific	620
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EMPI	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operat	ting any Facility	I prov	vide contractual ser	vices to the Facility
Please provide the follow	wing information about each Facility/Plant that you operate. U	Jse addtion	al pages as needed.	_
Facility / Plant Name	C	Class PD	OWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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

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

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page one	e of a two page form. Both pages must be completed and returned	d. Ope	perator Certification Number: 0023		
	Please enter you're current address on the lines below and, if necessary	ary,	Certification(s) shown below will expire on: 7/1/2022		
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these cations: \$50	
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.	
I. CERTIFIC	ATES TO RENEW:		4000110	Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	::		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	t operating any Facility	I pro	ovide contractual se	rvices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate.	Use addtion	nal pages as needed	<i>d</i> .	
Facility / Plant Na	ame	Class PI	OWIS (Water) NI	PDES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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	Please enter you're current address on the lines below and, if	necessary,	Certification(s) selow will exp	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:			40501100	Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		6	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility	I pı	rovide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you o	perate. Use addtio	onal pages as needed.	
Facility / Plant Nar	me	Class F	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of	1
Operator in Responsible Charge:	

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	lease enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 7/1/2022	
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Typ	oe Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Operator in Responsible Charge:	

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			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
II. CURRENT EMPLOYM	IENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)) that you currently operate:		I am employed by	the Facility owner	
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Please provide the following inj	formation about each Facility/Plant that you o	pperate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Certification Typ	e Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
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Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a tw	o page form. Both pages must be completed and returned.	Operat	Operator Certification Number: 0732		
	enter you're current address on the lines below and, if necessary	Certification(s) shown y, below will expire on:			
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50	
			equirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or F	Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not operation	ng any Facility	I provid	de contractual ser	vices to the Facility	
Please provide the follow	ing information about each Facility/Plant that you operate. Us	se addtional	pages as needed		
Facility / Plant Name	C	Class PDW	/IS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a two	page form. Both pages must be completed and returne	Operator Certification Number: 0879			
	nter you're current address on the lines below and, if necess	ary,	Certification(s) shown below will expire on: 7/1/2022		
correct the	he City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 1 7 7 7	
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPLO	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or P	lants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating	ng any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide the following	ing information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.	_	
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	
				_	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of	f a two page form. Both pages must be completed and returne	ed. Operator Certi	perator Certification Number: 088		
BRYCE DOWNE	S ease enter you're current address on the lines below and, if necess		Certification(s) shown below will expire on: 7		
co	orrect the City, state and ZIP Code. Please print legibly.	The fee	The fee to renew these certifications:		
		requiren			
I. CERTIFICA	TES TO RENEW:		Т	raining Units	
Certification Typ	e Category	Cla		Required	
OPERATOR	WATER DISTRIBUTION	1	1	.6	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:		Ph	one #:		
Number of Facilities	s (or Plants) that you currently operate:	I am em	nployed by the F	acility owner	
I am currently not o	perating any Facility	I provide contra	actual services to	o the Facility	
Please provide the f	following information about each Facility/Plant that you operate.	Use addtional pages a	s needed.		
Facility / Plant Nam	ie e	Class PDWIS (Wat	ter) NPDES (V	Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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Applicant's Signature:		Date
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This is page one	of a two page form. Both pages must be completed and return	erator Certifcation N	Number: 0882	
	Please enter you're current address on the lines below and, if nece	Certification(s) shown below will expire on		
(correct the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual se	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed	<i></i>
Facility / Plant Na	nme	Class P	DWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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This is page one o	of a two page form. Both pages must be completed and ret	perator Certification Number: 0908			
	lease enter you're current address on the lines below and, if n	necessary,	Certification(s) shown below will expire on: 7/1/2022		
CO	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	oe Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you ope	erate. Use addti	ional pages as needed.		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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This is page one of a two page	 Operator Certifo 	cation Number: 0954		
	you're current address on the lines below and, if necessa		ation(s) shown will expire on: 7/1/2022	2
correct the C	City, state and ZIP Code. Please print legibly.	The fee t	to renew these certifications: \$100	
		requireme result	to complete or submit renevelents by the expiration date in an additional late fees as described in Section V.	will
I. CERTIFICATES TO	O RENEW:		Training Uni	ts
Certification Type	Category	Clas	ss Required	
OPERATOR	WASTEWATER COLLECTION	2	16	
OPERATOR	WATER DISTRIBUTION	1	16	
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:		Pho	one #:	
Number of Facilities (or Plants	s) that you currently operate:	I am emp	ployed by the Facility owner	П
I am currently not operating ar	ny Facility	I provide contrac	ctual services to the Facility	
Please provide the following in	nformation about each Facility/Plant that you operate. U	Jse addtional pages as	needed.	
Facility / Plant Name		Class PDWIS (Wate	er) NPDES (Wastewater)	
			_	



III. CONTINUING EDUCATION:

Page 2

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

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page one of	of a two page form. Both	pages must be completed and ret	urned. C	perator Certifcation N	lumber:	0956
GREGORY JOHN SWARTZ Please enter you're current address on the lines below and, if no			ecessary,	Certification(s) below will exp		7/1/2022
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these cations:	\$100	
				Failure to comp requirements by result in an a describe	the expi	iration date will l late fees as
	ATES TO RENEW:					aining Units
Certification Ty	pe	Category		Class	Re	equired
SUPERINTENDEN	Т	INDUSTRIAL WASTEWATER		6	7	
SUPERINTENDEN	Т	WATER TREATMENT		4	7	
II. CURRENT E	EMPLOYMENT INFO	RMATION				
Employer's Name:				Phone #:		
Number of Facilitie	es (or Plants) that you curr	rently operate:		I am employed b	y the Fac	cility owner
I am currently not	operating any Facility]	I	provide contractual ser	rvices to	the Facility
Please provide the	following information abo	out each Facility/Plant that you ope	rate. Use addi	ional pages as needed	!	
Facility / Plant Nar	ne		Class	PDWIS (Water) NP	DES (W	astewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of	of a two page form. Both pages must be completed and re	perator Certification N	umber: 10023	
	lease enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp	
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	pe Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not o	operating any Facility	Ij	provide contractual ser	vices to the Facility
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Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)



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Operator in Responsible Charge:	

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This is page one of a	two page form. Both pages must be completed and re	Operator Certification N	lumber: 10077	
	se enter you're current address on the lines below and, if i	necessary,	Certification(s) below will ex	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renev	v these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATI	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (c	or Plants) that you currently operate:		I am employed b	by the Facility owner
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Facility / Plant Name		Class	PDWIS (Water) NF	'DES (Wastewater)



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Operator in Responsible Charge:	

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This is page one of a tw	o page form. Both pages must be completed and return	perator Certification Nu	mber: 10643	
	enter you're current address on the lines below and, if nec the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) sh below will expin	
correct		The fee to renew to certificate	¥ 17111	
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or I	Plants) that you currently operate:		I am employed by	the Facility owner
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	(OVER)			



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BRADLEY FLOWER		Certification(s) sh		
	enter you're current address on the lines below and, if ne t the City, state and ZIP Code. Please print legibly.	cessary,	below will expir	e on:
correc	t the City, state and ZIF Code. Flease print legiony.		The fee to renew the certificat	6.20
			- requirements by th result in an add	te or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		5AS	24
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
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	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) sl below will expi	
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		5	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
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Facility / Plant Na	nme	Class F	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			



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Operator in Responsible Charge:	

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page one of	a two page form. Both pages must be completed and re	perator Certification Nu	mber: 10946	
	ase enter you're current address on the lines below and, if	necessary,	Certification(s) sh below will expin	
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	¥ 17111
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
	TES TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	erating any Facility	Ιp	rovide contractual serv	ices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you op	erate. Use addti	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a tw	wo page form. Both pages must be completed and retu	erator Certifcation N	umber: 10947	
	enter you're current address on the lines below and, if ne	cessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$100
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMPI	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not operat	ting any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the follow	wing information about each Facility/Plant that you opera	ate. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

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Operator in Responsible Charge:	

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This is page one	e of a two page form. Both pages must be completed and return	rned. Ope	erator Certifcation Nu	ımber: 10948
ZETH KING	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
			requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification T	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	I pro	ovide contractual serv	vices to the Facility
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Facility / Plant N	ame	Class Pl	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and return	erator Certifcation 1	Number: 10949	
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) below will ex	
•	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ted in Section V.
I. CERTIFICA	ATES TO RENEW:		4050110	Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facility	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual se	ervices to the Facility
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtio	nal pages as neede	<i>d</i> .
Facility / Plant Na	nme	Class P	DWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page	one of a two page form. Both pages must be	Operator Certification	Number: 10951	
ZACHARY	CLARK Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s below will e	
			The fee to ren	ew these fications: \$50
			requirements b	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.
I. CERTIF	ICATES TO RENEW:		40001	Training Units
Certification	n Type Category		Class	Required
TEMPORARY	WASTEWATE	R COLLECTION	2	24
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fa	cilities (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently	not operating any Facility		provide contractual s	services to the Facility
Please provid	e the following information about each Facili	y/Plant that you operate. Use add	ltional pages as neede	ed.
Facility / Plan	t Name	Class	PDWIS (Water) N	NPDES (Wastewater)
·				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
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	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
c			The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WATER TREATMENT		3	45
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I p	rovide contractual serv	vices to the Facility
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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	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page on	ne of a two page form. Both pages must be completed and return	perator Certifcation Nu	mber: 10953	
ALEXANDER	R CASTLE-SMITH Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	4511
			requirements by to result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification ⁷	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURRENT	Γ EMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	I p	rovide contractual serv	ices to the Facility
Please provide t	the following information about each Facility/Plant that you opera	te. Use addti	onal pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:	Date	
Last 4 digits of Social Security Number	Email Address	
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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of	f a two page form. Both pages must be completed and return	ed. Ope	rator Certifcation Nu	mber: 10954	
	ease enter you're current address on the lines below and, if neces	ssary,	Certification(s) sl below will expi		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	4 5 (1)	
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not of	perating any Facility	I pro	I provide contractual services to the Facility		
Please provide the f	following information about each Facility/Plant that you operate.	. Use addtion	al pages as needed.	_	
Facility / Plant Nam	ie e	Class PI	OWIS (Water) NPD	DES (Wastewater)	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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

This is page one of	of a two page form. Both pages must be completed and retu	erator Certification	Number: 10955	
	Please enter you're current address on the lines below and, if ned	cessary,	Certification(s below will ex	
с	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these ications: \$50
			requirements by result in an	plete or submit renewal y the expiration date will additional late fees as oed in Section V.
I. CERTIFICA	ATES TO RENEW:		Training Units	
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not o	operating any Facility	I pr	ovide contractual se	ervices to the Facility
Please provide the	following information about each Facility/Plant that you opera	ate. Use addtio	onal pages as neede	<i>d</i> .
Facility / Plant Nan	me	Class P	PDWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a	two page form. Both pages must be completed and retur	erator Certifcation Nu	mber: 10956	
ROBERT LITTLE Pleas	se enter you're current address on the lines below and, if nece	essary,	Certification(s) si below will expi	
	ect the City, state and ZIP Code. Please print legibly.	3,	The fee to renew certifica	these \$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATI	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not open	rating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed.	
Facility / Plant Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 10957		
CAMPBELL I	CAMPBELL LONZELL Please enter you're current address on the lines below			Certification(s) shown below will expire on: 7/1/2022		
correct the City, state and ZIP Code. Please print legibly.		ZIP Code. Please print legibly.		The fee to renew certific		
				- requirements by	lete or submit renewal the expiration date will Iditional late fees as	
					d in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units	
Certification ⁻	Туре	Category		Class	Required	
TEMPORARY		WATER TREATMENT		1	24	
TEMPORARY		WASTEWATER TREATMENT		4	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		Α	24	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner	
I am currently no	ot operating any Facility	_	Ιp	rovide contractual ser	vices to the Facility	
Please provide t	he following information al	oout each Facility/Plant that you operate	e. Use addti	onal pages as needed.		
Facility / Plant N	Name		Class I	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Open				erator Certification Number: 10958		
MATTHEW I	Please enter you're current address on the lines below and, if necessary	y,	Certification(s) shown below will expire on: 7/1/202		7/1/2022	
correct the City, state and ZIP Code. Please print legibly.			The fee to rer	new these ifications:	\$100	
			requirements result in an	by the expi	ubmit renewal ration date will late fees as tion V.	
I. CERTIFIC	CATES TO RENEW:			Tra	aining Units	
Certification [*]	Type Category		Class	Re	quired	
TEMPORARY	WASTEWATER TREATMENT		5	45		
TEMPORARY	WASTEWATER TREATMENT		А	24		
TEMPORARY	WATER TREATMENT		4	45		
TEMPORARY	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	Γ EMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone #:	:		
Number of Facil	lities (or Plants) that you currently operate:		I am employe	d by the Fac	cility owner	
I am currently n	ot operating any Facility	I pro	vide contractual	services to	the Facility	
Please provide t	the following information about each Facility/Plant that you operate. Us	se addtion	al pages as need	led.	_	
Facility / Plant N	Name Cl	lass PD	OWIS (Water)	NPDES (Wa	astewater)	
	(OVER)					



III. CONTINUING EDUCATION:

Page 2

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page one of a tw	vo page form. Both pages must be completed and return	ed. Ope	erator Certifcation Nu	ımber: 10959
	enter you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 7/1/2	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	4 5 11
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		6	24
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or I	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operati	ing any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the follow	ving information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)
	le-			
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a	a two page form. Both pages must be completed and retu	erator Certifcation Nu	ımber: 10960	
	ase enter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will exp	//1/////
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			requirements by t	ete or submit renewal the expiration date will
				ditional late fees as d in Section V.
I. CERTIFICAT	ES TO RENEW:		uescribe	Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		3	45
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not ope	erating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the fol	llowing information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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

This is page one of	f a two page form. Both pages must be completed and ret	Operator Certification Number: 10961			
	ease enter you're current address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: 7/1/2022		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	perating any Facility	I pı	rovide contractual serv	vices to the Facility	
Please provide the f	following information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needed.		
Facility / Plant Nam	ne e	Class F	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
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This is page or	ne of a two page form. Bot	h pages must be completed and returne	ed. Op	erator Certifcation Nu	umber: 10962
CAITLYN DEARBORN Please enter you're current address on the lines below and, if necessary,				Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.				The fee to renew certification	
				requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW	<u>.</u>			Training Units
Certification `	Type	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
TEMPORARY		INDUSTRIAL WASTEWATER		2	0
TEMPORARY		WATER TREATMENT		4	45
II. CURREN	ΓEMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner
I am currently n	ot operating any Facility		I pr	ovide contractual serv	vices to the Facility
Please provide i	the following information a	bout each Facility/Plant that you operate.	Use addtio	onal pages as needed.	
Facility / Plant 1	Name		Class P	PDWIS (Water) NPI	DES (Wastewater)
					_
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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

This is page one	of a two page form. Both pages must be completed and return	ed. Ope	erator Certification N	Number: 10963
	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) below will ex	
(correct the City, state and ZIP Code. Please print legibly.		The fee to renever certifi	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		6	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility	I pro	ovide contractual se	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtion	nal pages as needed	<i></i>
Facility / Plant Na	me	Class Pl	OWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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This is page one of a t	wo page form. Both pages must be completed a	Operator Certification N	umber: 10964	
	e enter you're current address on the lines below as		Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	450
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTIO	N	2	24
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not opera	ating any Facility]	provide contractual ser	vices to the Facility
Please provide the follo	wing information about each Facility/Plant that y	ou operate. Use add	dtional pages as needed	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a	two page form. Both pages must be completed and retu	erator Certification N	umber: 10965	
	se enter you're current address on the lines below and, if ne	cessary,	Certification(s) shown below will expire on: 7/1/202	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	¥ 1 MM
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATI	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (c	or Plants) that you currently operate:		I am employed b	y the Facility owner
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Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

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Operator in Responsible Charge:	

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This is page one	e of a two page form. Both pages must be completed and return	erator Certifcation Nu	ımber: 10966	
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
			requirements by tresult in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:		-	Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name);		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant Na	ame	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			<u> </u>



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a	a two page form. Both pages must be completed and returned	ed. Ope	rator Certifcation Nu	mber: 10967	
	ase enter you're current address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 7/1/2		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	450	
			requirements by t	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICAT	TES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
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	(OVER)				



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This is page one	of a two page form. Both pages must be completed and retur	erator Certifcation 1	Number: 10969	
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certifi	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ted in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed	by the Facility owner
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Facility / Plant Na	ame	Class P	DWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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	Please enter you're current ad	dress on the lines below and, if nece	essary,	Certification(s) sl below will expi	//1//11//
correct the City, state and ZIP Code. Please print legibly.				The fee to renew certifica	(50)
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Certification Ty	/pe Ca	itegory		Class	Required
TEMPORARY	W	ASTEWATER TREATMENT		Α	24
TEMPORARY	W	ASTEWATER TREATMENT		5	45
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Employer's Name	:			Phone #:	
Number of Facilit	ies (or Plants) that you curren	tly operate:		I am employed by	the Facility owner
I am currently not	operating any Facility		Ιp	provide contractual serv	rices to the Facility
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III. CONTINUING EDUCATION:

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This is page one of a	two page form. Both pages must be completed and re	perator Certification Nu	mber: 10971	
	se enter you're current address on the lines below and, if i	necessary,	Certification(s) sh below will expir	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew to certificate	4511
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not open	rating any Facility	I p	rovide contractual serv	ices to the Facility
Please provide the foll	owing information about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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- I 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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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Please verify your information shown on this application and make any corrections as needed.

This is page one of	a two page form. Both pages must be completed	Operator Certifcation Nu	umber: 10972	
	ase enter you're current address on the lines below		Certification(s) shown below will expire on: 7/1/202	
CO	rect the City, state and ZIP Code. Please print legib	oly.	The fee to renew certification	450
			requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
•	<u>ΓES TO RENEW:</u>			Training Units
Certification Type	e Category		Class	Required
TEMPORARY	WASTEWATER TREATME	NT	5	45
TEMPORARY	WASTEWATER TREATME	NT	А	24
II. CURRENT EN	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not op	perating any Facility	I	provide contractual serv	vices to the Facility
Please provide the fo	llowing information about each Facility/Plant that	you operate. Use addi	tional pages as needed.	
Facility / Plant Name	•	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
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: Maryla	nd Board of Waterworks a	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of	of a two page form. Both pages must be completed and return	rator Certifcation N	umber: 10974	
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I pro	vide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you operat	e. Use addtion	al pages as needed.	
Facility / Plant Nar	me	Class PD	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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

This is page one of	of a two page form. Both pages must be completed and retu	rned. Op	erator Certifcation N	Number: 10975
	Please enter you're current address on the lines below and, if ned	cessary,	Certification(s) below will ex	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renecertifi	w these cations: \$50
			requirements by	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:		4000110	Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		6	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual se	rvices to the Facility
Please provide the	following information about each Facility/Plant that you opera	ate. Use addtio	nal pages as needed	<i>d</i> .
Facility / Plant Nar	me	Class P	DWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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This is page one	of a two page form. Both pages must be completed and retu	erator Certification N	Tumber: 10976		
	Please enter you're current address on the lines below and, if ne	cessary,	Certification(s) below will ex		
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICA	ATES TO RENEW:		Training Units		
Certification Ty	ype Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner	
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Please provide the	e following information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed	<u> </u>	
Facility / Plant Na	nme	Class P	DWIS (Water) NF	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a two page	d. Operator Certification	Number: 10978	
	you're current address on the lines below and, if necessary	Certification(s below will e	
correct the C	City, state and ZIP Code. Please print legibly.	The fee to ren	ew these fications: \$50
		requirements b	nplete or submit renewal by the expiration date will additional late fees as abed in Section V.
I. CERTIFICATES TO		Training Units	
Certification Type	Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT EMPLOY	MENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants	s) that you currently operate:	I am employed	l by the Facility owner
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Facility / Plant Name		Class PDWIS (Water) N	NPDES (Wastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of	1
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This is page one	of a two page form. Both pages must be completed and ret	turned. Op	erator Certifcation N	ımber: 10979
	Please enter you're current address on the lines below and, if n	ecessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			requirements by result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I pı	ovide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needed.	
Facility / Plant Na	nme	Class F	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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

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

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page one	of a two page form. Both pages must be completed and return	Operator Certification Number: 10980		
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
•	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	1511
			requirements by tresult in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facility	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant Na	ame	Class PI	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one of a two page	age form. Both pages must be completed and retur	ned. O _l	perator Certification Nu	mber: 10981
	er you're current address on the lines below and, if nec	essary,	Certification(s) shelow will expire	
correct the		The fee to renew to certificate	VIIII	
			requirements by the result in an add	te or submit renewal he expiration date will ditional late fees as in Section V.
I. CERTIFICATES T	O RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
TEMPORARY	WASTEWATER TREATMENT		3	45
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	its) that you currently operate:		I am employed by	the Facility owner
I am currently not operating a	any Facility	I p	rovide contractual serv	ices to the Facility
Please provide the following	information about each Facility/Plant that you opera	te. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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

This is page one of a two	o page form. Both pages must be completed and returned	d. Ope	erator Certifcation Nu	mber: 10982
VALERIE CHALK			Certification(s) sl	
	enter you're current address on the lines below and, if necessary	ary,	below will expi	re on: 7/1/2022
соггест	the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	620
			requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES	TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		5AS	24
II. CURRENT EMPLO	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or P	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	ng any Facility	I pro	ovide contractual serv	rices to the Facility
Please provide the followi	ing information about each Facility/Plant that you operate. U	Use addtior	nal pages as needed.	
Facility / Plant Name		Class PI	DWIS (Water) NPD	DES (Wastewater)
				_



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one of	a two page form. Both pages must be completed and returne	ed. Ope	erator Certification Number	mber: 10983	
	ease enter you're current address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 7/1		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew to certificate	4 5 11	
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as in Section V.	
I. CERTIFICAT	ΓES TO RENEW:			Training Units	
Certification Type	e Category		Class	Required	
TEMPORARY	WATER TREATMENT		5AS	24	
II. CURRENT EM	APLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not op	erating any Facility	I pro	provide contractual services to the Facility		
Please provide the fo	ollowing information about each Facility/Plant that you operate.	Use addtion	nal pages as needed.		
Facility / Plant Name		Class PI	OWIS (Water) NPD	ES (Wastewater)	
				_	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks a	nd Waste Systems Operators
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This is page one of a two	page form. Both pages must be completed and retu	rned. Op	Operator Certification Number: 10984		
	ater you're current address on the lines below and, if neo	cessary,	Certification(s) shown below will expire on: 7/1/202		
correct th		The fee to renew certific	\$100		
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pla	ants) that you currently operate:		I am employed b	y the Facility owner	
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Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)	
				_	



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Page 2

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Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks a	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page one of	of a two page form. Both pages must be completed and retu	erator Certifcation N	umber: 10985	
	Please enter you're current address on the lines below and, if ne	cessary,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not of	operating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you oper	ate. Use addtio	nal pages as needed.	
Facility / Plant Nar	me	Class P	DWIS (Water) NP	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one o	f a two page form. Both pages must be completed and retu	perator Certification Number: 10986			
	lease enter you're current address on the lines below and, if ned	cessary,	Certification(s) below will ex		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renev	v these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:			describ	Training Units	
Certification Typ	oe Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		2	24	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not o	perating any Facility	I pr	ovide contractual se	rvices to the Facility	
Please provide the j	following information about each Facility/Plant that you oper	ate. Use addtio	nal pages as needea	<u></u>	
Facility / Plant Nam	ne	Class P	DWIS (Water) NF	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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

This is page on	ne of a two page form. Both pages must be completed and re	turned. Operato	or Certification Nu	mber: 10987
ERNEST WA	Please enter you're current address on the lines below and, if i		Certification(s) shown below will expire on: 7/1	
correct the City, state and ZIP Code. Please print legibly.		,	The fee to renew t certificat	
				te or submit renewal ne expiration date will
			result in an add	litional late fees as in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ⁻	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
TEMPORARY	WASTEWATER TREATMENT		Α	24
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURRENT	Γ EMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:	I	am employed by	the Facility owner
I am currently no	ot operating any Facility	I provid	e contractual servi	ices to the Facility
Please provide t	the following information about each Facility/Plant that you ope	erate. Use addtional p	pages as needed.	
Facility / Plant N	Name	Class PDW	IS (Water) NPD	ES (Wastewater)
	Larmy			
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature:		Date
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This is page or	ne of a two page form. Both pa	iges must be completed and returne	ed. Opera	itor Certifcation	n Number:	10988
SAMY HASSANEIN Please enter you're current address on the lines correct the City, state and ZIP Code. Please pri				Certification below will		7/1/2022
		Code. Please print legibly.		The fee to recent	new these ifications:	\$100
				requirements result in a	by the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFI	CATES TO RENEW:				Tr	aining Units
Certification	Type Ca	tegory		Class	Re	equired
TEMPORARY	W	ATER TREATMENT		2	24	ļ.
TEMPORARY	W	ASTEWATER TREATMENT		5	45	5
TEMPORARY	W	ASTEWATER TREATMENT		Α	24	ŀ
II. CURREN	Γ EMPLOYMENT INFOR	MATION				
Employer's Nar	ne:			Phone #	:	
Number of Faci	lities (or Plants) that you curren	tly operate:		I am employe	d by the Fa	cility owner
I am currently n	not operating any Facility		I prov	I provide contractual services to the Facility		
Please provide	the following information about	each Facility/Plant that you operate.	. Use addtiona	l pages as need	ded.	
Facility / Plant	Name		Class PDV	WIS (Water)	NPDES (W	astewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a	two page form. Both pages must be completed and ret	perator Certifcation Nu	ımber: 10989	
	se enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 7/1/2022	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not open	rating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide the foll	owing information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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	enter you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 7/1/2022	
correct	t the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$ 1000
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES				Training Units
Certification Type	Category		Class	Required
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TEMPORARY	WASTEWATER COLLECTION		2	24
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Number of Facilities (or	Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operat	ting any Facility	I pı	rovide contractual ser	vices to the Facility
Please provide the follow	wing information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.	
Facility / Plant Name		Class F	PDWIS (Water) NP	DES (Wastewater)



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

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page one of	f a two page form. Both pages must be completed and re-	erator Certification N	umber: 10992	
	ease enter you're current address on the lines below and, if n	necessary,	Certification(s) shown below will expire on: 7/1/2022	
co	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	450
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Typ	e Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		3	45
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not o	perating any Facility	I pı	ovide contractual ser	vices to the Facility
Please provide the f	following information about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed.	
Facility / Plant Nam	e	Class F	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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	ddress on the lines below and, if neces	ssary,	Certification(s below will ex	• • • • • • • • • • • • • • • • • • • •	
correct the City, state and ZIP Code. Please print legibly				The fee to rene certif	ew these ications: \$100
				requirements by result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	ATES TO RENEW:				Training Units
Certification Ty	pe C	ategory		Class	Required
TEMPORARY	V	ATER DISTRIBUTION		1	24
TEMPORARY	V	ASTEWATER COLLECTION		2	24
II. CURRENT E	EMPLOYMENT INFO	RMATION			
Employer's Name:				Phone #:	
Number of Facilitie	es (or Plants) that you curre	ntly operate:		I am employed	by the Facility owner
I am currently not o	operating any Facility		I p	rovide contractual se	ervices to the Facility
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Facility / Plant Nan	ne		Class	PDWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and return	rned. Op	erator Certification Nu	ımber: 10994
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 7/1/20	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I provide contractual services to the Facility		
Please provide the	r following information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.	_
Facility / Plant Na	me	Class F	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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	ou're current address on the lines below and, if necessa	Certification(s) ary, below will ex		
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		requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as sed in Section V.	
I. CERTIFICATES TO	RENEW:		Training Units	
Certification Type	Category	Class	Required	
TEMPORARY	WASTEWATER COLLECTION	2	24	
TEMPORARY	WATER DISTRIBUTION	1	24	
II. CURRENT EMPLOYM	IENT INFORMATION			
Employer's Name:		Phone #:		
Number of Facilities (or Plants)	that you currently operate:	I am employed	by the Facility owner	
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Please provide the following inf	formation about each Facility/Plant that you operate. U	Jse addtional pages as needed	<u> </u>	
Facility / Plant Name		Class PDWIS (Water) N	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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	ase enter you're current address on the lines below and, if n	ecessary,	Certification(s) below will ex	
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renecertifi	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:			4000110	Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
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Employer's Name:			Phone #:	
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	Please enter you're current address on the lines below and, if necessity	essary,	Certification(s) si below will expi	//1/////
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Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
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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	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a	two page form. Both pages must be completed and ret	perator Certification Number: 1352			
	se enter you're current address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: 7/1/2022		
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		2	24	
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not oper	rating any Facility	Ιp	rovide contractual serv	vices to the Facility	
Please provide the follo	owing information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.		
Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of	f a two page form. Both pages must be completed and re-	perator Certification Nu	umber: 1395	
	ease enter you're current address on the lines below and, if n	necessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		4	7
SUPERINTENDENT	WATER TREATMENT		2	7
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not of	perating any Facility	I p	rovide contractual ser	vices to the Facility
Please provide the f	ollowing information about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed.	
Facility / Plant Nam	e	Class I	PDWIS (Water) NPI	DES (Wastewater)
	*			
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Last 4 digits of Social Security Number	Email Address				
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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one	of a two page form. Both pages must be completed and return	erator Certifcation 1	Number: 1403	
	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) below will ex	
(correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these cations: \$50
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as sed in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility	I pro	ovide contractual se	ervices to the Facility
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtio	nal pages as neede	d.
Facility / Plant Na	nme	Class P	DWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page on	ne of a two page form. Both pages must be completed and returned.	Ope	rator Certifcatio	1418	
ED CREAN	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on: 7/1/2022		
			The fee to re	new these tifications:	\$50
			requirements result in a	by the exp	submit renewal piration date will al late fees as
I. CERTIFIC	CATES TO RENEW:		uese		raining Units
Certification ⁻	Type Category		Class		equired
TEMPORARY	WATER TREATMENT		5AS	2	4
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone #	<u></u>	
Number of Facil	lities (or Plants) that you currently operate:		I am employe	ed by the F	acility owner
I am currently no	ot operating any Facility	I pro	ovide contractual	l services to	the Facility
Please provide t	he following information about each Facility/Plant that you operate. Use	e addtior	nal pages as need	ded.	
Facility / Plant N	Name Cla	ass PI	OWIS (Water)	NPDES (V	Vastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a	a two page form. Both pages must be completed and re	Operator Certification Number: 1533		
	ase enter you're current address on the lines below and, if r	necessary,	Certification(s) s below will exp	
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	450
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICAT	<u>'ES TO RENEW:</u>			Training Units
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		5	30
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities ((or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not ope	erating any Facility	I	provide contractual ser	vices to the Facility
Please provide the fol	llowing information about each Facility/Plant that you ope	erate. Use add	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one o	of a two page form. Both pages must be completed and retur	perator Certification Number: 1572		
	lease enter you're current address on the lines below and, if necessity	essary,	Certification(s) s below will exp	
CO	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	d. E. 1.1
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Typ	oe Category		Class	Required
TEMPORARY	WATER TREATMENT		GDE	???
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not o	operating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed.	
Facility / Plant Nan	ne	Class P	DWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of	1
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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

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This is page one	of a two page form. Both pages must be completed and return	rned. Op	erator Certifcation Nu	ımber: 1633
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		5GW	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ries (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	t operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	ıte. Use addtio	onal pages as needed.	_
Facility / Plant Na	ame	Class P	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and return	ned. Op	erator Certification	Number: 1688	
	Please enter you're current address on the lines below and, if neces	essary,	Certification(s) shown below will expire on: 7/1/2022		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications: \$50	
			requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual s	ervices to the Facility	
Please provide the	following information about each Facility/Plant that you operate	e. Use addtio	nal pages as neede		
Facility / Plant Na	me	Class P	DWIS (Water) N	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one	e of a two page form. Both pages must be completed and return	ed. Oper	ator Certification	Number: 1717
MICHAEL JOE	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 7/1/2022	
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	ew these fications: \$100
			requirements b result in an	uplete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification T	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		Α	16
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	INDUSTRIAL WASTEWATER		2	0
OPERATOR	WATER TREATMENT		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently no	ot operating any Facility	I prov	vide contractual s	ervices to the Facility
Please provide th	he following information about each Facility/Plant that you operate.	. Use addtion	al pages as neede	ed.
Facility / Plant N	Tame	Class PD	WIS (Water) N	IPDES (Wastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page or	one of a two page form. Both pages must be completed and ret	perator Certifcation Nu	ımber: 19051		
ZACHARY (CLARK Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on: 7/1/20		
			The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFI	ICATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nar	me:		Phone #:		
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently r	not operating any Facility	Ιp	rovide contractual serv	vices to the Facility	
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III. CONTINUING EDUCATION:

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This is page one of	a two page form. Both pages must be completed and return	perator Certification Nu	ımber: 1919		
	ease enter you're current address on the lines below and, if nec	essary,	Certification(s) so below will expi		
con	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	e Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		7	24	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not op	perating any Facility	I p	I provide contractual services to the Facility		
Please provide the fo	ollowing information about each Facility/Plant that you opera	te. Use addti	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	
	(OVER)				



III. CONTINUING EDUCATION:

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I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	oe Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
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	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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Please verify your information shown on this application and make any corrections as needed.

This is page one	of a two page form. Both pages must be completed and retu	erator Certifcation Nu	mber: 2038	
	Please enter you're current address on the lines below and, if neo	cessary,	Certification(s) sh below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	
				ete or submit renewal he expiration date will
			result in an add	ditional late fees as
I. CERTIFIC	ATES TO RENEW:		described	Training Units
Certification Ty	ype Category		Class	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 Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual serv	ices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	ate. Use addtio	nal pages as needed.	
Facility / Plant Na	me	Class P	DWIS (Water) NPD	DES (Wastewater)
	l/ozz			
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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

This is page one	of a two page form. Both pages must be completed and re	Operator Certification Number: 2062		
	Please enter you're current address on the lines below and, if	necessary,	Certification(s) below will ex	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	rpe Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently not	operating any Facility	I pı	rovide contractual se	rvices to the Facility
Please provide the	following information about each Facility/Plant that you op	erate. Use addtio	onal pages as needed	<i></i>
Facility / Plant Na	me	Class F	PDWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one	of a two page form. Both pages must be completed and return	erator Certification Nu	mber: 2079	
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) shelow will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	450
				ete or submit renewal he expiration date will
			result in an add	ditional late fees as
I. CERTIFIC	ATES TO RENEW:		uesei ibeu	Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
OPERATOR	WASTEWATER TREATMENT		S	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Na	nme	Class P	PDWIS (Water) NPD	ES (Wastewater)
	(OLED)			
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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This is page one of	a two page form. Both pages must be completed and re	perator Certifcation Nu	mber: 2082	
	ease enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 7/1/202	
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Typ	e Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	perating any Facility	ΙI	provide contractual serv	rices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant Name	e	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and return	ned. Oper	rator Certification Nu	umber: 2130
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	1511
			requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	les (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I prov	vide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you opera	te. Use addtion	al pages as needed.	
Facility / Plant Nat	me	Class PD	WIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a	two page form. Both pages must be completed and retu	perator Certification Number: 2139			
	se enter you're current address on the lines below and, if nec	cessary,	Certification(s) shown below will expire on: 7/1/2022		
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$50	
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (c	or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not oper	rating any Facility	I pı	ovide contractual ser	vices to the Facility	
Please provide the follo	owing information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed		
Facility / Plant Name		Class F	DWIS (Water) NP	DES (Wastewater)	
			,		



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of	1
Operator in Responsible Charge:	

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

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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Please verify your information shown on this application and make any corrections as needed.

This is page one	of a two page form. Both pages mu	st be completed and returned.	Ope	rator Certification	Number:	2172	
	the lines below and, if necessar	ry,	Certification(s) shown below will expire on: 7/		7/1/2022		
correct the City, state and ZIP		tate and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$50	
				requirements b result in an	y the exp	submit renewal iration date will al late fees as ction V.	
	ATES TO RENEW:					raining Units	
Certification Ty	pe Category			Class	Re	equired	
TEMPORARY	WASTEWA	ATER TREATMENT		5	45	5	
TEMPORARY	WASTEWA	ATER TREATMENT		Α	24	1	
II. CURRENT	EMPLOYMENT INFORMATION	ON					
Employer's Name:				Phone #:			
Number of Facilit	ies (or Plants) that you currently opera	nte:		I am employed	by the Fa	cility owner	
I am currently not	operating any Facility		I pro	vide contractual s	services to	the Facility	
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Facility / Plant Na	me	C	class PI	OWIS (Water) N	NPDES (W	/astewater)	
		(OVER)					



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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

This is page one of a two page	Operator Certification Nur	Operator Certification Number: 2260		
	you're current address on the lines below and, if necessar	Certification(s) sh ry, below will expir		
correct the C	City, state and ZIP Code. Please print legibly.	The fee to renew t certificat	4 5 11	
		requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.	
I. CERTIFICATES TO	O RENEW:		Training Units	
Certification Type	Category	Class	Required	
OPERATOR	WASTEWATER TREATMENT	5	30	
OPERATOR	WASTEWATER TREATMENT	А	16	
II. CURRENT EMPLOYE	MENT INFORMATION			
Employer's Name:		Phone #:		
Number of Facilities (or Plants	s) that you currently operate:	I am employed by	the Facility owner	
I am currently not operating ar	ny Facility	I provide contractual servi	ices to the Facility	
Please provide the following in	nformation about each Facility/Plant that you operate. U	se addtional pages as needed.		
Facility / Plant Name	C	Class PDWIS (Water) NPD	ES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and re	Operator Certification Number: 2340			
	Please enter you're current address on the lines below and, if r	necessary,	Certification(s) below will ex		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ries (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not	t operating any Facility	I p	provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you ope	erate. Use addti	onal pages as needed	<u> </u>	
Facility / Plant Na	ame	Class I	PDWIS (Water) NF	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Last 4 digits of Social Security Number	Email Address	
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This is page one of a t	wo page form. Both pages must be completed and re	eturned. (Operator Certification Number: 2363		
	e enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	620	
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATE	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EMP	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	y the Facility owner	
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Please provide the follo	wing information about each Facility/Plant that you op	erate. Use ada	ltional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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This is page one of a tv	wo page form. Both pages must be completed and retu	perator Certification Number: 2585		
	enter you're current address on the lines below and, if ne	cessary,	Certification(s) s below will exp	
correc	t the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	y the Facility owner
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Please verify your information shown on this application and make any corrections as needed.

This is page on	e of a two page form. Bot	h pages must be completed and return	ed. Ope	erator Certification N	Number: 2739
		ise enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.		Certification(s) below will ex	
				The fee to renev	w these cations: \$100
				requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification \mathbb{I}	Гуре	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
TEMPORARY		WATER DISTRIBUTION		1	24
TEMPORARY		WATER TREATMENT		2	24
TEMPORARY		WASTEWATER TREATMENT		А	24
OPERATOR		WASTEWATER TREATMENT		5	30
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed l	by the Facility owner
I am currently no	ot operating any Facility	7	I pro	ovide contractual se	rvices to the Facility
Please provide ti	he following information a	— bout each Facility/Plant that you operate	. Use addtion	nal pages as needed	<i></i>
Facility / Plant N	Jame		Class Pl	OWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page one of a t	two page form. Both pages must be completed and retur	rned. Op	Operator Certification Number: 2772		
	e enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific		
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
II. CURRENT EMP	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not opera	ating any Facility	I pı	ovide contractual ser	vices to the Facility	
Please provide the follo	owing information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.		
Facility / Plant Name		Class F	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Last 4 digits of Social Security Number	Email Address	
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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of	f a two page form. Both pages must be completed and re-	erator Certifcation N	umber: 2801	
	lease enter you're current address on the lines below and, if n	necessary,	Certification(s) below will exp	
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$50
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:			4000110	Training Units
Certification Typ	e Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not o	perating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the f	following information about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed	
Facility / Plant Nam	ne e	Class P	DWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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This is page one of	a two page form. Both pages must be completed and retur	ned. Op	erator Certifcation Nu	mber: 2818
JAKE BOROWY	ase enter you're current address on the lines below and, if nec	occom.	Certification(s) sl below will expi	
	rect the City, state and ZIP Code. Please print legibly.	essary,	The fee to renew certifica	these \$50
			requirements by to result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICAT	TES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	erating any Facility	I pr	rovide contractual serv	rices to the Facility
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Facility / Plant Name		Class P	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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This is page one of a two pa	erator Certifcation Nu	ımber: 2829		
	you're current address on the lines below and, if nece	essary,	Certification(s) s below will expi	
correct the (City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO	O RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plant	ts) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Name		Class PI	OWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and retur	ned. Opera	Operator Certification Number: 2830		
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	450	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		Α	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	t operating any Facility	I provi	ide contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtiona	l pages as needed	•	
Facility / Plant Na	ame	Class PDV	WIS (Water) NP	DES (Wastewater)	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
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	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page	 Operator Certification 1 	Number: 2832	
	ou're current address on the lines below and, if necessar	Certification(s) ry, below will ex	
correct the Cit	y, state and ZIP Code. Please print legibly.	The fee to rene certifi	w these ications: \$50
		requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ped in Section V.
I. CERTIFICATES TO	RENEW:		Training Units
Certification Type	Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	А	24
TEMPORARY	WASTEWATER TREATMENT	5	45
II. CURRENT EMPLOYM	ENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants)	that you currently operate:	I am employed	by the Facility owner
I am currently not operating any	Facility	I provide contractual se	ervices to the Facility
Please provide the following info	ormation about each Facility/Plant that you operate. U	se addtional pages as needed	<i></i>
Facility / Plant Name	C	Class PDWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature:	Date			
Last 4 digits of Social Security Number	Email Address			
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators				
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708		
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This is page one	e of a two page form. Both pages must be completed and returned	l. Ope	erator Certifcation	n Number: 2833
KRISTOPHER	PARKER Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on: 7/1/2	
			The fee to rer	new these ifications: \$50
			requirements result in ar	mplete or submit renewal by the expiration date will a additional late fees as bibed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification T	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	:
Number of Facili	ities (or Plants) that you currently operate:		I am employe	d by the Facility owner
I am currently no	ot operating any Facility	I pro	ovide contractual	services to the Facility
Please provide th	he following information about each Facility/Plant that you operate. U	Use addtion	nal pages as need	led.
Facility / Plant N	ame	Class Pl	OWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:	Date			
Last 4 digits of Social Security Number	Email Address			
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators				
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708		
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This is page one	e of a two page form. Both p	pages must be completed and retu	rned. O	perator Certification N	umber: 2837
MICHAEL SLI	Please enter you're current a	at address on the lines below and, if necessary,	cessary,	Certification(s) s below will exp	
	correct the City, state and ZI	P Code. Please print legibly.		The fee to renew certific	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:				Training Units
Certification T	ype C	ategory		Class	Required
OPERATOR	V	VASTEWATER TREATMENT		5	30
OPERATOR	V	VASTEWATER TREATMENT		Α	16
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ties (or Plants) that you curre	ntly operate:		I am employed b	y the Facility owner
I am currently no	t operating any Facility		Į I	provide contractual ser	vices to the Facility
Please provide th	e following information abou	t each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant N	ame		Class	PDWIS (Water) NP	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certification Number: 2842		
	Please enter you're current add	ress on the lines below and, if nece	essary,	Certification(s) s below will exp		
correct the City, state an		Code. Please print legibly.		The fee to renew certification		
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
	ATES TO RENEW:				Training Units	
Certification Ty	ype Cat	regory		Class	Required	
TEMPORARY	WA	STEWATER TREATMENT		Α	24	
TEMPORARY	WA	STEWATER TREATMENT		5	45	
II. CURRENT	EMPLOYMENT INFORM	MATION				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you current	ly operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility		Ιp	rovide contractual serv	vices to the Facility	
Please provide the	e following information about o	each Facility/Plant that you operat	e. Use addti	onal pages as needed.		
Facility / Plant Na	ame		Class 1	PDWIS (Water) NPI	DES (Wastewater)	
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a	a two page form. Both pages must be completed and return	ned. Operator C	erator Certification Number: 2850		
	ase enter you're current address on the lines below and, if nec		rtification(s) sho elow will expire		
correct the City, state and ZIP Code. Please print legibly.		The	e fee to renew th certification	450	
		requi	irements by the esult in an addi	e or submit renewal e expiration date will tional late fees as n Section V.	
	ES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		Α	24	
TEMPORARY	WASTEWATER TREATMENT		5	45	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:	I am	n employed by tl	he Facility owner	
I am currently not ope	erating any Facility	I provide co	ontractual servic	es to the Facility	
Please provide the fol	llowing information about each Facility/Plant that you opera	te. Use addtional pag	es as needed.		
Facility / Plant Name		Class PDWIS ((Water) NPDE	S (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
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Certification Type	Category		Class	Required
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OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EM	IPLOYMENT INFORMATION			
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I am currently not ope	erating any Facility	Ιŗ	provide contractual serv	rices to the Facility
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	(OVER)			



III. CONTINUING EDUCATION:

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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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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Please verify your information shown on this application and make any corrections as needed.

This is page one of	a two page form. Both pages must be completed and return	ned. Operator Certifo	ation Number: 2866
	ase enter you're current address on the lines below and, if nece		tion(s) shown will expire on: 7/1/2022
correct the City, state and ZIP Code. Please print legibly.			o renew these certifications: \$50
		requireme result i	o complete or submit renewal ents by the expiration date will in an additional late fees as escribed in Section V.
	TES TO RENEW:		Training Units
Certification Type	Category	Clas	s Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT EM	IPLOYMENT INFORMATION		
Employer's Name:		Pho	ne #:
Number of Facilities	(or Plants) that you currently operate:	I am emp	loyed by the Facility owner
I am currently not ope	erating any Facility	I provide contrac	tual services to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operat	te. Use addtional pages as	needed.
Facility / Plant Name		Class PDWIS (Water	r) NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two pag	ge form. Both pages must be completed and return	ed. Op	perator Certification Nu	mber: 2883
-	you're current address on the lines below and, if neces	ssary,	Certification(s) sh below will expin	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew to certificate	4511
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		Α	16
OPERATOR	WASTEWATER TREATMENT		5	30
II. CURRENT EMPLOYM	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any	y Facility	I p	rovide contractual serv	ices to the Facility
Please provide the following in	formation about each Facility/Plant that you operate	. Use addti	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one o	f a two page form. Both pages must be completed and retu	erator Certifcation N	umber: 2893	
	lease enter you're current address on the lines below and, if neo	cessary,	Certification(s) below will exp	
CO	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	Ø. ⊏ \ \
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:			4000110	Training Units
Certification Typ	oe Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not o	operating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you opera	ate. Use addtio	nal pages as needed	
Facility / Plant Nan	ne	Class P	DWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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

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This is page one of a two	page form. Both pages must be completed and retur	rned. Operator Certification	Operator Certification Number: 2899		
	nter you're current address on the lines below and, if nece		Certification(s) shown below will expire on: 7/1/2022		
correct th	ne City, state and ZIP Code. Please print legibly.	The fee to recent	new these tifications: \$50		
		requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.		
I. CERTIFICATES	TO RENEW:		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	А	16		
OPERATOR	WASTEWATER TREATMENT	5	30		
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:		Phone #	:		
Number of Facilities (or Pl	ants) that you currently operate:	I am employe	ed by the Facility owner		
I am currently not operating	g any Facility	I provide contractual	services to the Facility		
Please provide the following	ng information about each Facility/Plant that you operat	te. Use addtional pages as need	ded.		
Facility / Plant Name		Class PDWIS (Water)	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a t	wo page form. Both pages must be completed and retur	erator Certifcation Nu	mber: 2994	
WALLACE M. HIGH Please	e enter you're current address on the lines below and, if nece	Certification(s) shown below will expire on:		
correc	t the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	620
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as I in Section V.
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not opera	ting any Facility	I pı	rovide contractual serv	vices to the Facility
Please provide the follo	wing information about each Facility/Plant that you operat	te. Use addtio	onal pages as needed.	
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and return	erator Certification N	Number: 3002		
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) shown below will expire on:		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$50	
			requirements by result in an a	plete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICA	ATES TO RENEW:		Training Units		
Certification Ty	pe Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed l	by the Facility owner	
I am currently not	operating any Facility	I pı	ovide contractual se	rvices to the Facility	
Please provide the	following information about each Facility/Plant that you opera	ıte. Use addtio	onal pages as needed	<i></i>	
Facility / Plant Na	me	Class F	PDWIS (Water) NI	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page	Operator Certification N	Number: 3163			
	you're current address on the lines below and, if necessary	Certification(s) y, below will ex			
correct the C	City, state and ZIP Code. Please print legibly.	The fee to renev	w these cations: \$50		
		requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO	O RENEW:		Training Units		
Certification Type	Category	Class	Required		
TEMPORARY	WASTEWATER TREATMENT	5	45		
TEMPORARY	WASTEWATER TREATMENT	Α	24		
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants	s) that you currently operate:	I am employed b	by the Facility owner		
I am currently not operating an	ny Facility	I provide contractual se	provide contractual services to the Facility		
Please provide the following is	nformation about each Facility/Plant that you operate. Us	se addtional pages as needea	<u></u>		
Facility / Plant Name	Cl	lass PDWIS (Water) NF	PDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one of	of a two page form. Both pages must be completed and retur	erator Certifcation N	umber: 3540	
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) selow will exp	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	Q. E 11
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:		Training Units	
Certification Type	pe Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not o	operating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you opera	te. Use addtio	nal pages as needed.	
Facility / Plant Nan	me	Class P	DWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and retu	perator Certification Number: 3551		
	Please enter you're current address on the lines below and, if neo	cessary,	Certification(s) shown below will expire on: 7/1/2022	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WATER TREATMENT		5DE	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Na	me	Class	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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	enter you're current address on the lines below and, if nec	cessary,	Certification(s) shown below will expire on: 7/1/2		2022
correct		The fee to renew certification	\$ 100		
			requirements by t result in an ad	ete or submit renew the expiration date v Iditional late fees as d in Section V.	will
I. CERTIFICATES	TO RENEW:			Training Unit	(S
Certification Type	Category		Class	Required	
SUPERINTENDENT	WATER DISTRIBUTION		1	7	
SUPERINTENDENT	WASTEWATER COLLECTION		2	7	
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or F	Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operation	ng any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the follows	ing information about each Facility/Plant that you opera	ıte. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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	Please enter you're current address on the lines below and, i	if necessary,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these sations: \$50
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	»:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently no	t operating any Facility	Ιŗ	provide contractual ser	vices to the Facility
Please provide th	e following information about each Facility/Plant that you o	operate. Use addti	ional pages as needed	•
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	(OVER)			



III. CONTINUING EDUCATION:

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This is page one of a two	page form. Both pages must be completed and retu	urned.	Operator Certification Number: 3662		
	nter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp		
correct t	he City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT EMPLO	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or P	lants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating	ng any Facility	I	provide contractual serv	vices to the Facility	
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Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two p	age form. Both pages must be completed and returned	d. Operator Certification N	umber: 3694
	er you're current address on the lines below and, if necessa	Certification(s) below will exp	
correct the	City, state and ZIP Code. Please print legibly.	The fee to renew certific	
		requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES T	O RENEW:		Training Units
Certification Type	Category	Class	Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16
OPERATOR	WATER TREATMENT	3	30
II. CURRENT EMPLOY	YMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plan	nts) that you currently operate:	I am employed b	y the Facility owner
I am currently not operating	any Facility	I provide contractual ser	vices to the Facility
Please provide the following	information about each Facility/Plant that you operate. U	Use addtional pages as needed	
Facility / Plant Name		Class PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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Name and Certification Number of	1
Operator in Responsible Charge:	

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Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a tv	wo page form. Both pages must be completed and retu	perator Certification N	umber: 3703	
	cessary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
				lete or submit renewal the expiration date will
				lditional late fees as d in Section V.
I. CERTIFICATES	S TO RENEW:		- describe	Training Units
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		5	30
OPERATOR	WASTEWATER TREATMENT		5	30
SUPERINTENDENT	INDUSTRIAL WASTEWATER		5	7
II. CURRENT EMPI	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operate	ting any Facility	I pı	rovide contractual ser	vices to the Facility
Please provide the follow	wing information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.	_
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one	of a two page form. Both pages must be completed and return	erator Certification N	Number: 3900	
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to renev	w these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:		4656118	Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual se	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	ite. Use addtio	onal pages as needed	<i></i>
Facility / Plant Na	me	Class P	DWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:	Date				
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one	of a two page form. Both pages must be completed and retu	erator Certification Nu	mber: 4100	
	Please enter you're current address on the lines below and, if ne	cessary,	Certification(s) si below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
				ete or submit renewal he expiration date will
			result in an ad	ditional late fees as I in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pı	ovide contractual serv	rices to the Facility
Please provide the	following information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.	
Facility / Plant Na	me	Class P	PDWIS (Water) NPD	DES (Wastewater)
				_
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of	f a two page form. Both pages must be completed and returne	Operator Certification Number: 4124			
	lease enter you're current address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 7/1/20		
cc	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
	TES TO RENEW:			Training Units	
Certification Typ	De Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	perating any Facility	Ιp	rovide contractual serv	vices to the Facility	
Please provide the f	following information about each Facility/Plant that you operate.	Use addti	onal pages as needed.		
Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one of	f a two page form. Both pages must be completed and ret	erator Certification N	Tumber: 4519		
	ease enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 7/1/2022		
co	errect the City, state and ZIP Code. Please print legibly.		The fee to renev	v these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		7	16	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not of	perating any Facility	I pı	rovide contractual se	rvices to the Facility	
Please provide the fe	ollowing information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needea	<u> </u>	
Facility / Plant Nam	e	Class F	PDWIS (Water) NF	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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- I 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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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Please verify your information shown on this application and make any corrections as needed.

This is page one of	of a two page form. Both pages must be completed and retur	Operator Certification Number: 4689		
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) shown below will expire on: 7/1/2022	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renevertifi	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Type	pe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not o	operating any Facility	I pr	ovide contractual se	rvices to the Facility
Please provide the	following information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed	<i>d</i> .
Facility / Plant Nan	me	Class P	DWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certification Number of	1
Operator in Responsible Charge:	

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

This is page one	e of a two page form. Both pages must be completed and return	ned. Ope	Operator Certification Number: 4845		
	NLOWE-DELACEY Please enter you're current address on the lines below and, if neces	essary,	Certification(s) below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these cations: \$50	
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		Α	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	::		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	t operating any Facility	I pr	ovide contractual ser	rvices to the Facility	
Please provide the	e following information about each Facility/Plant that you operat	e. Use addtio	nal pages as needed	•	
Facility / Plant Na	ame	Class P	DWIS (Water) NP	DES (Wastewater)	
				_	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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This is page one	of a two page form. Both pages must be completed and retu	erator Certification N	Number: 5011	
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) below will ex	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renecertifi	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		6	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility	I pı	rovide contractual se	rvices to the Facility
Please provide the	r following information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed	<i>d</i> .
Facility / Plant Na	me	Class F	PDWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a two pag	perator Certifcation Nu	mber: 5156		
	you're current address on the lines below and, if nec	essary,	Certification(s) sl below will expi	
correct the Ci		The fee to renew certifica	620	
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPLOYM	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any	y Facility	Ιp	provide contractual serv	ices to the Facility
Please provide the following in	formation about each Facility/Plant that you opera	te. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	e of a two page form. Both pages must be completed and return	erator Certifcation N	Tumber: 5160	
FRANCIS G HA	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renev certific	v these cations: \$50
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
OPERATOR	WATER TREATMENT		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner
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Please provide th	e following information about each Facility/Plant that you opera	ite. Use addtio	nal pages as needed	•
Facility / Plant Na	ame	Class P	DWIS (Water) NP	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page one	of a two page form. Both pages must be completed and ret	turned. Op	erator Certifcation Nu	ımber: 5167
	Please enter you're current address on the lines below and, if n	ecessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
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Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
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Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Please provide the	e following information about each Facility/Plant that you ope	rate. Use addtio	nal pages as needed.	
Facility / Plant Na	ame	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page one of	a two page form. Both pages must be completed and return	ned. Ope	rator Certifcation Nu	mber: 5406
RONALD R DEAL			Certification(s) sh	
	ase enter you're current address on the lines below and, if nece rect the City, state and ZIP Code. Please print legibly.	essary,	below will expi	re on:
COI	rect the City, state and Zir Code. I lease print regiony.		The fee to renew certifica	620
			requirements by the result in an add	te or submit renewal he expiration date will litional late fees as in Section V.
I. CERTIFICAT	TES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
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Please provide the fo	llowing information about each Facility/Plant that you operate	te. Use addtion	al pages as needed.	
Facility / Plant Name		Class PI	OWIS (Water) NPD	ES (Wastewater)



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Name and Certification Number of	1
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one o	of a two page form. Both pages must be completed and	Operator Certification Number: 5510			
	lease enter you're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on: 7/1/2022		
Co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICA	TES TO RENEW:		Training Units		
Certification Typ	oe Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	operating any Facility	Ιp	provide contractual ser	vices to the Facility	
Please provide the	following information about each Facility/Plant that you o	operate. Use addti	ional pages as needed.		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of	of a two page form. Both pages must be completed and retur	erator Certifcation N	umber: 5551	
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) below will exp	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$50
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner
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Please provide the	following information about each Facility/Plant that you operat	te. Use addtio	onal pages as needed	
Facility / Plant Nar	me	Class P	DWIS (Water) NP	DES (Wastewater)



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	e enter you're current address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 7/1/2		
correc		The fee to renew certification	4 5 11		
			requirements by result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATE	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EMP	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	y the Facility owner	
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Please provide the follo	owing information about each Facility/Plant that you operate.	Use addtion	nal pages as needed.	_	
Facility / Plant Name		Class PI	OWIS (Water) NPI	DES (Wastewater)	
	Les . I				
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two p	age form. Both pages must be completed and returned.	. Ope	Operator Certification Number: 5721		
	er you're current address on the lines below and, if necessar	ry,	Certification(s) shown below will expire on: 7/1/2		
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew certific	4 17177	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
OPERATOR	WASTEWATER TREATMENT		3	30	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	nts) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating	any Facility	I pro	vide contractual ser	vices to the Facility	
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	TES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not op	erating any Facility	I prov	ride contractual ser	vices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you	operate. Use addtiond	ıl pages as needed	•
Facility / Plant Name		Class PD	WIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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Please verify your information shown on this application and make any corrections as needed.

This is page one	of a two page form. Both pages must be completed and retur	ned. Ope	erator Certification N	umber: 5936
	Please enter you're current address on the lines below and, if necessity	essary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	450
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		Α	16
OPERATOR	WASTEWATER TREATMENT		5	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	t operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operat	e. Use addtion	nal pages as needed.	
Facility / Plant Na	ame	Class PI	OWIS (Water) NP	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one	of a two page form. Both pages must be completed and retu	erator Certification N	Number: 5969	
	Please enter you're current address on the lines below and, if ne	ecessary,	Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly			The fee to renev	w these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:			22222	Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual se	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed	<i></i>
Facility / Plant Na	me	Class P	DWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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

This is page one	of a two page form. Both pages must be completed and return	ned. Operator Certifcati	on Number: 6095
	Please enter you're current address on the lines below and, if necessity		on(s) shown Il expire on: 7/1/2022
	correct the City, state and ZIP Code. Please print legibly.	The fee to r	renew these striffications: \$50
		requirement result in	complete or submit renewal to by the expiration date will an additional late fees as cribed in Section V.
	ATES TO RENEW:		Training Units
Certification Ty	ype Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name	::	Phone	#:
Number of Facilit	ties (or Plants) that you currently operate:	I am employ	yed by the Facility owner
I am currently not	t operating any Facility	I provide contractua	al services to the Facility
Please provide the	e following information about each Facility/Plant that you operat	e. Use addtional pages as ne	eded.
Facility / Plant Na	ame	Class PDWIS (Water)	NPDES (Wastewater)
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:	Date			
Last 4 digits of Social Security Number	Email Address			
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators				
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708		
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This is page one	of a two page form. Both pages must be completed and returned.	perator Certification Number: 6119		
DUWAYNE R POTTER Please enter you're current address on the lines below and, if necessary,			Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certification	w these cations: \$100
			requirements by	plete or submit renewal y the expiration date will additional late fees as sed in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	/pe Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
SUPERINTENDEN	NT WASTEWATER TREATMENT		5	7
SUPERINTENDEN	NT WASTEWATER TREATMENT		А	7
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility	I pro	vide contractual se	ervices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtion	al pages as neede	<u> </u>
Facility / Plant Na	me C	lass PI	OWIS (Water) N	PDES (Wastewater)
				_
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page one of a	two page form. Both pages must be completed and return	ed. Operator Certification Num	mber: 6293
	e enter you're current address on the lines below and, if neces	Certification(s) sh below will expir	
corre	ct the City, state and ZIP Code. Please print legibly.	The fee to renew to certificate	
		requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as in Section V.
I. CERTIFICATE	ES TO RENEW:		Training Units
Certification Type	Category	Class	Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WATER TREATMENT	5G	???
II. CURRENT EMP	PLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (o	or Plants) that you currently operate:	I am employed by	the Facility owner
I am currently not oper	ating any Facility	I provide contractual serv	ices to the Facility
Please provide the follo	owing information about each Facility/Plant that you operate	e. Use addtional pages as needed.	
Facility / Plant Name		Class PDWIS (Water) NPD	ES (Wastewater)



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This is page one of	a two page form. Both pages must be completed and re	perator Certification Nu	ımber: 6527	
	ase enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 7/1/2022	
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICAT	ΓES TO RENEW:		Training Units	
Certification Type	e Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT EN	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	perating any Facility	Ιŗ	provide contractual serv	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

Name and Certification Number of	1
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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page one of a two pag	Operator Certification 1	Operator Certification Number: 6945		
	ou're current address on the lines below and, if necessar	Certification(s) below will ex		
correct the Ci	ty, state and ZIP Code. Please print legibly.	The fee to rene certifi	w these cations: \$100	
		requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as sed in Section V.	
I. CERTIFICATES TO	RENEW:		Training Units	
Certification Type	Category	Class	Required	
OPERATOR	WATER TREATMENT	2	16	
OPERATOR	WASTEWATER TREATMENT	5	30	
II. CURRENT EMPLOYM	IENT INFORMATION			
Employer's Name:		Phone #:		
Number of Facilities (or Plants)	that you currently operate:	I am employed	by the Facility owner	
I am currently not operating any	y Facility	I provide contractual se	ervices to the Facility	
Please provide the following inj	formation about each Facility/Plant that you operate. U	se addtional pages as neede	d	
Facility / Plant Name	C	Class PDWIS (Water) N	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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	Please enter you're current address on the lines below and, if nece	essary,	Certification(s below will ex	
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these ications: \$50
			requirements by result in an	plete or submit renewal y the expiration date will additional late fees as oed in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		6	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed	by the Facility owner
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Please provide the	e following information about each Facility/Plant that you operate	e. Use addtio	nal pages as neede	<i>d</i> .
Facility / Plant Na	ame	Class P	DWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Last 4 digits of Social Security Number	Email Address				
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This is page one of a two	erator Certifcation Nu	ımber: 7147		
	ter you're current address on the lines below and, if necessa	ry,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
				ete or submit renewal the expiration date will
				lditional late fees as d in Section V.
I. CERTIFICATES	ΓΟ RENEW:		describe	Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant Name		Class Pl	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page one	of a two page form. Both pages must be completed and retur	erator Certifcation N	umber: 7212	
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
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Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant Na	me	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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	Please enter you're current address on the lines below and, if neo	cessary,	Certification(s) s below will exp	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page	Operator Certifcation Nu	ımber: 7251		
	you're current address on the lines below and, i	f necessary,	Certification(s) si below will expi	
correct the C		The fee to renew certifica	620	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants	s) that you currently operate:		I am employed by	the Facility owner
I am currently not operating ar	ny Facility	I	provide contractual serv	vices to the Facility
Please provide the following in	nformation about each Facility/Plant that you o	perate. Use addi	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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

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

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This is page one of	of a two page form. Both pages must be completed and retu	erator Certification N	Number: 7270	
	Please enter you're current address on the lines below and, if ned	cessary,	Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to renev	v these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	pe Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not o	operating any Facility	I pı	ovide contractual se	rvices to the Facility
Please provide the	following information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed	<u></u>
Facility / Plant Nan	me	Class F	PDWIS (Water) NF	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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	r you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp		
correct the		The fee to renew certification	4 5 (1)		
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
OPERATOR	WATER TREATMENT		3	30	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	ts) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating a	any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the following	information about each Facility/Plant that you operat	te. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a	two page form. Both pages must be completed and re	perator Certifcation Nu	ımber: 7360	
	se enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 7/1/2022	
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:		I am employed by	the Facility owner
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III. CONTINUING EDUCATION:

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a two pag	perator Certification Number: 7617			
TERELL D JONES Please enter you're current address on the lines below and, if necessary			Certification(s) shown below will expire on: 7/1/2022	
correct the C	ity, state and ZIP Code. Please print legibly.		The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	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 EMPLOYN	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not operating an	y Facility	I pro	vide contractual ser	vices to the Facility
Please provide the following in	nformation about each Facility/Plant that you operate. Use	e addtion	nal pages as needed.	
Facility / Plant Name	Cla	ass PI	OWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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	ase enter you're current address on the lines below and, if	necessary,	Certification(s) sl below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	TES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	erating any Facility	Ιp	provide contractual serv	rices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you op	erate. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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Please verify your information shown on this application and make any corrections as needed.

This is page one of	of a two page form. Both pages must be completed and retu	perator Certification Nu	ımber: 7822	
	lease enter you're current address on the lines below and, if ne	cessary,	Certification(s) shown below will expire on: 7/1/2022	
c	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	operating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant Nan	ne	Class 1	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- 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.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- I 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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one	of a two page form. Both pages must be completed and return	erator Certification N	Tumber: 7985	
	Please enter you're current address on the lines below and, if neces	essary,	Certification(s) below will ex	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:		4000110	Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		5DE	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not	operating any Facility	I pro	ovide contractual ser	rvices to the Facility
Please provide the	following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed	<u> </u>
Facility / Plant Na	me	Class P	DWIS (Water) NF	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of	1
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one of a two	page form. Both pages must be completed and return	erator Certifcation Nu	ımber: 7990		
	nter you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 7/1/2		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	4 5 11	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		6	16	
II. CURRENT EMPLO	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or P	lants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating	ng any Facility	I pı	provide contractual services to the Facility		
Please provide the followi	ing information about each Facility/Plant that you operate	. Use addtio	onal pages as needed.	_	
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)	
	less .				
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one of a two	page form. Both pages must be completed and returned	ed. Operator	Operator Certification Number: 823		
	ter you're current address on the lines below and, if neces		Certification(s) shown y, below will expire on:		
correct th	e City, state and ZIP Code. Please print legibly.	Т	he fee to renew certification	450	
		req	quirements by tresult in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT EMPLO	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pla	ants) that you currently operate:	Ιa	am employed by	y the Facility owner	
I am currently not operating	g any Facility	I provide	contractual ser	vices to the Facility	
Please provide the following	g information about each Facility/Plant that you operate.	Use additional po	ages as needed.		
Facility / Plant Name		Class PDWIS	S (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
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: Maryla	nd Board of Waterworks a	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a	two page form. Both pages must be completed and return	Operator Certification Number: 8559 Certification(s) shown below will expire on: 7/1/2022		
	Please enter you're current address on the lines below and, if necessary,			
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	these sations: \$50
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not ope	erating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the fol	lowing information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed	
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a	two page form. Both pages must be completed and return	rned. Ope	erator Certification N	umber: 8631
	se enter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	450
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not open	rating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the foll	lowing information about each Facility/Plant that you opera	ıte. Use addtioi	nal pages as needed.	
Facility / Plant Name		Class PI	OWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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Please verify your information shown on this application and make any corrections as needed.

This is page one	of a two page form. Both pages must be completed and retur	erator Certifcation Nu	ımber: 8700	
	Please enter you're current address on the lines below and, if necessity	essary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
			requirements by result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	::		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed.	
Facility / Plant Na	ame	Class Pl	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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This is page one	of a two page form. Both pages must be completed and return	perator Certification Number: 8775			
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 7/1/2022		
correct the City, state and ZIP Code. Please print legibly			The fee to renev	v these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		G	7	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual se	rvices to the Facility	
Please provide the	e following information about each Facility/Plant that you opera	ite. Use addtio	nal pages as needea	<u> </u>	
Facility / Plant Na	me	Class P	DWIS (Water) NF	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a two	page form. Both pages must be completed and returned	ed. Operator Certification	on Number: 8787
	nter you're current address on the lines below and, if necess	Certification below wil	n(s) shown 7/1/2022
correct th	ne City, state and ZIP Code. Please print legibly.	The fee to re	enew these rtifications: \$50
		requirements result in a	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
I. CERTIFICATES	TO RENEW:		Training Units
Certification Type	Category	Class	Required
OPERATOR	WATER TREATMENT	1	16
II. CURRENT EMPLO	DYMENT INFORMATION		
Employer's Name:		Phone	# :
Number of Facilities (or Pl	ants) that you currently operate:	I am employ	ed by the Facility owner
I am currently not operating	g any Facility	I provide contractua	l services to the Facility
Please provide the following	ng information about each Facility/Plant that you operate.	Use addtional pages as nee	eded.
Facility / Plant Name		Class PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:	Date	
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This is page one	of a two page form. Both pages must be completed and return	ned. Operator Certification Number	r: 8814
	Please enter you're current address on the lines below and, if neces	Certification(s) shows below will expire or	//1//////
correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications	
		Failure to complete o requirements by the expression of the complete or some and additions.	xpiration date will
		result in an additio	
I. CERTIFICA	ATES TO RENEW:		Training Units
Certification Ty	pe Category		Required
OPERATOR	WASTEWATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
II. CURRENT F	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:	I am employed by the	Facility owner
I am currently not	operating any Facility	I provide contractual services	to the Facility
Please provide the	following information about each Facility/Plant that you operat	te. Use addtional pages as needed.	_
Facility / Plant Nar	me	Class PDWIS (Water) NPDES	(Wastewater)
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a tv	wo page form. Both pages must be completed and return	ned. Operator Certification N	Number: 8844
	e enter you're current address on the lines below and, if nece	Certification(s) below will ex	//1//11//
correc	t the City, state and ZIP Code. Please print legibly.	The fee to rener certifi	w these cations: \$100
		requirements by result in an a	plete or submit renewal the expiration date will additional late fees as red in Section V.
I. CERTIFICATES	S TO RENEW:		Training Units
Certification Type	Category	Class	Required
OPERATOR	WATER TREATMENT	2	16
TEMPORARY	WATER TREATMENT	3	45
II. CURRENT EMPI	LOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or	Plants) that you currently operate:	I am employed	by the Facility owner
I am currently not operate	ting any Facility	I provide contractual se	rvices to the Facility
Please provide the follow	wing information about each Facility/Plant that you operate	te. Use addtional pages as needed	ł.
Facility / Plant Name		Class PDWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
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	lease enter you're current address on the lines below and, if nec	cessary,	Certification(s) si below will expi	
cc	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	(50)
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICA	I. CERTIFICATES TO RENEW:			Training Units
Certification Typ	De Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	perating any Facility	I provide contractual services to the Facility		
Please provide the f	following information about each Facility/Plant that you opera	ıte. Use addtio	onal pages as needed.	
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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			
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators				
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708		
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *		

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a tw	o page form. Both pages must be completed and returne	ed. Op	erator Certifcation Nu	ımber: 8983
	enter you're current address on the lines below and, if necess	Certification(s) shown ary, below will expire on:		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER COLLECTION		2	7
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or F	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operation	ng any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the follow	ing information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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- 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	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

This is page one of	of a two page form. Both pages must be completed an	Operator Certification Number: 8999		
	lease enter you're current address on the lines below and	•	Certification(s) s below will exp	
С	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WASTEWATER COLLECTION	J	2	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	Ιp	provide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that yo	u operate. Use addti	onal pages as needed.	
Facility / Plant Nar	ne	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one	of a two page form. Both	pages must be completed and return	ed. Ope	rator Certification	Number: 9021
JOSEPH BUCIOR, III Please enter you're current address on the lines below and, if necessary			sary,	Certification(s below will e	
correct the City, state and ZIP Code. Please print legibly.			The fee to rencertii	ew these fications: \$100	
				requirements b	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.
I. CERTIFICA	ATES TO RENEW:				Training Units
Certification Ty	rpe	Category		Class	Required
OPERATOR		WATER TREATMENT		1	16
SUPERINTENDEN	IT	WASTEWATER TREATMENT		Α	7
SUPERINTENDEN	IT	WASTEWATER TREATMENT		5	7
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
SUPERINTENDEN	IT	WATER TREATMENT		1	7
II. CURRENT I	EMPLOYMENT INFO	ORMATION			
Employer's Name:				Phone #:	
Number of Faciliti	es (or Plants) that you cur	rently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility		I pro	vide contractual s	services to the Facility
Please provide the	following information abo	— out each Facility/Plant that you operate.	. Use addtion	al pages as neede	ed.
Facility / Plant Na	me		Class PI	OWIS (Water) N	NPDES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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This is page one of	of a two page form. Both pages must be completed and retu	erator Certification N	umber: 9040	
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will exp	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	d. F.V.
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:		describe	Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WATER TREATMENT		5AS	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed.	
Facility / Plant Nar	me	Class P	DWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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	lease enter you're current address on the lines below and, if nec	essary,	Certification(s) si below will expi	
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	150
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	De Category		Class	Required
SUPERINTENDENT	T WATER DISTRIBUTION		1	7
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
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	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two pag	perator Certifcation Nu	ımber: 9274		
•	you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			_ requirements by t	ete or submit renewal he expiration date will ditional late fees as
I CERTIFICATES TO	DENEM.		- describe	d in Section V.
I. CERTIFICATES TO Certification Type	Category		Class	Training Units Required
••	- ·			•
SUPERINTENDENT	WASTEWATER COLLECTION		2	7
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPLOYM	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants	that you currently operate:		I am employed by	the Facility owner
I am currently not operating an	y Facility	Ιp	provide contractual serv	vices to the Facility
Please provide the following in	nformation about each Facility/Plant that you operat	te. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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Page 2

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page one of a two page	age form. Both pages must be completed and return	Operator Certification Number: 9498		
	r you're current address on the lines below and, if nece	essary,	Certification(s) shelow will expire	
correct the		The fee to renew to certificate	(51)	
			requirements by the result in an add	te or submit renewal he expiration date will ditional late fees as in Section V.
I. CERTIFICATES TO	O RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	ts) that you currently operate:		I am employed by	the Facility owner
I am currently not operating a	any Facility	Ιp	provide contractual serv	ices to the Facility
Please provide the following	information about each Facility/Plant that you operat	e. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- 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.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

This is page one of	of a two page form. Both pages must be completed and retu	rned. Op	erator Certification N	Number: 9584
	Please enter you're current address on the lines below and, if ne	cessary,	Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to renev	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently not	operating any Facility	I pı	ovide contractual se	rvices to the Facility
Please provide the	following information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed	<i></i>
Facility / Plant Nar	me	Class F	PDWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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Please verify your information shown on this application and make any corrections as needed.

This is page one of	of a two page form. Both pages must be completed and ret	turned. Op	Operator Certification Number: 9613			
	lease enter you're current address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: 7/1/2022			
correct the City, state and ZIP Code. Please print legibly.			The fee to renev	w these cations: \$50		
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO RENEW:			4656118	Training Units		
Certification Typ	pe Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT E	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	by the Facility owner		
I am currently not o	operating any Facility	I pr	ovide contractual se	rvices to the Facility		
Please provide the	following information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needed	<i></i>		
Facility / Plant Nan	ne	Class P	DWIS (Water) NF	PDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one	of a two page form. Both pages must be con	npleted and returned.	Operator Certification	n Number: 9646
	Please enter you're current address on the lines		Certification(below will	
correct the City, state and ZIP Code. Please print legibly.		int legibly.	The fee to rer	new these ifications: \$50
			requirements result in ar	mplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	rpe Category		Class	Required
OPERATOR	WASTEWATER TR	EATMENT	5	30
OPERATOR	WASTEWATER TR	EATMENT	А	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employe	d by the Facility owner
I am currently not	operating any Facility	•	I provide contractual	services to the Facility
Please provide the	following information about each Facility/Pla	ant that you operate. Use ac	ldtional pages as need	led.
Facility / Plant Nar	me	Class	PDWIS (Water)	NPDES (Wastewater)
		(OVER)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:	Date			
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This is page one of	of a two page form. Both pages must be completed and retu	perator Certifcation Nu	ımber: 9677	
	lease enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 7/1/2022	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:		Training Units	
Certification Type	pe Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		7	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	operating any Facility	Ιp	provide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you oper	rate. Use addti	ional pages as needed.	
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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This is page one of	of a two page form. Both pages must be completed and retu	erator Certification N	lumber: 9929	
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) below will ex	
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	pe Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not o	operating any Facility	I pr	ovide contractual ser	rvices to the Facility
Please provide the	following information about each Facility/Plant that you opera	ate. Use addtio	nal pages as needed	<u> </u>
Facility / Plant Nan	me	Class P	DWIS (Water) NF	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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