

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

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

This is page one of a two page form. Both pages must be completed and returned. Open				perator Certification Number	mber: 0225	
		lease enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly.		Certification(s) sh below will expin		
	correct the City, state and			The fee to renew to certificate	£100	
					te or submit renewal ne expiration date will	
				result in an add	additional late fees as ibed in Section V.	
I. CERTIF	ICATES TO RENEW	<u>.</u>		described	Training Units	
Certification	n Type	Category		Class	Required	
OPERATOR	R	WASTEWATER TREATMENT		5	30	
OPERATOR	R	WASTEWATER TREATMENT	-	Α	16	
OPERATOR	R	WATER TREATMENT		1	16	
II. CURREN	NT EMPLOYMENT INF	ORMATION				
Employer's Na	ame:			Phone #:		
Number of Fa	cilities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner	
I am currently	not operating any Facility		I pı	rovide contractual servi	ices to the Facility	
Please provide	e the following information a	— bout each Facility/Plant that you operd	ite. Use addtio	onal pages as needed.	_	
Facility / Plan	t Name		Class I	PDWIS (Water) NPD	ES (Wastewater)	
		(OVED)			_	
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) shown below will expire on: 8/1/2	
	correct the City, state and ZIP Cod	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	950
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Catego	ory		Class	Required
OPERATOR	WATE	R TREATMENT		4	30
II. CURREN	T EMPLOYMENT INFORMA	ΓΙΟΝ			
Employer's Nar	ne:			Phone #:	
Number of Fac	lities (or Plants) that you currently op	erate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιp	provide contractual serv	vices to the Facility	
Please provide	the following information about each	Facility/Plant that you opera	ite. Use addti	onal pages as needed.	
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	Please enter you're current address on the lines below and, if necessary,		ssary,	Certification(s) shown below will expire on: 8/1/20		
	correct the City, state and ZIP Cod	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type Categ	ory		Class	Required	
OPERATOR	WATE	R DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFORMA	TION				
Employer's Nar	ne:			Phone #:		
Number of Fac	ilities (or Plants) that you currently op	perate:		I am employed by	the Facility owner	
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	correct the City, state and			The fee to renew certifica	\$50	
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIF	ICATES TO RENEW	<u>/:</u>			Training Units	
Certification	1 Type	Category		Class	Required	
OPERATOR	₹	WATER TREATMENT		2	16	
OPERATOR	?	WATER TREATMENT		4	30	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner	
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This is page of	one of a two page form. Bo	th pages must be completed and re	turned. (Operator Certification N	lumber: 0393
•	2	Please enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly.		Certification(s) below will ex	
	correct the City, state and			The fee to renev	w these cations: \$100
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I. CERTIF	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	туре	Category		Class	Required
OPERATOR	?	WASTEWATER COLLECTION	ON	2	16
OPERATOR	?	WATER DISTRIBUTION		1	16
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Employer's Na	me:			Phone #:	
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Facility / Plant	Name		Class	PDWIS (Water) NF	PDES (Wastewater)
					_
		(OVER)			



III. CONTINUING EDUCATION:

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•	ease enter you're current address on the lines below and, if necessary,	ary,	Certification below will		8/1/2024		
	correct the City, state and ZIP Code. P	orrect the City, state and ZIP Code. Please print legibly.		The fee to recent	new these tifications:	\$50	
				Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.			
I. CERTIFIC	ATES TO RENEW:					raining Units	
Certification T	ype Category			Class		equired	
OPERATOR	WATER	DISTRIBUTION		1	1	6	
II. CURRENT	EMPLOYMENT INFORMATION	ON					
Employer's Name	:			Phone #	:		
Number of Facilit	ies (or Plants) that you currently opera	te:		I am employe	d by the Fa	acility owner	
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page o	one of a two page form. Bo	th pages must be completed and ret	urned. O	perator Certifcation Nu	mber: 0545
	Please enter you're current address on the lines below and, if necessar		ecessary,	Certification(s) sl below will expi	×/1//////
	correct the City, state and	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR	₹	WASTEWATER TREATMEN	IT	Α	16
OPERATOR	R	WASTEWATER TREATMEN	IT	5	30
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιp	provide contractual serv	ices to the Facility
Please provide	the following information a	 about each Facility/Plant that you ope	rate. Use addti	onal 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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Name and Certification Number of
Operator in Responsible Charge:

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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page of	ne of a two page form. Bo	th pages must be completed and ret	turned. (Operator Certification N	lumber: (0587
AMOSS	Please enter you're current address on the lines below and, if necessary		ecessary,	Certification(s) below will exp		8/1/2024
correct the Ci	correct the City, state and	ct 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	the expir	ation date will late fees as
I. CERTIFI	CATES TO RENEW	7 <u>:</u>		describe		ining Units
Certification		 Category		Class		quired
OPERATOR		WASTEWATER COLLECTION	NC	2	16	
OPERATOR		WATER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed b	y the Fac	ility owner
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Facility / Plant	Name		Class	PDWIS (Water) NP	PDES (Wa	istewater)
		(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 returned.	Operator Certifcation Nu	mber: 0675
	se enter you're current address on the lines below	•	Certification(s) sl below will expi	
correct the City, state and ZIP Code. Please print legibly.	ly.	The fee to renew certifica	\$100	
			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
OPERATOR	WASTEWATER TREA	ATMENT	5	30
SUPERINTENDE	NT WASTEWATER TREA	ATMENT	5	7
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not ope	rating any Facility	I	provide contractual serv	ices to the Facility
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	(OVE	ER)		



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	lease enter you're current address on the lines below and, if necessary,		Certification(s) shelow will expire	
	correct the City, state and ZIP Code. Please print legib	oly.	The fee to renew certifica	\$50
,			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION	NC	1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	ne:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I	provide contractual serv	ices to the Facility
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Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)



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Page 2

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RUDY Please e	lease enter you're current address on the lines below and, if necessary,	essary,	Certification(s) sl below will expi	
•	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	950
			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
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
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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.
	ICATES TO R				Training Units
Certification	Type	Category		Class	Required
SUPERINTE	ENDENT	WASTEWATER TREATM	1ENT	5	7
SUPERINTE	ENDENT	WASTEWATER TREATM	1ENT	Α	7
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Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) tha	nt you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I	provide contractual serv	ices to the Facility	
Please provide	the following inform	nation about each Facility/Plant that you	operate. Use add	tional pages as needed.	
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		(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.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page on	e of a two page form. Both pages must be completed and returne	d. Operator	Certification Nur	nber: 0732	
•	se enter you're current address on the lines below and, if necess		ertification(s) sh below will expir		
	correct the City, state and ZIP Code. Please print legibly.	T	he fee to renew to certificat	620	
		req	uirements by th	te or submit renewal e expiration date will	
			result in an additional late described in Section		
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Гуре Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		4	30	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		Α	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:	I a	m employed by	the Facility owner	
I am currently not operating any Facility		I provide	contractual servi	ces to the Facility	
Please provide th	he following information about each Facility/Plant that you operate.	Use addtional pa	ges as needed.		
Facility / Plant Name		Class PDWIS	(Water) NPD	ES (Wastewater)	
	(OVER)			_	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page or	ne of a two page form. Both pages i	must be completed and return	e d. O	perator Certifcation Nu	ımber: 0806
•	•	the enter you're current address on the lines below and, if necessary, ct the City, state and ZIP Code. Please print legibly.	sary,	Certification(s) s below will expi	
	correct the City, state and ZIP Cod			The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Category	ory		Class	Required
OPERATOR	WATE	R DISTRIBUTION		1	16
II. CURREN	Γ EMPLOYMENT INFORMA	TION			
Employer's Nar	ne:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner	
I am currently not operating any Facility		Ιp	provide contractual serv	vices to the Facility	
Please provide	the following information about each	Facility/Plant that you operate	. Use addti	onal pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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•	se enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legible	y.	The fee to renew these certifications: \$50		
			requirements by t	ete or submit renewal the expiration date will	
				lditional late fees as d in Section V.	
I. CERTIFIC	ATES TO RENEW:		describe	Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WASTEWATER TREA	TMENT	5	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
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	enter you're current address on the lines below and, if nec	essary,	Certification(s) sl below will expir	
correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100	
			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	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WATER TREATMENT		4	7
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EMPI	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	ices to the Facility
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Facility / Plant Name		Class P	DWIS (Water) NPD	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

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RESCH P	Please enter you're current address on the lines below and, if necessary		necessary,	Certification(s below will ex)24	
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I. CERTIFIC	CATES TO RENEW	<u>7:</u>			Training l	Jnits	
Certification	Туре	Category		Class	Required		
OPERATOR		WASTEWATER COLLECT	ION	2	16		
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Employer's Nan	ne:			Phone #:			
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Page 2

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DODD 4TH	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s) below will ex		8/1/2024		
	correct the City, state and ZIP	tate and ZIP Code. Please print legibly.		The fee to renev	w these cations:	\$50	
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I. CERTIFIC	CATES TO RENEW:				Tr	aining Units	
Certification 7	Гуре Са	tegory		Class		quired	
TEMPORARY	v W	ASTEWATER COLLECTION	١	2	24	+	
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Name and Certification Number of
Operator in Responsible Charge:

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



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This is page one of a two page form. Both pages must be completed and returne			urned. O	perator Certifcation Nu	mber: 10164
•	•	a're current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s) si below will expi	×/1//////
	correct the City, state a			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. CERTIF	ICATES TO RENE	<u>W:</u>			Training Units
Certification	n Type	Category		Class	Required
OPERATOR	R	WASTEWATER TREATMEN	ΙΤ	5	30
OPERATOR	R	WASTEWATER TREATMEN	ΙΤ	Α	16
II. CURREN	NT EMPLOYMENT IN	NFORMATION			
Employer's Na	ame:			Phone #:	
Number of Fa	cilities (or Plants) that you	currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιŗ	provide contractual serv	rices to the Facility
Please provide	e the following information	about each Facility/Plant that you ope	rate. Use addti	ional pages as needed.	
Facility / Plan	t Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			d. O ₁	perator Certifcation N	umber: 10191
•	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(s) shown below will expire on: 8/1/202		
	correct the City, state and ZIP Cod	t the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50 Failure to complete or submit renewal requirements by the expiration date we result in an additional late fees as described in Section V.	
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification T	ype Catego	ory		Class	Required
OPERATOR	WAST	EWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMA	ΓΙΟΝ			
Employer's Name	:			Phone #:	
Number of Facili	ties (or Plants) that you currently op	erate:		I am employed b	y the Facility owner
I am currently not operating any Facility		Ιp	rovide contractual ser	vices to the Facility	
Please provide th	e following information about each	Facility/Plant that you operate.	Use addti	onal 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
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This is page one of a two page form. Both pages must be completed and returned			Operator Certification Number: 1020			
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
				ete or submit renewal		
			result in an ad	the expiration date will ditional late fees as d in Section V.		
I. CERTIFICA	ATES TO RENEW:		- described			
Certification Ty			Class	Training Units 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 by	the Facility owner		
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This is page one of a two page form. Both pages must be completed and returned.			ed. Op	perator Certification N	10237	
•	•	ease enter you're current address on the lines below and, if necessary, rrect the City, state and ZIP Code. Please print legibly.	ssary,	Certification(s) below will ex		8/1/2024
	correct the City, state and ZIP Co			The fee to renew these certifications: \$50		
				Failure to comp requirements by result in an a	the expi	ration date will l late fees as
I. CERTIFI	CATES TO RENEW:					aining Units
Certification	Type Cate	jory		Class		quired
TEMPORAR	Y WAS	TEWATER TREATMENT		5A	69)
II. CURREN	Γ EMPLOYMENT INFORMA	ATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you currently of	operate:		I am employed b	by the Fac	cility owner
I am currently n	ot operating any Facility		I pı	rovide contractual se	rvices to	the Facility
Please provide	the following information about eac	ch Facility/Plant that you operate	. Use addtio	onal pages as needed	d.	
Facility / Plant Name			Class I	PDWIS (Water) NI	PDES (W	astewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification N	Number: 10248
	ease enter you're current address on the lines belo		Certification(s) below will ex	
	rrect the City, state and ZIP Code. Please print leg	gibly.	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 WAST	EWATER	1	0
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed b	by the Facility owner
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Please provide the f	ollowing information about each Facility/Plant th	at you operate. Use add	ltional pages as needea	<u> </u>
Facility / Plant Name		Class	PDWIS (Water) NF	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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•	•	at address on the lines below and, if necessary,	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	plete or submit renewa the expiration date wadditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units	5
Certification ⁷	Type	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATER	3	2	0	
II. CURRENT	ΓEMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed b	by the Facility owner	
I am currently no	ot operating any Facility		Ij	provide contractual se	rvices to the Facility	\equiv
Please provide t	he following information al	bout each Facility/Plant that you oper	rate. Use addt	ional pages as needea	<i>-</i> l.	
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)		
						_



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Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	bv emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			ned. O _j	perator Certification Nu	umber:	10406
FULTON Please enter you're current address on the l correct the City, state and ZIP Code. Please	•		Certification(s) shown below will expire on: 8			8/1/2024
	ZIP Code. Please print legibly.		The fee to renew certification		\$50	
				Failure to compl requirements by to result in an address describe	the expi	ration date will late fees as
	ICATES TO RENEW	<u>.</u>				aining Units
Certification	Type	Category		Class	Re	quired
OPERATOR	₹	WASTEWATER TREATMENT		Α	16	
OPERATOR	₹	WASTEWATER TREATMENT		5	30	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you cur	rrently operate:		I am employed by	y the Fac	cility owner
I am currently	not operating any Facility		I p	rovide contractual ser	vices to	the Facility
Please provide	the following information al	— bout each Facility/Plant that you opera	te. Use addti	onal pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (W	astewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation	n Number:	10411
•	address on the lines below and, if necessary,		Certification below will	n(s) shown expire on:	8/1/2024
correct the City, state and	ZIP Code. Please print legibly.		The fee to receive	enew these tifications:	\$50
			requirements result in a	by the exp	submit renewal piration date will al late fees as ection V.
I. CERTIFICATES TO RENEW	<u>.</u>			Т	raining Units
Certification Type	Category		Class	R	equired
OPERATOR	WASTEWATER TREATMENT		5	3	0
OPERATOR	WASTEWATER TREATMENT		Α	1	6
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	#:	
Number of Facilities (or Plants) that you cur	rently operate:		I am employ	ed by the Fa	acility owner
I am currently not operating any Facility		I pı	rovide contractua	l services to	the Facility
Please provide the following information al	— oout each Facility/Plant that you operate	. Use addtio	onal pages as nee	ded.	
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (V	Vastewater)



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 10479		
•	•	e enter you're current address on the lines below and, if necessary, et the City, state and ZIP Code. Please print legibly.	f necessary,	Certification(s) below will exp	
	correct the City, state and			The fee to renew these certifications: \$50	
			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	Туре	Category		Class	Required
TEMPORAR'	Υ	WASTEWATER COLLECT	TION	2	24
II. CURREN	Γ EMPLOYMENT INF	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed b	by the Facility owner	
I am currently not operating any Facility		I	provide contractual se	rvices to the Facility	
Please provide	the following information a	— bout each Facility/Plant that you o	perate. Use addi	tional pages as needed	<u></u>
Facility / Plant Name		Class	PDWIS (Water) NF	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
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This is page one of a two page	Operator Certification Nu	mber: 10538		
	you're current address on the lines below and, if necessar	Certification(s) sk y, below will expir		
•	City, state and ZIP Code. Please print legibly.	The fee to renew to certificate	620	
		requirements by tl	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATES TO	<u> PRENEW:</u>		Training Units	
Certification Type	Category	Class	Required	
OPERATOR	WASTEWATER TREATMENT	5	30	
OPERATOR	WASTEWATER TREATMENT	A	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 any Facility		I provide contractual serv	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
Operator in Responsible Charge:

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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.	ecessary,	Certification(s) s below will expi	×/1//////
	correct the City, state an			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. CERTIF	ICATES TO RENEV	<u>V:</u>			Training Units
Certification	n Type	Category		Class	Required
OPERATOR	3	WASTEWATER TREATMEN	ΙΤ	5	30
OPERATOR	₹	WASTEWATER TREATMEN	IT	Α	16
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	ame:			Phone #:	
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide	e the following information	— about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.	
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Page 2

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 10540		
MCCRACKEN Please enter you're current address on the lines below correct the City, state and ZIP Code. Please print leg	ase enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp		
	rect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICAT	TES TO RENEW:			Training Units	
Certification Type	e Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
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 operating any Facility		I pı	rovide contractual ser	vices to the Facility	
Please provide the fo	llowing information about each Facility/Plant that you open	rate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class F	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.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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- 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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			ned. O	perator Certifcation Nu	umber:	10541
	•	current address on the lines below and, if necess		Certification(s) s below will exp		8/1/2024
correct the City, state and ZIP Code. F		ZIP Code. Please print legibly.		The fee to renew certification		\$50
				Failure to compl requirements by a result in an ad describe	the expi Iditiona	iration date will Il late fees as
	ICATES TO RENEW	<u>.</u>				aining Units
Certification	Type	Category		Class	Re	equired
TEMPORAR	RY	WASTEWATER TREATMENT		5	45	5
TEMPORAR	RY	WASTEWATER TREATMENT		Α	24	1
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you cu	rrently operate:		I am employed by	y the Fa	cility owner
I am currently	not operating any Facility		Ιp	rovide contractual ser	vices to	the Facility
Please provide	the following information al	bout each Facility/Plant that you opera	te. Use addti	onal pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (W	astewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	mber: 10543	
HUNTER Please enter you'	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 le			The fee to renew these certifications: \$50		
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
TEMPORARY	WASTEWATER COLLEC	CTION	2	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	
I am currently not	operating any Facility	I p	rovide contractual serv	ices to the Facility	
Please provide the	following information about each Facility/Plant that you	operate. Use addtie	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification N	Number: 10547		
•	•	enter you're current address on the lines below and, if necessar	necessary,	Certification(s) below will ex		
correct the City, state and ZIP Code. Please print legibly.		d ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by result in an a	plete or submit renewal v the expiration date will additional late fees as sed in Section V.		
I. CERTIFI	CATES TO RENEW	<u>7:</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORAR	Υ	WASTEWATER COLLECTION	ON	2	24	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed	by the Facility owner	
I am currently n	ot operating any Facility		I	provide contractual se	ervices to the Facility	
Please provide	the following information a	bout each Facility/Plant that you op	erate. Use addt	ional pages as needed	<i>d</i> .	
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			ed. Op	perator Certification Nu	ımber: 10559
•	•	se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.	ssary,	Certification(s) s below will expi	
	correct the City, state and ZIP Code.			The fee to renew certification	950
				- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Categor	у		Class	Required
OPERATOR	WATER	TREATMENT		4	30
II. CURREN	T EMPLOYMENT INFORMATI	ON			
Employer's Nar	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently open	ate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility		Ιp	rovide contractual serv	vices to the Facility
Please provide	the following information about each F	acility/Plant that you operate	e. Use addtie	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
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This is page one of a two page form. Both pages must be completed and returned. Op			perator Certification Number: 10562		
•	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	<i>'</i> .	The fee to renew certific	\$50	
			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Гуре Category		Class	Required	
OPERATOR	WATER DISTRIBUTION	N	1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		ΙI	I provide contractual services to the Facility		
Please provide th	he following information about each Facility/Plant that y	ou operate. Use addt	ional pages as needed.		
Facility / Plant N	fame	Class	PDWIS (Water) NP	DES (Wastewater)	



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Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	nd Waste Systems Operators	
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This is page or	ne of a two page form. Bo	th pages must be completed and retu	rned. O	perator Certifcation Nu	mber: 10564
MCCLURE	Please enter you're current address on the lines below and, if necessary	cessary,	Certification(s) sh below will expin		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew t	\$50
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.	
I. CERTIFI	CATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	Υ	INDUSTRIAL WASTEWATER	}	2	0
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nan	me:			Phone #:	
Number of Faci	ilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility	\Box	Ιp	orovide contractual servi	ices to the Facility
Please provide	the following information d	ubout each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
				_	_
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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



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This is page one of a two page form. Both pages must be completed and returned. Op				erator Certifcation Nu	mber: 10567
		ease enter you're current address on the lines below and, if necess		Certification(s) sl below will expir	
	correct the City, state and	ity, state and ZIP Code. Please print legibly.		The fee to renew certifica	£100
					ete or submit renewal ne expiration date will
				result in an add	ditional late fees as
I. CERTIF	ICATES TO RENEW	<u>/:</u>		described	Training Units
Certification	n Type	Category		Class	Required
TEMPORA	RY	WATER TREATMENT		2	24
TEMPORA	RY	WASTEWATER TREATMENT	Γ	5	45
TEMPORA	RY	WASTEWATER TREATMENT	Г	Α	24
II. CURREN	NT EMPLOYMENT INI	FORMATION			
Employer's Na	ame:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		I pı	rovide contractual serv	ices to the Facility
Please provide	e the following information a	ubout each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.	
Facility / Plant Name		Class F	PDWIS (Water) NPD	ES (Wastewater)	
		(OVER)			
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			red. O	perator Certifcation N	Number: 10575
•	•	ase enter you're current address on the lines below and, if necessar		Certification(s) below will ex	×/1//11//
	correct the City, state and	, state and ZIP Code. Please print legibly.		The fee to rener 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. CERTIFI	ICATES TO RENEW	7 <u>:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR	2	WASTEWATER TREATMENT		5	30
OPERATOR	2	WASTEWATER TREATMENT		Α	16
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	urrently operate:		I am employed	by the Facility owner
I am currently not operating any Facility		Ιp	rovide contractual se	rvices to the Facility	
Please provide	the following information a	bout each Facility/Plant that you operat	e. Use addti	onal pages as needed	ł.
Facility / Plant	Name		Class	PDWIS (Water) NI	PDES (Wastewater)



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Page 2

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This is page one of a two page form. Both pages must be completed and returned.			rned. O	perator Certification	10577	
	Please enter you're current address on the lines below and, if necessary		essary,	Certification(s below will ex		8/1/2024
	correct the City, state and ZI	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements b result in an	y the expi	ubmit renewal ration date will I late fees as ction V.
I. CERTIFIC	CATES TO RENEW:					aining Units
Certification '	Type C	ategory		Class		equired
OPERATOR	V	ASTEWATER COLLECTION	N	2	16	;
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you curren	ntly operate:		I am employed	by the Fac	cility owner
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Please provide t	he following information abou	t each Facility/Plant that you oper	ate. Use addti	ional pages as neede	ed.	
Facility / Plant Name		Class	PDWIS (Water) N	IPDES (W	astewater)	



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Page 2

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This is page one of	of a two page form. Both pages must be completed and return	ed. Operator Certification Number	:: 10579	
	Please enter you're current address on the lines below and, if neces	Certification(s) shown below will expire on	×/1//////	
correct the City	orrect the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	Q 171111	
		Failure to complete or requirements by the ex		
		result in an addition	ditional late fees as	
I. CERTIFICA	ATES TO RENEW:		Training Units	
Certification Ty			Required	
TEMPORARY	WASTEWATER COLLECTION	2	24	
TEMPORARY	WASTEWATER TREATMENT	5	45	
TEMPORARY	WASTEWATER TREATMENT	A	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 l	Facility owner	
I am currently not of	operating any Facility	I provide contractual services	to the Facility	
Please provide the	following information about each Facility/Plant that you operate	e. Use addtional pages as needed.		
Facility / Plant Nar	me	Class PDWIS (Water) NPDES (Wastewater)	
	(OVER)			



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Page 2

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	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) shelow will expire	
correct the City, st	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100
			requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	rpe Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
TEMPORARY	WASTEWATER COLLECTION		2	24
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Employer's Name:			Phone #:	
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	(OVER)			



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



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

This is page o	one of a two page form. Bo	th pages must be completed and ret	urned. O	perator Certifcation Nu	mber: 10583
	•	e current address on the lines below and, if necessary, rate and ZIP Code. Please print legibly.	ecessary,	Certification(s) si below will expi	×/1//////
	correct the City, state an			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. CERTIFI	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORAR	RY	WASTEWATER TREATMEN	IT	5	45
TEMPORAR	RY	WASTEWATER TREATMEN	IT	Α	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility		Ιp	rovide contractual serv	rices to the Facility
Please provide	the following information of	— 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:

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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- No course can be used more than one time for any three-year renewal period.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page of	one of a two page form.	Both pages must be completed and return	ed. O	perator Certifcation Nu	umber: 10587
•	rent address on the lines below and, if necessary,		Certification(s) s below will exp	×/1//////	
	correct the City, state	e and ZIP Code. Please print legibly.		The fee to renew certification	150
				requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIF	ICATES TO RENI	EW:			Training Units
Certification	n Type	Category		Class	Required
TEMPORAF	RY	WASTEWATER TREATMENT		5	45
TEMPORAF	RY	WASTEWATER TREATMENT		Α	24
II. CURREN	NT EMPLOYMENT I	INFORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you	u currently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility	у	Ιp	rovide contractual serv	vices to the Facility
Please provide	e the following information	on about each Facility/Plant that you operate	e. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address		
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		urrent address on the lines below and, if necessar		Certification(s) s below will expi	
	correct the City, state and	e 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 d in Section V.
	ATES TO RENEW	1			Training Units
Certification T	ype	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	: :			Phone #:	
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently not	t operating any Facility		I p	rovide contractual serv	vices to the Facility
Please provide th	e following information ab	out each Facility/Plant that you operat	te. Use addti	onal pages as needed.	
Facility / Plant Na	ame		Class	PDWIS (Water) NPI	DES (Wastewater)



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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page or	ne of a two page form. Bo	th pages must be completed and retu	irned. O	perator Certification N	lumber:	10589
NOLAN	•	ase enter you're current address on the lines below and, if necessary, rect the City, state and ZIP Code. Please print legibly.		Certification(s) below will exp		8/1/2024
correct the City	correct the City, state and			The fee to renew certific	v these cations:	\$50
				Failure to comp requirements by result in an a	the expir	ation date will late fees as
I. CERTIFI	CATES TO RENEW	<u>7:</u>			Tra	ining Units
Certification	Туре	Category		Class		quired
TEMPORAR	Υ	WASTEWATER TREATMEN	Т	5	45	
TEMPORAR	Υ	WASTEWATER TREATMEN	Т	Α	24	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nan	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed b	y the Fac	ility owner
I am currently n	not operating any Facility	_	ΙĮ	provide contractual ser	rvices to the	he Facility
Please provide	the following information a	— bout each Facility/Plant that you oper	ate. Use addt	ional pages as needed	<u>'</u> .	
Facility / Plant 1	Name		Class	PDWIS (Water) NP	DES (Wa	stewater)
		(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 returned.			Operator Certification Number:		10592	
GORDON, III Please enter you're current address on the lines below a correct the City, state and ZIP Code. Please print legible			Certification(s) shown below will expire on:		8/1/2024	
		print legibly.	The fee to renew these certifications: \$50			
			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.			
I. CERTIFICA	ATES TO RENEW:				ining Units	
Certification Ty	pe Category		Class		quired	
TEMPORARY	WASTEWATE	R COLLECTION	2	24		
II. CURRENT I	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employe	ed by the Faci	ility owner	
I am currently not	operating any Facility	_	I provide contractual	l services to the	ne Facility	
Please provide the	following information about each Facility/.	Plant that you operate. Use ad	dtional pages as nee	ded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wa	stewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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•	Please enter you're current address on the lines below and, if necessary,		on(s) shown Il expire on: 8/1/2024	
	correct the City, state and ZIP Code.	, state and ZIP Code. Please print legibly.	The fee to 1 ce	renew these ertifications: \$50
			requirement result in	complete or submit renewal is by the expiration date will an additional late fees as cribed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ⁷	Гуре Categoi	γ	Class	Required
TEMPORARY	/ WASTE	EWATER COLLECTION	2	24
II. CURRENT	EMPLOYMENT INFORMAT	ION		
Employer's Nam	e:		Phone	#:
Number of Facil	ities (or Plants) that you currently ope	rate:	I am employ	yed by the Facility owner
I am currently no	ot operating any Facility		I provide contractua	al services to the Facility
Please provide t	he following information about each l	Facility/Plant that you operate. Use a	addtional pages as ne	eded.
Facility / Plant Name		Class	s PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page of	ne of a two page form. Bot	th pages must be completed and ret	urned. C	perator Certifcation Nu	umber: 10600
•	•	ou're current address on the lines below and, if necessary, ty, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp	
	correct the City, state and			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.
I. CERTIFI	CATES TO RENEW	<u>:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	Υ	WASTEWATER TREATMEN	IT	5	45
TEMPORAR	Υ	WASTEWATER TREATMEN	ΙΤ	Α	24
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	urrently operate:		I am employed by	y the Facility owner
I am currently r	not operating any Facility		I	provide contractual ser	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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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.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, 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 of	one of a two page form. Bo	oth pages must be completed and ret	turned. (Operator Certification N	Number: 1	10642	
INGRAM		ase enter you're current address on the lines below and, if necessary, rect the City, state and ZIP Code. Please print legibly.		Certification(s) below will ex		3/1/2024	
correct the City	correct the City, state an			The fee to renev	w these ications:	\$100	
				Failure to comp requirements by	the expir	ation date will	
				result in an addition described in S			
I. CERTIF	ICATES TO RENEV	<u>V:</u>				ining Units	
Certification	Туре	Category		Class		quired	
OPERATOR	₹	WASTEWATER COLLECTION	NC	2	16		
OPERATOR	2	WATER DISTRIBUTION		1	16		
II. CURREN	T EMPLOYMENT IN	FORMATION					
Employer's Na	me:			Phone #:			
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed l	by the Faci	lity owner	
I am currently	not operating any Facility		I	provide contractual se	ervices to th	ne Facility	
Please provide	the following information	— about each Facility/Plant that you ope	erate. Use add	tional pages as needed	d.		
Facility / Plant	Name		Class	PDWIS (Water) NI	PDES (Wa	stewater)	
		(OVER)					



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certification Number of
Operator in Responsible Charge:

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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			ned. O	perator Certifcation Nu	ımber: 10757
		ase enter you're current address on the lines below and, if necess		Certification(s) shown below will expire on: 8/1/2024	
	correct the City, state and	state and ZIP Code. Please print legibly.		The fee to renew certification	X50
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
	CATES TO RENEW	<u>:</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORAR	Υ	WASTEWATER TREATMENT		5	45
TEMPORAR	Υ	WASTEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you opera	te. Use addti	onal pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			perator Certification N	umber: 10915
THOMPSON III Please enter you're current address on the lines below correct the City, state and ZIP Code. Please print legible.	ase enter you're current address on the lines below and, if	necessary,	Certification(s) below will exp	
	rect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFICAT	TES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
OPERATOR	WASTEWATER COLLECTI	ON	2	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	Ιp	rovide contractual ser	vices 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 1	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	ımber: 11414	
	•	ease enter you're current address on the lines below and, if necessary, rrect the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) s below will exp	
	correct the City, state and ZIP			The fee to renew certification	\$50
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Ca	tegory		Class	Required
OPERATOR	W	ATER DISTRIBUTION		1	16
II. CURREN	Γ EMPLOYMENT INFOR	MATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you current	y operate:		I am employed by	the Facility owner
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Facility / Plant Name			Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certification N	umber: 11630
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ary,	Certification(s) s below will exp		
			The fee to renew certific	\$50	
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Category	ory		Class	Required
OPERATOR	WAST	EWATER TREATMENT		3	30
II. CURREN	Γ EMPLOYMENT INFORMA	TION			
Employer's Nar	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently or	perate:		I am employed b	y the Facility owner
I am currently not operating any Facility		I p	rovide contractual ser	vices to the Facility	
Please provide	the following information about each	Facility/Plant that you operate.	Use addtie	onal pages as needed.	
Facility / Plant	Name		Class I	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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



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This is page on	e of a two page form. Both pages must be completed a	perator Certifcation Nu	ımber: 1170	
	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.	y.	The fee to renew certification	\$50
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7	Гуре Category		Class	Required
TEMPORARY	WASTEWATER TREA	TMENT	4	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide th	he following information about each Facility/Plant that y	ou operate. Use addti	onal pages as needed.	_
Facility / Plant N	fame	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Mail to: Maryland Department o	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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PATILLO, JR. Please enter you're current address on the lines below and, if neces correct the City, state and ZIP Code. Please print legibly.		essary,	Certification(s) sl below will expir	
			The fee to renew certifica	X 1 1 1 1 1 1
			requirements by the result in an add	ete or submit renewal he 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
SUPERINTENDENT	INDUSTRIAL WASTEWATER		6	7
II. CURRENT EMPLO	DYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pl	lants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	g any Facility	I pr	rovide contractual serv	vices to the Facility
Please provide the following	ng information about each Facility/Plant that you opera	ite. Use addtio	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NPD	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 returned.			ned. O _l	perator Certification N	Number: 1	12085	
STEVENS Please enter you're current address on the lines below correct the City, state and ZIP Code. Please print legible.	•	er you're current address on the lines below and, if necessary,	ssary,	Certification(s) below will ex		3/1/2024	
	ode. Please print legibly.		The fee to renev	w these cations:	50		
				Failure to comp requirements by result in an a describ	the expir	ation date will late fees as	
I. CERTIFIC	CATES TO RENEW:				Tra	ining Units	
Certification ⁷	Type Cate	egory		Class		quired	
TEMPORARY	/ IND	USTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFORM	ATION					
Employer's Nam	e:			Phone #:			
Number of Facil	ities (or Plants) that you currently	operate:		I am employed b	y the Faci	lity owner	
I am currently no	ot operating any Facility		Ιp	rovide contractual se	rvices to tl	ne Facility	
Please provide t	he following information about ed	ach Facility/Plant that you operat	e. Use addti	onal pages as needea	l.		
Facility / Plant Name		Class 1	PDWIS (Water) NI	PDES (Wa	stewater)		



III. CONTINUING EDUCATION:

Page 2

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	•	ase enter you're current address on the lines below and, if necessary, rect the City, state and ZIP Code. Please print legibly.		Certificatio below wil	n(s) shown l expire on:	8/1/2024	
	correct the City, state and ZIP Code. Pl			The fee to r	\$50		
				requirement result in a	s by the exp	submit renewal piration date will al late fees as ection V.	
I. CERTIFIC	CATES TO RENEW:				Т	raining Units	
Certification 7	Type Category			Class		Required	
TEMPORARY	WASTEW	ATER TREATMENT		5A	6	69	
II. CURRENT	EMPLOYMENT INFORMATIO	N					
Employer's Nam	e:			Phone	#:		
Number of Facil	ties (or Plants) that you currently operat	e:		I am employ	ed by the F	acility owner	
I am currently no	t operating any Facility		I prov	vide contractua	al services to	o the Facility	
Please provide ti	ne following information about each Fac	ility/Plant that you operate. Use	addtion	al pages as nee	eded.		
Facility / Plant Name		Clas	ass PD	WIS (Water)	NPDES (V	Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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		re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi	
	correct the City, state and			The fee to renew certifica	
				 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>'-</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR'	Υ	WATER DISTRIBUTION		1	24
TEMPORAR'	Υ	WASTEWATER COLLECTIO	N	2	24
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	_	Ιp	provide contractual serv	rices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



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Page 2

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•	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will expi	
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			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
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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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			perator Certification Nu	ımber: 12115
•	Please enter you're current address on the lines below and, i	f necessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$5A
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ⁻	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		Ιp	rovide contractual serv	vices to the Facility
Please provide t	he following information about each Facility/Plant that you o	operate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page o	one of a two page form. Bo	th pages must be completed and retu	a rned. C	perator Certification Nui	mber: 12116
2	•	you're current address on the lines below and, if necessary, ity, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) sh below will expin	
	correct the City, state and			The fee to renew t	X 1 () ()
				requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
I. CERTIFI	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	RY	WASTEWATER COLLECTION	N	2	24
TEMPORAR	RY	WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility		Ιj	provide contractual servi	ices to the Facility
Please provide	the following information a	 about each Facility/Plant that you oper	rate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
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This is page of	one of a two page form. Bo	oth pages must be completed and re	turned. O	perator Certifcation Nu	mber: 12117
•	•	ou're current address on the lines below and, if necessar		Certification(s) shelow will expire	×/1//////
	correct the City, state an	state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100
				requirements by the result in an add	ete or submit renewal the expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEV	<u>V:</u>			Training Units
Certification	n Type	Category		Class	Required
TEMPORAF	RY	WATER TREATMENT		2	24
TEMPORAF	RY	WASTEWATER TREATME	NT	5A	69
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιp	provide contractual serv	ices to the Facility
Please provide	e the following information of	— about each Facility/Plant that you op	erate. Use addti	ional pages as needed.	
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III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	Number: 12118
•	Please enter you're current address on the lines bel		Certification(s below will ex	
	correct the City, state and ZIP Code. Please print l	egibly.	The fee to rene certif	ew these ications: \$50
			requirements b	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFIC.	ATES TO RENEW:		465011	Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	INDUSTRIAL WAS	STEWATER	4	24
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	1	provide contractual s	ervices to the Facility
Please provide the	e following information about each Facility/Plant	that you operate. Use add	ltional pages as neede	
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page or	ne of a two page form. Bot	th pages must be completed and return	ed. O	perator Certification	Number:	12119
PLATER Please enter you're current address correct the City, state and ZIP Cod	•	ent address on the lines below and, if necess	ssary,	Certification(s below will ex		8/1/2024
	I ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$100	
				requirements b result in an	y the exp	submit renewal iration date will al late fees as ction V.
	CATES TO RENEW	<u>':</u>				raining Units
Certification	Type	Category		Class	R	equired
TEMPORAR	Υ	WASTEWATER COLLECTION		2	24	4
TEMPORAR	Υ	WATER DISTRIBUTION		1	24	4
II. CURREN	T EMPLOYMENT INF	FORMATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed	by the Fa	cility owner
I am currently n	not operating any Facility		Ιp	provide contractual s	ervices to	the Facility
Please provide	the following information a	bout each Facility/Plant that you operate	e. Use addti	onal pages as neede	ed.	
Facility / Plant	Name		Class	PDWIS (Water) N	PDES (W	Vastewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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KENDALL Please enter you're current address on the lines below correct the City, state and ZIP Code. Please print legible.	•	•	cessary,	Certification(s) below will exp	
	IP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by result in an acceptance.	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
TEMPORAR	Y	VASTEWATER COLLECTIO	N	2	24
II. CURREN	T EMPLOYMENT INFO	RMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	lities (or Plants) that you curre	ntly operate:		I am employed b	y the Facility owner
I am currently not operating any Facility		ΙĮ	provide contractual ser	vices to the Facility	
Please provide	the following information abou	- ut each Facility/Plant that you oper	ate. Use addti	ional pages as needed	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- 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.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one	of a two page form. Both pages must be completed and retur	ned. O	perator Certifcation Nu	mber: 12121
•	Please enter you're current address on the lines below and, if necessity	essary,	Certification(s) si below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	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
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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	bv emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			urned.	Operator Certifcation N	umber: 12122
ORTIZ Please enter you're current addres correct the City, state and ZIP Co	•	e current address on the lines below and, if necessary	ecessary,	Certification(s) below will exp	
	ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORAR'	Y	WASTEWATER COLLECTION	N	2	24
II. CURREN	Γ EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed b	y the Facility owner
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide i	the following information al	— bout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page o	one of a two page form. Bo	th pages must be completed and re	turned. O	perator Certifcation Nu	mber: 12123
•	•	you're current address on the lines below and, if necess		Certification(s) sl below will expi	×/1//////
	correct the City, state an	state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	ICATES TO RENEV	<u>V:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	RY	WATER DISTRIBUTION		1	24
TEMPORAR	RY	WASTEWATER COLLECTI	ON	2	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		ΙĮ	provide contractual serv	ices to the Facility
Please provide	the following information of	— about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	n Number: 12124
•	Please enter you're current address on the lines b		Certification(below will	
	correct the City, state and ZIP Code. Please prin	t legibly.	The fee to renew these certifications: \$50	
			requirements result in ar	mplete or submit renewal by the expiration date will andditional late fees as ibed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ⁻	Гуре Category		Class	Required
TEMPORARY	WATER TREATM	MENT	G	7
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (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 to	he following information about each Facility/Plan	nt that you operate. Use add	dtional pages as need	led.
Facility / Plant Name		Class	PDWIS (Water)	NPDES (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.			ned. O _j	perator Certifcation Nu	ımber: 12931
		e current address on the lines below and, if necessar		Certification(s) s below will expi	
	correct the City, state and	te and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units
Certification 7	Гуре	Category		Class	Required
TEMPORARY	′	WASTEWATER TREATMENT		5	45
TEMPORARY	′	WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		Ιp	rovide contractual serv	vices to the Facility
Please provide th	he following information al	oout each Facility/Plant that you opera	te. Use addti	onal pages as needed.	
Facility / Plant N	ame		Class	PDWIS (Water) NPI	DES (Wastewater)



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Page 2

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This is page one	e of a two page form. Bot	h pages must be completed and retur	ned. O	perator Certifcation Nu	ımber: 12932
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	\$50
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u> </u>			Training Units
Certification T	- ype	Category		Class	Required
TEMPORARY	•	WASTEWATER TREATMENT		5	45
TEMPORARY	,	WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ties (or Plants) that you cu	rently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide th	ne following information al	oout each Facility/Plant that you opera	te. Use addti	onal pages as needed.	
Facility / Plant N	ame		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

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



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

This is page one of a two page form. Both pages must be completed and returned. Ope			erator Certification N	umber: 1626
MONTGOMERY Please enter you're current address on the lines below and, if necessary			Certification(s) selow will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.	
I. CERTIFICATES	TO RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
SUPERINTENDENT	WASTEWATER TREATMENT		Α	7
II. CURRENT EMPLO	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or P	lants) that you currently operate:		I am employed b	y the Facility owner
I am currently not operating	ng any Facility	I pr	rovide contractual ser	vices to the Facility
Please provide the followi	ing information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.	
Facility / Plant Name		Class P	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
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Make checks payable to:	Maryland Board of Waterworks an	nd Waste Systems Operators	
Mail to: Maryland Department o	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of	a two page form. Both pages must be completed and retur	rned. Op	perator Certification Nu	mber: 1759
	ase enter you're current address on the lines below and, if nec	essary,	Certification(s) shelow will expire	
	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	TES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT	-	5	45
TEMPORARY	WASTEWATER TREATMENT	-	Α	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
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Please provide the fo	llowing information about each Facility/Plant that you opera	ite. Use addtio	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NPD	DES (Wastewater)
	T			
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page one of	of a two page form. Both pages m	ust be completed and returned	l. Ope	erator Certifcation I	Number: 1	1841
	•	nt address on the lines below and, if necessary,	ıry,	Certification(s) below will ex	· >	8/1/2024
correct the City, state and ZIP Code	. Please print legibly.		The fee to rene certifi	ew these ications:	\$100	
				Failure to com requirements by result in an a describ	y the expir	ation date will late fees as
	TES TO RENEW:				Tra	ining Units
Certification Ty	pe Catego	ry		Class	Red	quired
OPERATOR	WASTI	EWATER COLLECTION		2	16	
OPERATOR	WATE	R DISTRIBUTION		1	16	
II. CURRENT E	MPLOYMENT INFORMAT	TION				
Employer's Name:				Phone #:		
Number of Facilitie	es (or Plants) that you currently ope	erate:		I am employed	by the Faci	ility owner
I am currently not operating any Facility		ovide contractual se	ervices to tl	ne Facility		
Please provide the	following information about each	Facility/Plant that you operate. \	Use addtioi	nal pages as neede	d.	
Facility / Plant Nar	ne		Class Pl	DWIS (Water) N	PDES (Wa	stewater)



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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
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This is page one of a two page	e form. Both pages must be completed and returned.	Operator Certification Nu	mber: 1945
	ou'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	\$100
		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
OPERATOR	INDUSTRIAL WASTEWATER	6	16
OPERATOR	WASTEWATER TREATMENT	Α	16
OPERATOR	WATER TREATMENT	1	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	Facility	I provide contractual serv	rices to the Facility
Please provide the following inf	formation about each Facility/Plant that you operate. Use a	addtional pages as needed.	
Facility / Plant Name	Class	s PDWIS (Water) NPI	DES (Wastewater)
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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This is page of	one of a two page form. Bo	th pages must be completed and retur	ned. O	perator Certifcation N	umber: 2034
•	•	current address on the lines below and, if necessary, te and ZIP Code. Please print legibly.	essary,	Certification(s) below will exp	×/1//11//
	correct the City, state and			The fee to renew certific	150
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIF	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	1 Type	Category		Class	Required
OPERATOR	2	WASTEWATER TREATMENT		5	30
OPERATOR	?	WASTEWATER TREATMENT		Α	16
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you co	urrently operate:		I am employed b	y the Facility owner
I am currently	not operating any Facility		Ιp	provide contractual ser	vices to the Facility
Please provide	the following information a	about each Facility/Plant that you opera	te. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	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.			perator Certification Nu	ımber: 2048
•	se enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp	
	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$5A
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATI	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	y the Facility owner
I am currently not operating any Facility		Ιp	rovide contractual serv	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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- 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.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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- 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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			urned. C	perator Certification N	Jumber: 2067
•	•	re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will ex	
	correct the City, state and Z			The fee to renew these certifications: \$50	
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	N	2	16
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you curr	rently operate:		I am employed b	by the Facility owner
I am currently not operating any Facility		Ι ₁	provide contractual se	rvices to the Facility	
Please provide	the following information abo	— out each Facility/Plant that you ope	rate. Use addt	ional pages as needed	<u></u>
Facility / Plant Name		Class	PDWIS (Water) NF	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page o	one of a two page form. Bo	th pages must be completed and re	turned. O	perator Certifcation Nu	mber: 2076
•	•	current address on the lines below and, if necessary		Certification(s) sl below will expi	×/1//////
	correct the City, state and	ate and ZIP Code. Please print legibly.		The fee to renew certifica	450
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR	2	WASTEWATER TREATMEN	NT	5	30
OPERATOR	2	WASTEWATER TREATMENT	NT	Α	16
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	ilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιŗ	provide contractual serv	vices to the Facility
Please provide	the following information a	ubout each Facility/Plant that you op	erate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
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This is page one of a two page form. Both pages must be completed and returned			Operator Certification Number: 218		
•	Please enter you're current address on the lines below and, is	f necessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:		46561100	Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		3	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	»:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by	y the Facility owner	
I am currently not operating any Facility		I p	rovide contractual serv	vices to the Facility	
Please provide th	ne following information about each Facility/Plant that you o	perate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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Page 2

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Name and Certification Number of
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 returned.			eturned. O	perator Certifcation Nu	mber: 22512
•	•	Please enter you're current address on the lines below and, if necess		Certification(s) sl below will expi	×/1//////
	correct the City, state and	tate and ZIP Code. Please print legibly.		The fee to renew certifica	\$100
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WATER TREATMENT		4	30
OPERATOR		WASTEWATER TREATME	ENT	3	30
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nan	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility		Į I	provide contractual serv	ices to the Facility
Please provide	the following information a	bout each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
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III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and return		ned. O	perator Certifcation N	umber: 2294	
•	•	current address on the lines below and, if necessary, te and ZIP Code. Please print legibly.		Certification(s) below will exp	×/1//////
	correct the City, state an			The fee to renew certific	150
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	Y	WASTEWATER TREATMENT		5	45
TEMPORAR	Y	WASTEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you c	urrently operate:		I am employed b	y the Facility owner
I am currently n	not operating any Facility		Ιp	rovide contractual ser	vices to the Facility
Please provide	the following information of	about each Facility/Plant that you opera	te. Use addti	onal pages as needed.	
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Page 2

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			rned. C	Operator Certification Number: 2312		
	•	e enter you're current address on the lines below and, if necessary, at the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) s below will exp		
	correct the City, state and			The fee to renew certification	\$50	
,				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	
OPERATOR	R	INDUSTRIAL WASTEWATER	?	7	16	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Fac	ilities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner	
I am currently i	not operating any Facility		Ιj	provide contractual ser	vices to the Facility	
Please provide	the following information a	— bout each Facility/Plant that you oper	ate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

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

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			rned. C	perator Certifcation N	umber: 2343
•	•	e enter you're current address on the lines below and, if necessary, ct the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) below will exp	
	correct the City, state and			The fee to renew these certifications: \$50	
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	ICATES TO RENEW	<u>.</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR	R	WASTEWATER COLLECTIO	N	2	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cur	rently operate:		I am employed b	y the Facility owner
I am currently i	not operating any Facility		I	provide contractual ser	vices to the Facility
Please provide	the following information ab	out each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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 returned.			Operator Certification	on Number: 2396	2396	
BUTLER, SR. Please enter you're current address on the lines below correct the City, state and ZIP Code. Please print legis	•	•	Certificatio below wil	on(s) shown Il expire on: 8/1/2024		
	se print legibly.	The fee to r	renew these ertifications: \$50			
			requirement result in a	complete or submit renewa is by the expiration date w an additional late fees as cribed in Section V.		
I. CERTIFICA	ATES TO RENEW:			Training Units	S	
Certification Ty	pe Category		Class	Required	-	
OPERATOR	WASTEWA	TER COLLECTION	2	16		
II. CURRENT I	EMPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employ	yed by the Facility owner		
I am currently not	operating any Facility		I provide contractua	al services to the Facility		
Please provide the	following information about each Facili	ity/Plant that you operate. Use a	ddtional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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•	use enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp	
	ect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirements by t result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	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 operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide the fol	lowing information about each Facility/Plant that you oper	rate. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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•	•	current address on the lines below and, if necessary, te and ZIP Code. Please print legibly.	essary,	Certification(s) below will ex			
	correct the City, state and ZIP (The fee to rene certifi	ew these cations: \$50		
				requirements by result in an	plete or submit renewal y the expiration date wil additional late fees as bed in Section V.		
I. CERTIFIC	CATES TO RENEW:				Training Units		
Certification 7	ype Cat	egory		Class	Required		
OPERATOR	WA	STEWATER COLLECTION		2	16		
II. CURRENT	EMPLOYMENT INFORM	MATION					
Employer's Name	2:			Phone #:			
Number of Facili	ties (or Plants) that you currently	y operate:		I am employed	by the Facility owner	Ī	
I am currently no	t operating any Facility		Į I	provide contractual se	ervices to the Facility	Ī	
Please provide th	ne following information about e	ach Facility/Plant that you operat	e. Use addti	ional pages as neede	rd.		
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wastewater)			
						_	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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•	ase enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	6.100
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification 1	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant N	ame	Class PD	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one	of a two page form. Both	pages must be completed and return	ied. O	perator Certifcation Nu	ımber: 2577
	Please enter you're current address on the lines below and, if necess		ssary,	Certification(s) s below will exp	
	correct the City, state and	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
				Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described 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 INFO	ORMATION			
Employer's Name	:			Phone #:	
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide the	e following information ab	out each Facility/Plant that you operat	e. Use addti	ional pages as needed.	
Facility / Plant Na	ame		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	nd Waste Systems Operators	
Mail to: Maryland Department o	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page on	ie of a two page form. Bot	h pages must be completed and ret	urned. O	perator Certifcation Nu	mber: 2598
DIXON, JR.	Please enter you're current address on the lines below and, if necessary	ecessary,	Certification(s) sl below will expi	×/1//////	
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$100
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
OPERATOR		WASTEWATER COLLECTION	NC	2	16
II. CURREN	Γ EMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		Ιp	provide contractual serv	ices to the Facility
Please provide t	the following information at	bout each Facility/Plant that you ope	erate. Use addti	onal pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

This is page one of a two page form. Both pages must be completed and returned.			returned. (Operator Certifcation Nu	ımber: 2666
	Please enter you're current address on the lines below and, if necessar		if necessary,	Certification(s) s below will expi	
	correct the City, s	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 the expiration date will ditional late fees as d in Section V.
	CATES TO RE				Training Units
Certification	Type	Category		Class	Required
SUPERINTE	NDENT	WASTEWATER TREATM	ENT	5	7
SUPERINTE	NDENT	WASTEWATER TREATM	ENT	Α	7
II. CURRENT	T EMPLOYMEN	T INFORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	ities (or Plants) that	you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			I	provide contractual serv	vices to the Facility
Please provide t	he following inform	ation about each Facility/Plant that you	operate. Use add	tional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	ımber: 2735
FITZGERALD, JR. Please enter you're current address on the lines correct the City, state and ZIP Code. Please printing	ter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
	e City, state and ZIP Code. Please print legibly.		The fee to renew certification	950
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFICATES	TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURRENT EMPLO	DYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ι 1	provide contractual serv	vices to the Facility
Please provide the followin	g information about each Facility/Plant that you oper	ite. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned			Operator Certification	on Number: 2795
	Please enter you're current address on the lines below and, if necessary,		Certification below wil	n(s) shown I expire on: 8/1/2024
	correct the City, state and ZIP Code. Plea	the City, state and ZIP Code. Please print legibly.	The fee to re	enew these rtifications: \$50
			requirements	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DI	STRIBUTION	1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone	# :
Number of Faci	lities (or Plants) that you currently operate:		I am employ	ed by the Facility owner
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Facility / Plant Name		Class	PDWIS (Water)	NPDES (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. Op			perator Certifcation Nu	mber: 2807	
•	•	Please enter you're current address on the lines below and, if necessary		Certification(s) sl below will expi	×/1//////
	correct the City, state an	state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIF	ICATES TO RENEW	<u>V:</u>			Training Units
Certification	n Type	Category		Class	Required
OPERATOR	₹	WASTEWATER COLLECTI	ON	2	16
OPERATOR	3	WATER DISTRIBUTION		1	16
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	ime:			Phone #:	
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ij	provide contractual serv	vices to the Facility
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V. LATE FEES AND REINSTATEMENT

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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- 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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation N	umber: 2898
•	ase enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	
	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	950
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION	١	2	16
II. CURRENT EM	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 operating any Facility		Ιp	provide contractual ser	vices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you opera	te. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page of	ne of a two page form. Both pag	es must be completed and ret	urned. C	perator Certifcation Nu	ımber: 2961	
•	•	er you're current address on the lines below and, if necessary,	ecessary,	Certification(s) s below will expi		
	correct the City, state and ZIP (Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW:			40001100	Training Units	
Certification	Type Cat	egory		Class	Required	
OPERATOR	WA	TER TREATMENT		4	30	
II. CURREN	T EMPLOYMENT INFORM	MATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	lities (or Plants) that you currently	y operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ιj	provide contractual serv	vices to the Facility		
Please provide	the following information about e	ach Facility/Plant that you ope	rate. Use addt	ional pages as needed.		
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Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			eturned. (Operator Certifcation N	Number: 3025
TWILLEY Please enter yo	•	ou're current address on the lines below and, if necessar	necessary,	Certification(s) below will ex	
	correct the City, state and	I ZIP Code. Please print legibly.		The fee to rener 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. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECT	ION	2	16
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	errently operate:		I am employed	by the Facility owner
I am currently not operating any Facility		I	provide contractual se	rvices to the Facility	
Please provide	the following information a	— bout each Facility/Plant that you op	perate. Use add	tional pages as needed	<i></i>
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)	



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Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	n Number: 3097
•	ease enter you're current address on the lines b		Certification below will	
	rrect the City, state and ZIP Code. Please print	legibly.	The fee to recent	new these tifications: \$50
				mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
OPERATOR	WASTEWATER (COLLECTION	2	16
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #	:
Number of Facilities	s (or Plants) that you currently operate:		I am employe	ed by the Facility owner
I am currently not operating any Facility			I provide contractual	services to the Facility
Please provide the f	ollowing information about each Facility/Plan	t that you operate. Use add	dtional pages as need	led.
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)



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Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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		r you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) si below will expi	
	correct the City, state and			The fee to renew certification	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. CERTIFIC	CATES TO RENEW	<u>':</u>			Training Units
Certification ⁷	Type	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
II. CURRENT	TEMPLOYMENT IN	FORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	ities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
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III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			ed. Op	Operator Certification Number: 3131		
MUMPOWER Please enter you're current address on the lines belowed correct the City, state and ZIP Code. Please print leg	•	er you're current address on the lines below and, if necessary,	sary,	Certification(s below will e		8/1/2024
	e. Please print legibly.		The fee to ren certi	ew these fications:	\$50	
				requirements b	y the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFIC	CATES TO RENEW:				Ti	raining Units
Certification T	ype Catego	ory		Class		equired
OPERATOR	INDUS	STRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFORMA	ΓΙΟΝ				
Employer's Name	e:			Phone #:		
Number of Facili	ties (or Plants) that you currently op	erate:		I am employed	l by the Fa	cility owner
I am currently no	t operating any Facility		I pr	ovide contractual s	services to	the Facility
Please provide th	e following information about each	Facility/Plant that you operate.	Use addtio	nal pages as need	ed.	
Facility / Plant Name			Class P	DWIS (Water) N	NPDES (W	/astewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- 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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returne		ned. O	perator Certifcation N	umber: 3152	
•	•	current address on the lines below and, if necessary, the and ZIP Code. Please print legibly.		Certification(s) below will exp	×/1//11//
	correct the City, state and			The fee to renew certific	150
				requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	ICATES TO RENEW	<u>':</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR	₹	WASTEWATER TREATMENT		5	30
OPERATOR	2	WASTEWATER TREATMENT		Α	16
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner
I am currently	not operating any Facility		Ιp	provide contractual ser	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you opera	te. Use addti	onal pages as needed	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page on	e of a two page form. Bot	h pages must be completed and retur	ned. C	Operator Certification	n Number:	3350
		rrent address on the lines below and, if necessa		Certification(below will		8/1/2024
	correct the City, state and	e City, state and ZIP Code. Please print legibly.		The fee to rer	new these ifications:	\$100
				requirements l result in an	by the exp	submit renewal viration date will al late fees as ction V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>		46501		raining Units
Certification 7	Туре	Category		Class		equired
OPERATOR		WASTEWATER COLLECTION	٨	2	1	6
OPERATOR		WATER DISTRIBUTION		1	1	6
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone #:	:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employe	d by the Fa	acility owner
I am currently no	ot operating any Facility	<u> </u>	I	provide contractual	services to	the Facility
Please provide ti	he following information a	— bout each Facility/Plant that you opera	te. Use addt	ional pages as need	led.	
Facility / Plant N	Jame		Class	PDWIS (Water)	NPDES (V	Vastewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, 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. O _l	perator Certifcation Nu	mber: 3599
•		current address on the lines below and, if necessar		Certification(s) sh below will expin	
		tte and ZIP Code. Please print legibly.		The fee to renew to certificate	\$50
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO REI	NEW:			Training Units
Certification	Type	Category		Class	Required
SUPERINTE	NDENT	WASTEWATER COLLECTION		2	7
II. CURREN	Γ EMPLOYMENT	ΓINFORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that y	you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιp	rovide contractual serv	ices to the Facility	
Please provide i	the following informa	tion about each Facility/Plant that you operate	. Use addti	onal pages as needed.	
Facility / Plant Name			Class 1	PDWIS (Water) NPD	ES (Wastewater)
				_	_
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	3628	
•	Please enter you're current address on the lines b		Certification below will	n(s) shown l expire on:	8/1/2024
	correct the City, state and ZIP Code. Please print	t legibly.	The fee to renew these certifications: \$50		\$50
			Failure to complete or submit renewate requirements by the expiration date we result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:			Tr	aining Units
Certification	Type Category		Class		equired
OPERATOR	WATER DISTRIB	UTION	1	16	6
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nar	ne:		Phone 7	#: 	
Number of Faci	lities (or Plants) that you currently operate:		I am employ	ed by the Fa	cility owner
I am currently r	not operating any Facility		I provide contractua	l services to	the Facility
Please provide	the following information about each Facility/Plan	t that you operate. Use ad	dtional pages as nee	ded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	astewater)



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			turned. O	perator Certifcation Nu	mber: 4479
•	•	enter you're current address on the lines below and, if necessary		Certification(s) sl below will expi	×/1//////
	correct the City, state an	state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	ICATES TO RENEV	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR	₹	INDUSTRIAL WASTEWATE	ER	5	30
TEMPORAR	RY	WATER TREATMENT		3	45
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility		ΙĮ	provide contractual serv	ices to the Facility
Please provide	the following information of	— about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	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.			Operator Certification Number: 4527		
•	ease enter you're current address on the lines below and, if necessary,		Certification(s) selow will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by result in an ac	lete or submit renewal the expiration date will idditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURREN	Γ EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Facil	lities (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		Ιp	rovide contractual ser	vices to the Facility	
Please provide i	the following information about each Facility/Plant that you	operate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned. Ope				Operator Certification N	Number: 4694
	Please enter you're current address on the lines below and, if necessary		ecessary,	Certification(s) below will ex	
	correct the City, state and Z	rect the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these cations: \$50
				Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	N	2	16
II. CURREN	Γ EMPLOYMENT INFO	ORMATION			
Employer's Nan	ne:			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	rvices to the Facility	
Please provide i	the following information abo	— out each Facility/Plant that you ope	rate. Use addt	ional pages as needed	<i>l</i> .
Facility / Plant N	Name		Class	PDWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	nd Waste Systems Operators	
Mail to: Maryland Department o	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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	Please enter you're current address on the lines below and, if necessary,	ecessary,	Certification(s) sl below will expi			
	correct the City, state and	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
				Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.		
I. CERTIF	ICATES TO RENEW	<u>.</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR	₹	WATER TREATMENT		4	30	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Na	me:			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	I provide contractual services to the Facility			
Please provide	the following information al	oout each Facility/Plant that you ope	erate. Use addi	ional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	umber: 5101
•	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 these certifications: \$50	
			requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ¹	Type Category		Class	Required
OPERATOR	WASTEWATER TREATM	MENT	5	30
II. CURRENT	FEMPLOYMENT 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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Applicant's Signature		Date	
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This is page of	one of a two page form. Bo	th pages must be completed and re	turned. O	perator Certifcation Nu	mber: 5260
•	•	nter you're current address on the lines below and, if necessary, ne City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) sl below will expi	×/1//////
	correct the City, state and			The fee to renew certifica	\$100
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	1 Type	Category		Class	Required
OPERATOR	2	WATER DISTRIBUTION		1	16
OPERATOR	?	WASTEWATER COLLECTI	ON	2	16
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιp	provide contractual serv	ices to the Facility
Please provide	the following information d	 bout each Facility/Plant that you op	erate. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page f	orm. Both pages must be completed and returned.	Operator Certifcat	ion Number: 5274
NEWQUIST, SR. Please enter you're current address on the lines below and, if necess			on(s) shown 8/1/2024 ill expire on:
correct the City,	state and ZIP Code. Please print legibly.		renew these ertifications: \$100
		requiremen result in	complete or submit renewal ts by the expiration date will an additional late fees as scribed in Section V.
I. CERTIFICATES TO R	RENEW:		Training Units
Certification Type	Category	Class	Required
SUPERINTENDENT	WATER DISTRIBUTION	1	7
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16
II. CURRENT EMPLOYME	NT INFORMATION		
Employer's Name:		Phone	e #:
Number of Facilities (or Plants) th	nat you currently operate:	I am emplo	yed by the Facility owner
I am currently not operating any F	acility	I provide contractu	nal services to the Facility
Please provide the following infor	mation about each Facility/Plant that you operate. Us	e addtional pages as ne	eeded.
Facility / Plant Name	Cl	lass PDWIS (Water)	NPDES (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.		eturned.	Operator Certification Nu	ımber: 5289	
•	•	you're current address on the lines below and, if necessary, ity, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
	correct the City, state a			The fee to renew certification	4 1 / / / /
					lete or submit renewal
				requirements by the expiration date result in an additional late fees a described in Section V.	
I. CERTIF	ICATES TO RENE	<u>W:</u>			Training Units
Certification	n Type	Category		Class	Required
OPERATOR	₹	WASTEWATER COLLECT	ION	2	16
OPERATOR	3	WATER DISTRIBUTION		1	16
II. CURREN	NT EMPLOYMENT I	NFORMATION			
Employer's Na	ame:			Phone #:	
Number of Fac	cilities (or Plants) that you	currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		1	provide contractual serv	vices to the Facility	
Please provide	e the following information	n about each Facility/Plant that you o	perate. Use ada	ltional pages as needed.	
Facility / Plant	t Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)	<u> </u>		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			ned. O	perator Certification N	292	
•	•	re current address on the lines below and, if necessar	essary,	Certification(s) below will exp		/1/2024
correct the City, state and ZIP Code. Please pr		P Code. Please print legibly.		The fee to renew these certifications: \$50		
				Failure to comp requirements by result in an a	the expira	ation date will ate fees as
I. CERTIFI	CATES TO RENEW:				Trai	ning Units
Certification	Type C	ategory		Class		uired
OPERATOR	W	ASTEWATER COLLECTION	1	2	16	
II. CURREN	T EMPLOYMENT INFOR	RMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you curren	tly operate:		I am employed b	y the Facil	ity owner
I am currently not operating any Facility		Ιŗ	provide contractual ser	rvices to th	e Facility	
Please provide	the following information abou	t each Facility/Plant that you opera	te. Use addti	onal pages as needed	<i>!</i> .	
Facility / Plant Name		Class	PDWIS (Water) NP	PDES (Was	tewater)	



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page of	one of a two page for	rm. Both pages must be completed ar	id returned. O	perator Certification Nu	mber: 6201
	a're current address on the lines below and, if necessa		Certification(s) sl below will expi		
	correct the City, s	state and ZIP Code. Please print legibly.		The fee to renew certifica	\$ 100
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RE	ENEW:			Training Units
Certification	n Type	Category		Class	Required
OPERATOR	3	WASTEWATER TREAT	MENT	5	30
SUPERINT	ENDENT	WASTEWATER TREAT	MENT	5	7
II. CURREN	NT EMPLOYMEN	T INFORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that	you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Fac	eility	Iı	provide contractual serv	ices to the Facility
Please provide	e the following inform	ation about each Facility/Plant that yo	u operate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
					_
		(OVER))		



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned			erator Certifcation Nu	ımber: 6553
	se enter you're current address on the lines below and, if nece	ssary,	Certification(s) si below will expi	
correct 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 the expiration date will ditional late fees as d in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT EM	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 operating any Facility		I pr	ovide contractual serv	vices to the Facility
Please provide the foll	owing information about each Facility/Plant that you operat	e. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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This is page one of a two page form. Both pages must be completed and returned			Operator Certification Number: 661		
	lease enter you're current address on the lines below and, if nece	essary,	Certification(s) she below will expire		
	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew the certificate	620	
			requirements by th result in an add	te or submit renewal e expiration date will itional late fees as in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		4	24	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by t	the Facility owner	
I am currently not o	operating any Facility	I pr	ovide contractual servi	ces to the Facility	
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Page 2

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•	•	you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp	
	correct the City, state and			The fee to renew these certifications: \$50	
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Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATE	R	2	0
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Employer's Nar	ne:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	rrently operate:		I am employed b	y the Facility owner
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•	•	er you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	sary,	Certification(s) selow will exp			
	correct the City, state and ZIP Code.			The fee to renew these certifications: \$50			
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFI	CATES TO RENEW:				Training Units		
Certification	Type Category	1		Class	Required		
OPERATOR	WATER	TREATMENT		4	30		
II. CURREN	Γ EMPLOYMENT INFORMATI	ON					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you currently operation	ate:		I am employed b	y the Facility owner		
I am currently n	ot operating any Facility		I pı	rovide contractual ser	vices to the Facility		
Please provide	the following information about each F	acility/Plant that you operate	. Use addtio	onal pages as needed.			
Facility / Plant Name			Class I	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			red. Op	Operator Certification Number: 7607		
•	•	're current address on the lines below and, if necess		Certification(s) below will ex		8/1/2024
	correct the City, state and	ate and ZIP Code. Please print legibly.		The fee to rener certifi	w these cations:	\$50
				Failure to comp requirements by result in an a describ	the exp	iration date will al late fees as
	CATES TO RENEW:					raining Units
Certification	Type	Category		Class	Re	equired
OPERATOR		WASTEWATER TREATMENT		5	30)
OPERATOR	•	WASTEWATER TREATMENT		Α	16	3
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed	by the Fa	cility owner
I am currently r	not operating any Facility		I p	rovide contractual se	rvices to	the Facility
Please provide	the following information ab	out each Facility/Plant that you operat	e. Use addtio	onal pages as needed	l.	
Facility / Plant	Name		Class I	PDWIS (Water) NI	PDES (W	/astewater)
		(OVER)				



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Page 2

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Operator in Responsible Charge:

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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and return			ed. Operator Certification Number: 78		
•	Please enter you're current address on the lines below and, if necessary	cessary,	Certification(s) s below will expi		
	correct 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 d in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility	I pro	ovide contractual serv	vices to the Facility	
Please provide t	he following information about each Facility/Plant that you oper	ate. Use addtio	nal 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
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•	•	ease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state an	ate and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
				Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW	<u>/:</u>		described	Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR	R	INDUSTRIAL WASTEWATE	R	5	30	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Fac	ilities (or Plants) that you co	urrently operate:		I am employed by	y the Facility owner	
I am currently i	not operating any Facility		I	provide contractual serv	vices to the Facility	
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Page 2

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This is page one of a two page form. Both pages must be completed and returned.			rned. O	Operator Certification Number: 8156		
•	•	e enter you're current address on the lines below and, if necessary, et the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) s below will exp		
	correct the City, state and			The fee to renew certific	\$50	
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification 7	Гуре	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATER		1	0	
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner	
I am currently no	ot operating any Facility		Ιŗ	provide contractual ser	vices to the Facility	
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Facility / Plant Name			Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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CAMPBELL	•	nter you're current address on the lines below and, if necessary, ne City, state and ZIP Code. Please print legibly.		Certification(s) below will exp	
	correct the City, state and			The fee to renew certific	w these cations: \$100
					olete or submit renewal the expiration date will
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Certification	Туре	Category		Class	Required
OPERATOR		WASTEWATER COLLECTIO	N	2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	Γ EMPLOYMENT INI	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed b	by the Facility owner
I am currently n	ot operating any Facility		I	provide contractual ser	rvices to the Facility
Please provide	the following information a	— bout each Facility/Plant that you oper	ate. Use addi	tional pages as needed	<u> </u>
Facility / Plant ?	Name		Class	PDWIS (Water) NP	PDES (Wastewater)
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Page 2

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This is page one of a two page form. Both pages must be completed and returned		ed. Ope	rator Certifcation	n Number:	8393	
MILLS, JR. Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.			sary,	Certification below will	n(s) shown expire on:	8/1/2024
			The fee to recer	enew these tifications:	\$100	
				requirements result in a	by the exp	submit renewal piration date will nal late fees as ection V.
I. CERTIFI	CATES TO RENEW	<u>.</u>			1	Training Units
Certification	Type	Category		Class	F	Required
OPERATOR		WASTEWATER TREATMENT		Α	1	16
OPERATOR		WASTEWATER COLLECTION		2	1	16
OPERATOR		WATER TREATMENT		2	1	16
OPERATOR		WATER TREATMENT		4	3	30
OPERATOR		WASTEWATER TREATMENT		5	3	30
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #	#:	
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employe	ed by the F	acility owner
I am currently n	ot operating any Facility		I pro	vide contractua	l services to	o the Facility
Please provide	the following information al	oout each Facility/Plant that you operate	. Use addtion	al pages as nee	ded.	
Facility / Plant 1	Name		Class PI	OWIS (Water)	NPDES (V	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.
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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
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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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	bv emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcation Nu	ımber: 8396
	Please enter you're current address on the lines below and, if necessary	cessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	\$50
				Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Category	ory		Class	Required
OPERATOR	WATE	R TREATMENT		4	30
II. CURREN	Γ EMPLOYMENT INFORMA	TION			
Employer's Nar	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently op	perate:		I am employed by	the Facility owner
I am currently not operating any Facility		I provide contractual services to the Facility			
Please provide	the following information about each	Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department o	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		cessary,	Certification(s) s below will exp	
				The fee to renew certific	950
				Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Category	ory		Class	Required
OPERATOR	WATE	R TREATMENT		4	30
II. CURREN	T EMPLOYMENT INFORMA	TION			
Employer's Nar	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently op	perate:		I am employed by	y the Facility owner
I am currently not operating any Facility		I provide contractual services to the Facility			
Please provide	the following information about each	Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant	Name		Class 1	PDWIS (Water) NP	DES (Wastewater)



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•	Please enter you're current address on the			Certification(below will e		8/1/2024
	correct the City, state and ZIP Code. Ple	ity, state and ZIP Code. Please print legibly.		The fee to ren	new these fications:	\$50
				requirements l result in an	by the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFIC	CATES TO RENEW:				Т	raining Units
Certification ⁻	Гуре Category			Class		equired
OPERATOR	WATER T	REATMENT		3	3	0
II. CURRENT	EMPLOYMENT INFORMATIO	N				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you currently operate	:		I am employed	d by the Fa	acility owner
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(OVER)



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Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 9275		
•	•	Please enter you're current address on the lines below and, if necessary,		Certification(s) selow will exp		
	tate and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFI	CATES TO RE	NEW:			Training Units	
Certification	Type	Category		Class	Required	
SUPERINTE	NDENT	WATER DISTRIBUTION	I	1	7	
II. CURREN	Γ EMPLOYMEN	T INFORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that	you currently operate:		I am employed b	y the Facility owner	
I am currently n	ot operating any Fac	cility	I	provide contractual ser	vices to the Facility	
Please provide	the following inform	ation about each Facility/Plant that yo	u operate. Use add	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		

(OVER)



III. CONTINUING EDUCATION:

Page 2

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Certification Typ	oe Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
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_	(OVER)				
	(OVER)				



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Page 2

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



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

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

This is page one of a two page form. Both pages must be completed and returned.			red. O	perator Certifcation Nu	mber:	9695
LOZANO Please enter you're current address on the lines below and, if nec correct the City, state and ZIP Code. Please print legibly.					nown re on:	8/1/2024
			The fee to renew t		\$50	
				Failure to comple requirements by th result in an add described	ne expi ditiona	ration date will I late fees as
	ICATES TO REN	NEW:				aining Units
Certification	Type	Category		Class	Re	quired
SUPERINTE	ENDENT	WATER TREATMENT		2	7	
SUPERINTE	ENDENT	WATER TREATMENT		5AS	7	
II. CURREN	T EMPLOYMENT	INFORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that y	ou currently operate:		I am employed by	the Fac	cility owner
I am currently	not operating any Facil	ity	Ιp	provide contractual servi	ices to	the Facility
Please provide	the following informa	tion about each Facility/Plant that you operat	e. Use addti	onal pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (W	astewater)
		(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
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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, 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. Operator Certification Number	Operator Certification Number: 9845	
	ase enter you're current address on the lines below and, if necessary,	Certification(s) sho sary, below will expire		
corre	ect the City, state and ZIP Code. Please print legibly.	The fee to renew the certification	X 5 (1)	
		Failure to complete requirements by the result in an addit described in	expiration date will	
I. CERTIFICATES TO RENEW:			Training Units	
Certification Type	Category	Class	Required	
SUPERINTENDE	NT WATER TREATMENT	4	7	
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:		Phone #:		
Number of Facilities (or Plants) that you currently operate:	I am employed by th	e Facility owner	
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Please provide the foll	lowing information about each Facility/Plant that you operate.	Use addtional pages as needed.		
Facility / Plant Name		Class PDWIS (Water) NPDE	S (Wastewater)	
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BANDYOPADHYAY Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
		The fee to renew certification	& 17373
		requirements by to	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
TEMPORARY	WASTEWATER TREATMENT	Α	24
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
II. CURRENT EMPLOYN	MENT INFORMATION		
Employer's Name:		Phone #:	
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