

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 on	e of a two page form. Both pages must be completed and ret	erator Certification N	umber: 0352					
HILLEARY D	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp					
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.				
I. CERTIFIC	CATES TO RENEW:		40001100	Training Units				
Certification ⁻	Type Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT	FEMPLOYMENT INFORMATION							
Employer's Nam	ne:		Phone #:					
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner				
I am currently no	ot operating any Facility	I pr	I provide contractual services to the Facility					
Please provide ti	he following information about each Facility/Plant that you ope	rate. Use addtio	nal pages as needed.					
Facility / Plant N	Name	Class P	DWIS (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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Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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This is page one of a two page for	rator Certifcation Nu	ımber: 0375						
MICHAEL PAGE GIBSON Please enter you're	,	Certification(s) s below will expi						
correct the City, st	ate and ZIP Code. Please print legibly.		The fee to renew certification	4 1 7 7 7 1				
			Failure to complete or submired requirements by the expiration result in an additional late described in Section					
I. CERTIFICATES TO RE		Training Units						
Certification Type	Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
OPERATOR	WASTEWATER TREATMENT		5	30				
OPERATOR	WASTEWATER TREATMENT		Α	16				
SUPERINTENDENT	WATER TREATMENT		1	7				
SUPERINTENDENT	WATER TREATMENT		3	7				
SUPERINTENDENT	WATER TREATMENT		4	7				
SUPERINTENDENT	WASTEWATER TREATMENT		5	7				
SUPERINTENDENT	WASTEWATER TREATMENT		Α	7				
TEMPORARY	INDUSTRIAL WASTEWATER		2	0				
TEMPORARY	WASTEWATER TREATMENT		4	24				
II. CURRENT EMPLOYMEN	T 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 Fac	ility	I pro	vide contractual serv	vices to the Facility				
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	(OVER)							
	(3 . 22.5)							



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SEAN HARR	Please enter you're currer	at address on the lines below and, if necessary	ary,	Certification(s) below will ex				
	correct the City, state and		The fee to renev	w these cations: \$100				
			Failure to complete or submit reneware requirements by the expiration date we result in an additional late fees as described in Section V.					
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Certification `	Type	Category		Class	Required			
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SUPERINTEND	ENT	WASTEWATER TREATMENT		5	7			
OPERATOR		WASTEWATER TREATMENT		Α	16			
OPERATOR		WATER TREATMENT		4	30			
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Facility / Plant N	Name		Class PD	OWIS (Water) NF	PDES (Wastewater)			
		(OVER)						
		(UVEK)						



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	ease enter you're current address on t		ary,	Certification(below will o	8/1/2023			
co	rrect the City, state and ZIP Code. Pl	lease print legibly.		The fee to ren	new these ifications:	\$50		
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I. CERTIFICA	TES TO RENEW:					raining Units		
Certification Typ	e Category			Class		equired		
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Facility / Plant Nam	2		Class Pl	DWIS (Water)	NPDES (W	Vastewater)		



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	ease enter you're current address on the lines below a		Certification(s) shown below will expire on: 8/1/20					
co	orrect the City, state and ZIP Code. Please print legible	y.	The fee to renew certification	\$5A				
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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.
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one of	f a two page form. Both pages must be completed and retu	perator Certification Number: 0637				
	lease enter you're current address on the lines below and, if ne	ecessary,	shown spire on: 8/1/2023			
cc	orrect the City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these ications: \$50		
			requirements by result in an	plete or submit renewal y the expiration date will additional late fees as ped in Section V.		
I. CERTIFICA	TES TO RENEW:		ueseiik	Training Units		
Certification Typ	oe Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	s (or Plants) that you currently operate:		I am employed	by the Facility owner		
I am currently not o	perating any Facility	I pr	ovide contractual so	ervices to the Facility		
Please provide the f	following information about each Facility/Plant that you oper	rate. Use addtio	nal pages as neede	<i></i>		
Facility / Plant Nam	ne	Class P	DWIS (Water) N	PDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Name and Certification Number of
Operator in Responsible Charge:

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Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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This is page o	ne of a two page form. Both pages must be c	ompleted and returned.	Operator Certification	n Number: 0663			
ANTHONY	DEGIACOMO Please enter you're current address on the lir		Certification below will				
	correct the City, state and ZIP Code. Please	print legibly.	The fee to recent	new these iffications: \$50			
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.			
	CATES TO RENEW:			Training Units			
Certification	Type Category		Class	Required			
OPERATOR	WASTEWATER	TREATMENT	5	30			
OPERATOR	WASTEWATER	TREATMENT	А	16			
II. CURREN	T EMPLOYMENT INFORMATION						
Employer's Nar	me:		Phone #	:			
Number of Fac	ilities (or Plants) that you currently operate:		I am employe	d by the Facility owner			
I am currently i	not operating any Facility		I provide contractual services to the Facility				
Please provide	the following information about each Facility/	Plant that you operate. Use ac	ldtional pages as need	led.			
Facility / Plant	Name	Class	PDWIS (Water)	NPDES (Wastewater)			
		(OVER)					



III. CONTINUING EDUCATION:

Page 2

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This is page one of a tw	o page form. Both pages must be completed and return	perator Certification Number: 0746					
	enter you're current address on the lines below and, if neces	sary,	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 he expiration date will ditional late fees as I in Section V.			
I. CERTIFICATES	S TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WATER TREATMENT		4	30			
II. CURRENT EMPL	OYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or I	Plants) that you currently operate:	I am employed by the Facility owner					
I am currently not operati	ing any Facility	I provide contractual services to the Facility					
Please provide the follow	ving information about each Facility/Plant that you operate	. Use addtio	onal pages as needed.	_			
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)			



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Operator in Responsible Charge:

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Applicant's Signature	Date		
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a t	wo page form. Both pages must be completed and return	Operator Certification Number: 0749					
	e enter you're current address on the lines below and, if neces	Certification(s) shown below will expire on: 8/					
correc	et the City, state and ZIP Code. Please print legibly.		The fee to renew certific	~~~~ ¢50			
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.			
I. CERTIFICATE	S TO RENEW:		describe	Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WATER DISTRIBUTION		1	16			
II. CURRENT EMP	LOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or	Plants) that you currently operate:		I am employed b	y the Facility owner			
I am currently not opera	iting any Facility	I pr	I provide contractual services to the Facility				
Please provide the follo	wing information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.				
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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This is page one	of a two page form. Both pages must be completed and return	erator Certifcation Nu	mber: 0762				
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) sl below will expi				
•	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	(51)			
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.			
	ATES TO RENEW:			Training Units			
Certification Ty	ype Category		Class	Required			
OPERATOR	WASTEWATER TREATMENT		5	30			
OPERATOR	WASTEWATER TREATMENT		А	16			
II. CURRENT	EMPLOYMENT INFORMATION						
Employer's Name:	:		Phone #:				
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	(OVER)						



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This is page of	one of a two page form. Both pages must be comp	leted and returned.	Operator Certification N	lumber: 0780			
ANDREW B	Please enter you're current address on the lines b		Certification(s) below will exp				
	correct the City, state and ZIP Code. Please print	legibly.	The fee to renew certific	v these cations: \$50			
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.			
	ICATES TO RENEW:			Training Units			
Certification	n Type Category		Class	Required			
OPERATOR	WASTEWATER TREA	ATMENT	5	30			
OPERATOR	WASTEWATER TREA	ATMENT	А	16			
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Employer's Na	me:		Phone #:				
Number of Fac	cilities (or Plants) that you currently operate:		I am employed b	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/Plan	t that you operate. Use ad	ldtional pages as needed	•			
Facility / Plant	Name	Class	PDWIS (Water) NP	PDES (Wastewater)			
		(OVER)					



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Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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This is page one of	a two page form. Both pages must be completed and returne	d. Operator Certification Number	: 0781
	ase enter you're current address on the lines below and, if necess	Certification(s) shown below will expire on	
cor	rect the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	Q 171111
		Failure to complete or	
_		regult in an addition described in S	nal late fees as
I. CERTIFICAT	TES TO RENEW:	-	Training Units
Certification Type	e Category		Required
TEMPORARY	WASTEWATER TREATMENT	4	24
TEMPORARY	WATER TREATMENT	4	45
OPERATOR	WATER TREATMENT	2	16
II. CURRENT EM	IPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities	(or Plants) that you currently operate:	I am employed by the I	Facility owner
I am currently not op	erating any Facility	I provide contractual services	to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operate.	Use addtional pages as needed.	
Facility / Plant Name		Class PDWIS (Water) NPDES (Wastewater)
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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

This is page one of	f a two page form. Both pages must	Ope	Operator Certification Number: 0792						
	ease enter you're current address on t	-	ry,	Certification(s) shown below will expire on: 8/1/2023					
cc	rrect the City, state and ZIP Code. Pl	ease print legibly.		The fee to ren certi	ew these fications:	\$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	TES TO RENEW:					raining Units			
Certification Typ	e Category			Class		equired			
OPERATOR	WASTEWA	TER TREATMENT		5	30	0			
II. CURRENT E	MPLOYMENT INFORMATIO	N							
Employer's Name:				Phone #:					
Number of Facilities	(or Plants) that you currently operat	e:		I am employed	l by the Fa	acility owner			
I am currently not o	perating any Facility		I provide contractual services to the Facility						
Please provide the f	collowing information about each Fac	cility/Plant that you operate. U	se addtion	al pages as neede	ed.				
Facility / Plant Nam	e	C	Class PI	OWIS (Water) N	NPDES (V	Vastewater)			



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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Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	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 retu	perator Certifcation Nu	ımber: 0816				
	ase enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 8/1/202				
cor	rect 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. CERTIFICAT	TES TO RENEW:		0.0000	Training Units			
Certification Type	Category		Class	Required			
TEMPORARY	WATER DISTRIBUTION		1	24			
II. CURRENT EM	IPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not ope	erating any Facility	I provide contractual services to the Facility					
Please provide the fo	llowing information about each Facility/Plant that you oper	rate. Use addt	ional pages as needed.				
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)			



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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 return	ed. Ope	erator Certifcation Nu	mber: 0829			
	nter you're current address on the lines below and, if neces	ssary,	Certification(s) sl below will expi				
correct th	he City, state and ZIP Code. Please print legibly.		The fee to renew certifica	X 1 / 1 / 1			
			requirements by t	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	WASTEWATER COLLECTION		2	16			
OPERATOR	WATER DISTRIBUTION		1	16			
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 operatin	g any Facility	I pro	I provide contractual services to the Facility				
Please provide the following	ng information about each Facility/Plant that you operate	e. Use addtion	nal pages as needed.				
Facility / Plant Name		Class PI	OWIS (Water) NPD	DES (Wastewater)			
	(OVER)						



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Page 2

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This is page one of	f a two page form. Both pages mu	erator Certification	0843					
	lease enter you're current address on		sary,	Certification(s below will e	8/1/2023			
C	orrect the City, state and ZIP Code.	Please print legibly.		The fee to reno certif	ew these fications:	\$50		
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I. CERTIFICA	TES TO RENEW:					aining Units		
Certification Ty	pe Category	•		Class		equired		
OPERATOR	WASTEW	ATER COLLECTION		2	16	5		
II. CURRENT E	MPLOYMENT INFORMATI	ON						
Employer's Name:				Phone #:				
Number of Facilitie	es (or Plants) that you currently opera	ate:		I am employed	by the Fa	cility owner		
I am currently not o	operating any Facility		I provide contractual services to the Facility					
Please provide the	following information about each Fa	acility/Plant that you operate.	Use addtio	nal pages as neede	ed.			
Facility / Plant Nan	ne		Class P	DWIS (Water) N	IPDES (W	astewater)		



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Page 2

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This is page or	ne of a two page form. Both pages must be completed and return	rned. Operator Certification Num	ber: 0850					
LARRY CHA	Please enter you're current address on the lines below and, if nec	Certification(s) sho below will expire						
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew th certification	\$100					
			e or submit renewal expiration date will					
		result in an addi	tional late fees as n Section V.					
I. CERTIFIC	CATES TO RENEW:	described	Training Units					
Certification	Type Category	Class	Required					
OPERATOR	INDUSTRIAL WASTEWATER	6	16					
OPERATOR	WATER TREATMENT	1	16					
OPERATOR	WASTEWATER COLLECTION	2	16					
II. CURREN	Γ EMPLOYMENT INFORMATION							
Employer's Nan	ne:	Phone #:						
Number of Facil	lities (or Plants) that you currently operate:	I am employed by the	I am employed by the Facility owner					
I am currently n	ot operating any Facility	I provide contractual servic	es to the Facility					
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Facility / Plant N	Name	Class PDWIS (Water) NPDE	S (Wastewater)					
	(OVER)							
	(OVER)							



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Page 2

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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one of a two	page form. Both pages must be completed and returned	l. Operator C	ertification Nu	umber: 0955				
	nter you're current address on the lines below and, if necessa		rtification(s) s elow will exp					
correct th	he City, state and ZIP Code. Please print legibly.	The	e fee to renew certifica	4 1 / / / /				
				ete or submit renewal the expiration date will				
			esult in an ad	lditional late fees as d in Section V.				
I. CERTIFICATES	TO RENEW:	_	describe	Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WASTEWATER TREATMENT		5	30				
OPERATOR	WASTEWATER TREATMENT		Α	16				
OPERATOR	WATER TREATMENT		2	16				
II. CURRENT EMPLO	OYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Pl	lants) that you currently operate:	I an	I am employed by the Facility owner					
I am currently not operatin	ng any Facility	I provide c	ontractual ser	vices to the Facility				
Please provide the following	ng information about each Facility/Plant that you operate.	Use addtional pag	es as needed.					
Facility / Plant Name		Class PDWIS (Water) NPI	DES (Wastewater)				
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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

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- 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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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one of a two	perator Certifcation Nu	ımber: 10022					
	ter you're current address on the lines below and, if no	ecessary,	shown ire on: 8/1/2023				
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$5A			
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.			
I. CERTIFICATES T	TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
SUPERINTENDENT	WATER DISTRIBUTION		1	7			
II. CURRENT EMPLO	YMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Pla	ints) that you currently operate:		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	g information about each Facility/Plant that you ope	rate. 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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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	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 o	of a two page form. Both pages must be completed and return	rned. Ope	rator Certifcation Nu	mber: 10134			
	lease enter you're current address on the lines below and, if nec	essary,	Certification(s) sl below will expi				
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	1511			
			requirements by t	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	pe Category		Class	Required			
OPERATOR	WASTEWATER TREATMENT		5	30			
OPERATOR	WASTEWATER TREATMENT		Α	16			
II. CURRENT E	EMPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not o	operating any Facility	I pro	I provide contractual services to the Facility				
Please provide the	following information about each Facility/Plant that you opera	ite. Use addtion	al pages as needed.				
Facility / Plant Nan	ne	Class PE	OWIS (Water) NPD	DES (Wastewater)			
	(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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	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	f a two page form. Both pages must be con	Operator Certifcation	n Number: 10141					
	lease enter you're current address on the lines	•	Certification(s) shown below will expire on: 8/					
c	orrect the City, state and ZIP Code. Please pr	int legibly.	The fee to recent	new these tifications: \$50				
			— requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.				
I. CERTIFICA	TES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER TREATME	ENT	4	30				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #	:				
Number of Facilitie	s (or Plants) that you currently operate:	_	I am employed by the Facility owner					
I am currently not o	perating any Facility	I	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Pl	ant that you operate. Use add	tional pages as need	ded.				
Facility / Plant Nan	ne	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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Last 4 digits of Social Security Number	Email Address	_							
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators									
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708							
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This is page one of a two	o page form. Both pages must be completed and retu	rned. Operator Certification	on Number: 10142					
	enter you're current address on the lines below and, if nec	Certification below will	n(s) shown I expire on: 8/1/2023					
correct	the City, state and ZIP Code. Please print legibly.	The fee to re	enew these rtifications: \$50					
		requirements result in a	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICATES	TO RENEW:		Training Units					
Certification Type	Category	Class	Required					
TEMPORARY	WASTEWATER TREATMENT	А	24					
TEMPORARY	WASTEWATER TREATMENT	5	45					
II. CURRENT EMPL	OYMENT INFORMATION							
Employer's Name:		Phone 7	#:					
Number of Facilities (or P	Plants) that you currently operate:	I am employ	ed by the Facility owner					
I am currently not operation	ng any Facility	I provide contractua	l services to the Facility					
Please provide the follow	ing information about each Facility/Plant that you operc	ate. Use addtional pages as nee	eded.					
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	erator Certifcation Nu	ımber: 10144		
	you're current address on the lines below and, if nece	essary,	hown ire on: 8/1/2023	
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		S	24
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants	that you currently operate:		I am employed by	the Facility owner
I am currently not operating an	y Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the following in	nformation about each Facility/Plant that you operat	e. Use addtion	nal pages as needed.	
Facility / Plant Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page on	ne of a two page form. Both pages must be completed and retur	ned. Op	erator Certifcation Nu	ımber: 10152			
CHRISTIAN	Please enter you're current address on the lines below and, if necessity	essary,	Certification(s) s below will exp				
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50			
			requirements by t 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			
OPERATOR	WATER TREATMENT		4	30			
II. CURRENT	Γ EMPLOYMENT INFORMATION						
Employer's Nam	ne:	Phone #:					
Number of Facil	lities (or Plants) that you currently operate:	I am employed by the Facility owner					
I am currently no	ot operating any Facility	I provide contractual services to the Facility					
Please provide t	the following information about each Facility/Plant that you opera	te. Use addtio	nal pages as needed.				
Facility / Plant N	Name	Class P	DWIS (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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Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one of a two	ed. Operator Certification Numb	er: 1016						
	ater you're current address on the lines below and, if necess	Certification(s) show sary, below will expire of						
correct th	ne City, state and ZIP Code. Please print legibly.	The fee to renew the certification	£5A					
		Failure to complete requirements by the result in an additi described in	expiration date will ional late fees as					
I. CERTIFICATES	TO RENEW:		Training Units					
Certification Type	Category	Class	Required					
OPERATOR	WASTEWATER COLLECTION	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	I am employed by the Facility owner					
I am currently not operating	g any Facility	I provide contractual services to the Facility						
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Facility / Plant Name		Class PDWIS (Water) NPDES	(Wastewater)					



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Page 2

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

This is page one o	f a two page form. Both pages must be c	Operator Certification	10162					
	lease enter you're current address on the lin			Certification(s) shown below will expire on: 8/1/20				
Co	orrect the City, state and ZIP Code. Please	print legibly.	The fee to recer	enew these tifications:	\$50			
			requirements result in a	ubmit renewal ration date will I late fees as ction V.				
I. CERTIFICA	TES TO RENEW:				aining Units			
Certification Type	oe Category		Class		quired			
OPERATOR	WATER TREATM	MENT	4	30				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #	#:				
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not o	perating any Facility		I provide contractual services to the Facility					
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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 of the Er	nvironment, P.O. Box 2057, 1	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 on	ie of a two page form. Bot	h pages must be completed and ret	urned. C	perator Certifcation Nu	mber: 10167			
MARK LIAU	•	t address on the lines below and, if no	ecessary,	Certification(s) sl below will expi				
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certifica	450			
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.			
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units			
Certification ⁷	Type	Category		Class	Required			
OPERATOR		INDUSTRIAL WASTEWATER		1	0			
II. CURRENT	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	7	I provide contractual services to the Facility					
Please provide t	he following information a	out each Facility/Plant that you ope	rate. Use addt	ional pages as needed.				
Facility / Plant N	Name		Class	PDWIS (Water) NPD	DES (Wastewater)			
		1.						
		(OVER)						



III. CONTINUING EDUCATION:

Page 2

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This is page one of a t	two page form. Both pages must be completed and returned	l. Operator Certification N	umber: 10170					
	e enter you're current address on the lines below and, if necessa	Certification(s) s ary, below will exp						
correc	ct the City, state and ZIP Code. Please print legibly.	The fee to renew certific	4 171/1					
		requirements by	lete or submit renewal the expiration date will					
			dditional late fees as					
I. CERTIFICATE	S TO RENEW:	describe	Training Units					
Certification Type	Category	Class	Required					
OPERATOR	WATER TREATMENT	2	16					
OPERATOR	WASTEWATER TREATMENT	5	30					
OPERATOR	WASTEWATER TREATMENT	А	16					
II. CURRENT EMP	PLOYMENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities (or	r Plants) that you currently operate:	I am employed by	I am employed by the Facility owner					
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This is page one	of a two page form. Both pages must be cor	Operator Certification	n Number: 10172					
	Please enter you're current address on the lines	•	Certification below will					
•	correct the City, state and ZIP Code. Please pr	int legibly.	The fee to re	new these sifications: \$50				
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.				
I. CERTIFICA	ATES TO RENEW:		32000	Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER TREATME	ENT	1	16				
II. CURRENT	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	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Pl	ant that you operate. Use add	ltional pages as need	led.				
Facility / Plant Na	me	Class	PDWIS (Water)	NPDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one	of a two page form. Both pages must be co	ompleted and returned.	Operator Certification	on Number: 1	0175				
	Please enter you're current address on the lin	•		Certification(s) shown below will expire on: 8/1/202					
	correct the City, state and ZIP Code. Please I	orint legibly.	The fee to re	enew these stifications:	50				
			requirements result in a	Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.					
I. CERTIFIC	ATES TO RENEW:				ining Units				
Certification T	ype Category		Class		uired				
OPERATOR	WATER TREATM	1ENT	4	30					
II. CURRENT	EMPLOYMENT INFORMATION								
Employer's Name	:		Phone #	# :					
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by the Facility owner						
I am currently not	operating any Facility		I provide contractual services to the Facility						
Please provide the	e following information about each Facility/I	Plant that you operate. Use add	ltional pages as nee	ded.					
Facility / Plant Na	nme	Class	PDWIS (Water)	NPDES (Was	stewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one of	a two page form. Both pages must be completed and r	eturned. O	perator Certifcation Nu	ımber: 10176				
	ase enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp					
cor	rect 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. CERTIFICAT	TES TO RENEW:		west 150	Training Units				
Certification Type	c Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
II. CURRENT EM	IPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	(or Plants) that you currently operate:	I am employed by the Facility owner						
I am currently not op-	erating any Facility	Ιp	I provide contractual services to the Facility					
Please provide the fo	llowing information about each Facility/Plant that you o	perate. Use addti	onal pages as needed.					
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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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 of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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This is page one of a	a two page form. Both pages must be completed and ret	perator Certification N	umber: 10249				
	ase enter you're current address on the lines below and, if n	ecessary,	Certification(s) s below will exp				
cori	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 lditional late fees as d in Section V.			
I. CERTIFICAT	ES TO RENEW:		describe	Training Units			
Certification Type	Category		Class	Required			
SUPERINTENDENT	INDUSTRIAL WASTEWATER		6	7			
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 ope	erating any Facility	I provide contractual services to the Facility					
Please provide the fol	llowing information about each Facility/Plant that you ope	rate. 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:

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Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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This is page one of a two pa	ge form. Both pages must be completed and r	perator Certifcation Nu	ımber: 10411					
	you're current address on the lines below and, if	necessary,	Certification(s) s below will exp					
correct the (City, state and ZIP Code. Please print legibly.		The fee to renew certification	¢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. CERTIFICATES TO	O RENEW:		described	Training Units				
Certification Type	Category		Class	Required				
SUPERINTENDENT	WATER TREATMENT		1	7				
II. CURRENT EMPLOY	MENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plant	s) that you currently 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 tw	vo page form. Both pages must be completed and retur	ned. Operator Certifo	cation Number: 10516
	enter you're current address on the lines below and, if nece		ation(s) shown will expire on: 8/1/2023
correct	the City, state and ZIP Code. Please print legibly.	The fee	to renew these certifications: \$100
		requirem result	to complete or submit renewal ents by the expiration date will in an additional late fees as described in Section V.
I. CERTIFICATES	S TO RENEW:		Training Units
Certification Type	Category	Clas	ss Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16
II. CURRENT EMPL	OYMENT INFORMATION		
Employer's Name:		Pho	one #:
Number of Facilities (or I	Plants) that you currently operate:	I am emp	ployed by the Facility owner
I am currently not operati	ing any Facility	I provide contra	ctual services to the Facility
Please provide the follow	ving information about each Facility/Plant that you opera	te. Use addtional pages as	needed.
Facility / Plant Name		Class PDWIS (Water	er) NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one	of a two page form. Both pages must	erator Certifcatio	10578					
	Please enter you're current address on t		ary,	Certification below will	8/1/2023			
C	correct the City, state and ZIP Code. Pl	ease print legibly.		The fee to re	enew these tifications:	\$50		
				requirements result in a	submit renewal oiration date will al late fees as oction V.			
I. CERTIFICA	ATES TO RENEW:					raining Units		
Certification Ty	pe Category			Class		equired		
OPERATOR	WASTEWA	TER COLLECTION		2	1	6		
II. CURRENT I	EMPLOYMENT INFORMATIO	N						
Employer's Name:				Phone #	<i>‡</i> :			
Number of Facilitie	es (or Plants) that you currently operat	2:	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 Fac	ility/Plant that you operate.	Use addtio	nal pages as nee	ded.			
Facility / Plant Nar	me		Class Pl	DWIS (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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- 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

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

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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This is page one of a two	page form. Both pages must be completed and return	ned. Op	erator Certifcation Nu	mber: 10800			
	nter you're current address on the lines below and, if nece	essary,	Certification(s) si below will expi				
correct th	ne City, state and ZIP Code. Please print legibly.		The fee to renew certification	(51)			
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.			
I. CERTIFICATES	TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WASTEWATER TREATMENT		5	30			
OPERATOR	WASTEWATER TREATMENT		А	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	g any Facility	I pr	I provide contractual services to the Facility				
Please provide the following	ng information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed.				
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)			
	(OVER)						



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Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
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This is page one of a two page	Operator Certification No	ımber: 1138						
•	ou're current address on the lines below and, if necessary,	Certification(s) s below will exp						
correct the Cit	y, state and ZIP Code. Please print legibly.	The fee to renew certification	\$ 1 M					
		requirements by result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.					
I. CERTIFICATES TO	RENEW:		Training Units					
Certification Type	Category	Class	Required					
OPERATOR	WASTEWATER COLLECTION	2	16					
OPERATOR	WATER DISTRIBUTION	1	16					
II. CURRENT EMPLOYM	ENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities (or Plants)	that you currently operate:	I am employed by	I am employed by the Facility owner					
I am currently not operating any	Facility	I provide contractual serv	I provide contractual services to the Facility					
Please provide the following info	ormation about each Facility/Plant that you operate. Use	e addtional pages as needed.						
Facility / Plant Name	Cla	ass PDWIS (Water) NPI	DES (Wastewater)					

(OVER)



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Page 2

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Last 4 digits of Social Security Number	Email Address	_	
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Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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This is page one of a	two page form. Both pages must be completed and re	erator Certification N	Number: 11384					
	ise enter you're current address on the lines below and, if	necessary,	Certification(s) below will ex					
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$50				
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.				
I. CERTIFICAT	ES TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	INDUSTRIAL WASTEWATER		3	24				
II. CURRENT EM	PLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants) that you currently operate:		I am employed b	by the Facility owner				
I am currently not ope	rating any Facility	I pr	I provide contractual services to the Facility					
Please provide the fol	lowing information about each Facility/Plant that you op	perate. Use addtio	onal pages as needea	1.				
Facility / Plant Name		Class P	PDWIS (Water) NI	PDES (Wastewater)				

(OVER)



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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 o	f a two page form. Both pages must be completed a	nd returned. O	perator Certifcation Nu	ımber: 11432			
	lease enter you're current address on the lines below ar		Certification(s) s below will exp				
co	orrect the City, state and ZIP Code. Please print legibly	y.	The fee to renew certification	\$50			
			requirements by to result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.			
I. CERTIFICA	TES TO RENEW:			Training Units			
Certification Typ	pe Category		Class	Required			
TEMPORARY	WASTEWATER TREATMEN	NT	5	45			
TEMPORARY	WASTEWATER TREATMEN	NT	А	24			
II. CURRENT E	MPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not o	perating any Facility	ΙŢ	I provide contractual services to the Facility				
Please provide the	following information about each Facility/Plant that y	ou operate. Use addt	ional pages as needed.				
Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)			
	(OVEF	(3					



III. CONTINUING EDUCATION:

Page 2

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This is page one	e of a two page form. Both pages must be completed and returned	d. Operator Certification Number	: 11433		
BRYDEN STR	Please enter you're current address on the lines below and, if necess	Certification(s) shown ary, below will expire on			
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	& I (1)(1)		
		Failure to complete or requirements by the ex			
		result in an addition described in S	nal late fees as		
I. CERTIFIC	CATES TO RENEW:	-	Fraining Units		
Certification T	ype Category		Required		
TEMPORARY	WASTEWATER TREATMENT	5	1 5		
TEMPORARY	WASTEWATER TREATMENT	Α 2	24		
TEMPORARY	WATER TREATMENT	3	15		
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Facility / Plant Na	ame	Class PDWIS (Water) NPDES (Wastewater)		
	(OVER)				



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Page 2

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* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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This is page one	of a two page form. Both pages must be completed and	l returned. Oper	ator Certifcation N	Tumber: 11434				
	Please enter you're current address on the lines below and,	if necessary,	Certification(s) below will exp					
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$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. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	rpe Category		Class	Required				
TEMPORARY	WATER DISTRIBUTION		1	24				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not	operating any Facility	I prov	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that you	operate. Use addtione	al pages as needed	<u></u>				
Facility / Plant Nar	me	Class PD	Class PDWIS (Water) NPDES (Wastewater)					
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- 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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	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	ed. Operator Certification Number	r: 11436						
	you're current address on the lines below and, if neces	Certification(s) show below will expire or						
correct the C	City, state and ZIP Code. Please print legibly.	The fee to renew thes certification	6.20					
		Failure to complete or requirements by the eresult in an addition described in	xpiration date will onal late fees as					
I. CERTIFICATES TO	RENEW:		Training Units					
Certification Type	Category	Class	Required					
TEMPORARY	WASTEWATER COLLECTION	2	24					
II. CURRENT EMPLOY	MENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities (or Plants	s) that you currently operate:	I am employed by the	I am employed by the Facility owner					
I am currently not operating an	y Facility	I provide contractual services	I provide contractual services to the Facility					
Please provide the following in	nformation about each Facility/Plant that you operate	e. Use addtional pages as needed.						
Facility / Plant Name		Class PDWIS (Water) NPDES	(Wastewater)					

(OVER)



III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date							
Last 4 digits of Social Security Number	Email Address	_						
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Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708						
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This is page one of a two pag	Operator Certification Numb	per: 11437						
	EZ-TREJO you're current address on the lines below and, if necessary ity, state and ZIP Code. Please print legibly.	-	on: 8/1/2023					
		The fee to renew the certificatio	\$ 100					
		Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as						
		result in an addit described in						
I. CERTIFICATES TO	RENEW:		Training Units					
Certification Type	Category	Class	Required					
TEMPORARY	WASTEWATER TREATMENT	А	24					
TEMPORARY	WASTEWATER TREATMENT	5	45					
TEMPORARY	WATER TREATMENT	1	24					
II. CURRENT EMPLOYN	MENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities (or Plants)) that you currently operate:	I am employed by the	e Facility owner					
I am currently not operating any	y Facility	I provide contractual service	es 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) NPDES	S (Wastewater)					
	(OVER)							



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Page 2

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Operator in Responsible Charge:

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This is page one	of a two page form. Both pages must be completed and retur	ned. Operator Certification Number	er: 11438				
	Please enter you're current address on the lines below and, if necessary	Certification(s) show below will expire o					
C	correct the City, state and ZIP Code. Please print legibly.	The fee to renew thes certification	(51)				
		Failure to complete or requirements by the eresult in an addition described in	expiration date will onal late fees as				
	ATES TO RENEW:		Training Units				
Certification Ty	pe Category	Class	Required				
TEMPORARY	WASTEWATER TREATMENT	А	24				
TEMPORARY	WASTEWATER TREATMENT	5	45				
II. CURRENT I	EMPLOYMENT INFORMATION						
Employer's Name:		Phone #:					
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Facility / Plant Nar	me	Class PDWIS (Water) NPDES	(Wastewater)				
	(OVER)						



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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 o	f a two page form. Both pages must be completed and return	ed. Operator Certification Number	11439		
	lease enter you're current address on the lines below and, if neces	Certification(s) shown below will expire on			
co	orrect the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	Q 1 (W)		
		Failure to complete or requirements by the ex			
		result in an additio	nal late fees as		
I. CERTIFICA	TES TO RENEW:		Training Units		
Certification Typ	oe Category		Required		
TEMPORARY	WATER TREATMENT	1	24		
TEMPORARY	WASTEWATER TREATMENT	5	45		
TEMPORARY	WASTEWATER TREATMENT	Α	24		
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilitie	(or Plants) that you currently operate:	I am employed by the	Facility owner		
I am currently not o	perating any Facility	I provide contractual services	to the Facility		
Please provide the j	following information about each Facility/Plant that you operate	e. Use addtional pages as needed.	_		
Facility / Plant Nam	ne	Class PDWIS (Water) NPDES ((Wastewater)		
	(OVER)				



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Page 2

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This is page one of a t	two page form. Both pages must be completed and retu	perator Certification N	umber: 11441					
	e enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp					
correc	ct 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 lditional late fees as d in Section V.				
I. CERTIFICATE	ES TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	INDUSTRIAL WASTEWATER		6	24				
II. CURRENT EMP	PLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	y the Facility owner				
I am currently not opera	ating any Facility	I pı	I provide contractual services to the Facility					
Please provide the follo	owing information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed.					
Facility / Plant Name		Class F	PDWIS (Water) NP	DES (Wastewater)				

(OVER)



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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This is page one of a	two page form. Both pages must be completed and return	ned. Operator	Certification N	Number: 11442			
	se enter you're current address on the lines below and, if nece		Certification(s) below will ex				
corre	ect the City, state and ZIP Code. Please print legibly.	Т	The fee to renev certific	w these cations: \$50			
			uirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.			
I. CERTIFICAT	ES TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
TEMPORARY	INDUSTRIAL WASTEWATER		6	24			
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 open	rating any Facility	I provide contractual services to the Facility					
Please provide the foll	owing information about each Facility/Plant that you operat	e. Use addtional po	iges as needea	1.			
Facility / Plant Name		Class PDWIS (Water) NPDES (Wastewater)					
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- 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 am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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This is page one o	f a two page form. Both pages must be completed a	and returned.	Operator Certifcation Nu	ımber: 11444				
	lease enter you're current address on the lines below as	•	Certification(s) shown below will expire on: 8/1/2023					
co	orrect the City, state and ZIP Code. Please print legibly	y.	The fee to renew certification					
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.				
I. CERTIFICA	TES TO RENEW:			Training Units				
Certification Typ	De Category		Class	Required				
TEMPORARY	WASTEWATER TREATMEN	NT	5	45				
TEMPORARY	WASTEWATER TREATMEN	NT	А	24				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner				
I am currently not o	perating any Facility	I	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that y	ou operate. Use addt	tional pages as needed.					
Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)				
	(OVEI	R)						



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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This is page one o	of a two page form. Both pages must be completed and retur	ator Certifcation Nu	mber: 11445					
	lease enter you're current address on the lines below and, if necessity	essary,	Certification(s) sl below will expi					
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification					
			Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.					
	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
TEMPORARY	WASTEWATER TREATMENT		5	45				
TEMPORARY	WASTEWATER TREATMENT		А	24				
II. CURRENT E	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner				
I am currently not o	operating any Facility	I prov	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that you opera	te. Use addtiond	al pages as needed.					
Facility / Plant Nan	ne	Class PD	WIS (Water) NPD	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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a	two page form. Both pages must be completed and	erator Certification N	Number: 11446					
	se enter you're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on: 8/1/2023					
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to rener certifi	w these cations: \$50				
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.				
I. CERTIFICAT	ES TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	WASTEWATER TREATMENT		5	45				
II. CURRENT EM	PLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not open	rating any Facility	I pı	I provide contractual services to the Facility					
Please provide the foll	owing information about each Facility/Plant that you	operate. Use addtio	onal pages as needed	<u></u>				
Facility / Plant Name		Class F	PDWIS (Water) NI	PDES (Wastewater)				

(OVER)



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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Applicant's Signature	Date		
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Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
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This is page one of a	two page form. Both pages must be completed and returned	d. Operator Certification Nur	nber: 11447					
	ise enter you're current address on the lines below and, if necessary	Certification(s) sh ary, below will expir						
corr	ect the City, state and ZIP Code. Please print legibly.	The fee to renew to certificat	\$50					
		Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.						
I. CERTIFICAT	ES TO RENEW:		Training Units					
Certification Type	Category	Class	Required					
TEMPORARY	WATER TREATMENT	3	45					
II. CURRENT EM	PLOYMENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner						
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Please provide the fol	lowing information about each Facility/Plant that you operate.	Use addtional pages as needed.	_					
Facility / Plant Name		Class PDWIS (Water) NPD	ES (Wastewater)					
-								
	T							
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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

This is page on	e of a two page form. Both page	es must be completed and returne	d. Ope	rator Certifcatio	n Number:	11448		
JAMES A DON	Please enter you're current addre	ess on the lines below and, if necess	ary,	Certification(s) shown below will expire on: 8/1/2023				
	correct the City, state and ZIP C			o renew these certifications: \$100				
				Failure to complete or submit represents by the expiration day result in an additional late fees described in Section V.				
	CATES TO RENEW:					raining Units		
Certification 7	ype Cate	egory		Class	R	equired		
TEMPORARY	WAS	STEWATER TREATMENT		5	4	5		
TEMPORARY	WAS	STEWATER TREATMENT		А	2	4		
TEMPORARY	WAT	ER TREATMENT		2	2	4		
II. CURRENT	EMPLOYMENT INFORM	IATION						
Employer's Name	e:			Phone #	<u>:</u> :			
Number of Facili	ties (or Plants) that you currently	operate:		I am employe	ed by the Fa	acility owner		
I am currently no	t operating any Facility		I provide contractual services to the Facility					
Please provide th	e following information about ed	ach Facility/Plant that you operate.	Use addtion	al pages as need	ded.			
Facility / Plant N	ame		Class PI	OWIS (Water)	NPDES (V	Vastewater)		
						_		

(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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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This is page one of	of a two page form. Both pages must be completed and return	rned. Ope	erator Certifcation Nu	mber: 11449				
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) sl below will expi					
С	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica					
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.				
	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
TEMPORARY	WASTEWATER TREATMENT		5	45				
TEMPORARY	WASTEWATER TREATMENT		А	24				
II. CURRENT E	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner				
I am currently not o	operating any Facility	I pro	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that you opera	ite. Use addtioi	nal pages as needed.					
Facility / Plant Nan	me	Class Pl	DWIS (Water) NPD	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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This is page one of	of a two page form. Both pages must be complete	perator Certification Number: 11450						
	lease enter you're current address on the lines below		Certification(s) below will ex					
С	orrect the City, state and ZIP Code. Please print leg	gibly.	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. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
TEMPORARY	WATER TREATMENT		5	24				
II. CURRENT E	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not o	operating any Facility	I	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant th	at you operate. Use addi	tional pages as needed	<i></i>				
Facility / Plant Nan	ne	Class	PDWIS (Water) NI	PDES (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 ret	erator Certifcation Nu	ımber: 11453				
	ease enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp				
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification				
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.			
	TES TO RENEW:			Training Units			
Certification Typ	e Category		Class	Required			
TEMPORARY	WASTEWATER TREATMENT		5	45			
TEMPORARY	WASTEWATER TREATMENT		Α	24			
II. CURRENT EN	MPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner			
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Please provide the fo	ollowing information about each Facility/Plant that you ope	erate. Use addtion	nal pages as needed.				
Facility / Plant Name	e	Class Pl	DWIS (Water) NPI	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	Operator Certification Num	mber: 12201						
	rou're current address on the lines below and, if necessary,	Certification(s) sh below will expir						
correct the Ci	ty, state and ZIP Code. Please print legibly.	The fee to renew to certificate	\$100					
		requirements by the result in an add	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICATES TO	RENEW:		Training Units					
Certification Type	Category	Class	Required					
TEMPORARY	WATER DISTRIBUTION	1	24					
TEMPORARY	WASTEWATER COLLECTION	2	24					
II. CURRENT EMPLOYM	MENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities (or Plants)	that you currently operate:	I am employed by	I am employed by the Facility owner					
I am currently not operating any	Facility	I provide contractual serv	I provide contractual services to the Facility					
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Facility / Plant Name	Cla	ass PDWIS (Water) NPD	ES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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	lease enter you're current add	dress on the lines below and, if	necessary,	Certification(s) below will ex					
co	orrect the City, state and ZIP	Code. Please print legibly.		The fee to rene certifi	w these cations: \$50				
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ted in Section V.				
I. CERTIFICA	TES TO RENEW:				Training Units				
Certification Typ	pe Ca	tegory		Class	Required				
TEMPORARY	W	ATER TREATMENT		1	24				
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Facility / Plant Nam	ne		Class	PDWIS (Water) N	PDES (Wastewater)				



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	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will expi					
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Certification Ty	ype Category		Class	Required				
OPERATOR	WASTEWATER TREATMENT		Α	16				
OPERATOR	WASTEWATER TREATMENT		5	30				
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Facility / Plant Na	me	Class PI	OWIS (Water) NPI	DES (Wastewater)				
<u> </u>	(OVER)							



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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one	e of a two page form. Both pages	must be completed and retur	ned. Or	perator Certification I	Number: 1450			
DANIEL DRA	Please enter you're current address	essary,	Certification(s) below will ex					
	correct the City, state and ZIP Coc	le. Please print legibly.		The fee to rene certifi	w these ications: \$50			
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ped in Section V.			
I. CERTIFIC	CATES TO RENEW:				Training Units			
Certification 1	ype Categ	ory		Class	Required			
OPERATOR	WASTI	EWATER COLLECTION		2	16			
II. CURRENT	EMPLOYMENT INFORMA	TION						
Employer's Name	2:			Phone #:				
Number of Facili	ties (or Plants) that you currently of	perate:	I am employed by the Facility owner					
I am currently no	t operating any Facility		I provide contractual services to the Facility					
Please provide th	ne following information about each	n Facility/Plant that you opera	te. Use addtio	onal pages as needed	\overline{d} .			
Facility / Plant N	ame		Class I	DWIS (Water) N	PDES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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

This is page one of a two	d. Operator Certification Num	ber: 1466						
JOHN D. NEDDO Please en	nter you're current address on the lines below and, if necess	Certification(s) sho below will expire						
	ne City, state and ZIP Code. Please print legibly.	The fee to renew the certification	ese \$50					
		requirements by the result in an addi	e or submit renewal e expiration date will tional late fees as n Section V.					
I. CERTIFICATES	TO RENEW:		Training Units					
Certification Type	Category	Class	Required					
OPERATOR	WASTEWATER TREATMENT	1	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	I am employed by the Facility owner					
I am currently not operating	g any Facility	I provide contractual services to the Facility						
Please provide the followin	ng information about each Facility/Plant that you operate.	Use addtional pages as needed.						
Facility / Plant Name		Class PDWIS (Water) NPDE	S (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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This is page one o	f a two page form. Both pages must be completed and retu	erator Certification Nu	ımber: 1513					
	lease enter you're current address on the lines below and, if neo	cessary,	Certification(s) s below will expi					
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	(51)				
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.				
	TES TO RENEW:			Training Units				
Certification Typ	De Category		Class	Required				
OPERATOR	WATER TREATMENT		1	16				
OPERATOR	WATER TREATMENT		5DE	16				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by the Facility owner					
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Please provide the j	following information about each Facility/Plant that you oper	ate. Use addtion	nal pages as needed.					
Facility / Plant Nam	ne	Class PI	OWIS (Water) NPI	DES (Wastewater)				
	(OVER)							



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Page 2

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This is page one of a two p	age form. Both pages must be completed and return	perator Certification Number: 1525						
	er you're current address on the lines below and, if nece	essary,	Certification(s) shown below will expire on: 8/1/2023					
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 I in Section V.				
I. CERTIFICATES T	O RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT EMPLOY	YMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by the Facility owner					
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Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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This is page on	e of a two page form. Both pages mus	Ope	rator Certification	1558				
NEIL CATES	Please enter you're current address on		٧,	Certification below will		8/1/2023		
	correct the City, state and ZIP Code. P	lease print legibly.		The fee to recent	new these tifications:	\$50		
				Failure to complete or submit re requirements by the expiration described in Section V.				
I. CERTIFIC	CATES TO RENEW:					raining Units		
Certification 7	ype Category			Class		Required		
OPERATOR	WATER TR	EATMENT		4	3	30		
II. CURRENT	EMPLOYMENT INFORMATION	ON						
Employer's Name	e:			Phone #	:			
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	ease enter you're current address on the lines below an	•	Certification(s) s below will exp					
cc	prrect the City, state and ZIP Code. Please print legibly	<i>'</i> .	The fee to renew certific	\$50				
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I. CERTIFICA	TES TO RENEW:		46501100	Training Units				
Certification Typ	e Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	s (or Plants) that you currently operate:		I am employed by the Facility owner					
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Facility / Plant Nam	e	Class	PDWIS (Water) NPI	DES (Wastewater)				



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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one of a two page	ed. Operat	or Certifcation Nu	umber: 1733					
•	ou're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp					
correct the Ci	ty, state and ZIP Code. Please print legibly.		The fee to renew certification	620				
			requirements by to	lete or submit renewal the expiration date will lditional late fees as d in Section V.				
I. CERTIFICATES TO	RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	INDUSTRIAL WASTEWATER		5	30				
II. CURRENT EMPLOYM	MENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants)	that you currently operate:		I am employed by the Facility owner					
I am currently not operating any	Facility Facility	I provide contractual services to the Facility						
Please provide the following inj	formation about each Facility/Plant that you operate	e. Use addtional	pages as needed.					
Facility / Plant Name		Class PDW	'IS (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.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one	of a two page form. Both pa	perator Certification N	Number: 1738						
	Please enter you're current ad	dress on the lines below and, if ne	ecessary,	Certification(s) below will ex					
•	correct the City, state and ZIF	Code. Please print legibly.		The fee to renever certification.	w these cations: \$50				
				requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.				
I. CERTIFICA	ATES TO RENEW:				Training Units				
Certification Ty	/pe Ca	ategory		Class	Required				
OPERATOR	IN	DUSTRIAL WASTEWATER		2	0				
II. CURRENT	EMPLOYMENT INFOR	MATION							
Employer's Name:				Phone #:					
Number of Faciliti	ies (or Plants) that you curren	tly operate:		I am employed by the Facility owner					
I am currently not	operating any Facility		I provide contractual services to the Facility						
Please provide the	e following information about	each Facility/Plant that you open	rate. Use addti	ional pages as needea	<u></u>				
Facility / Plant Na	me		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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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one of a tw	vo page form. Both pages must be completed and return	perator Certification Nu	ımber: 1841				
	enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp				
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$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. CERTIFICATES	S TO RENEW:		46561106	Training Units			
Certification Type	Category		Class	Required			
SUPERINTENDENT	WATER DISTRIBUTION		1	7			
II. CURRENT EMPI	LOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or	Plants) that you currently operate:	I am employed by the Facility owner					
I am currently not operate	ing any Facility	I provide contractual services to the Facility					
Please provide the follow	ving information about each Facility/Plant that you operat	te. 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
Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one of a two pag	ge form. Both pages must be completed and retur	ned. Op	Operator Certification Number: 1844					
	you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp					
correct the C	ity, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
			lete or submit renewal the expiration date will Iditional late fees as d in Section V.					
I. CERTIFICATES TO	RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WASTEWATER COLLECTION		2	16				
II. CURRENT EMPLOYN	MENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not operating an	y Facility	I pı	I provide contractual services to the Facility					
Please provide the following in	formation about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.					
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)				
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	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	a two page form. Both pages must be completed and	erator Certification N	Number: 1854					
	ase enter you're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on: 8/1/20					
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renever certification.	w these cations: \$50				
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.				
I. CERTIFICAT	ES TO RENEW:		22000	Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT EM	IPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities ((or Plants) that you currently operate:		I am employed l	by the Facility owner				
I am currently not ope	erating any Facility	I pr	I provide contractual services to the Facility					
Please provide the fol	llowing information about each Facility/Plant that you	operate. Use addtio	onal pages as needed	<u></u>				
Facility / Plant Name		Class P	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	_	
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This is page one of	a two page form. Both pages must be completed and returned	l. Ope	erator Certifcation Nu	ımber: 1856				
	ease enter you're current address on the lines below and, if necessa	ıry,	Certification(s) s below will expi					
co	rrect 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 l in Section V.				
I. CERTIFICAT	TES TO RENEW:			Training Units				
Certification Typ	e Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
II. CURRENT EN	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	(or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not op	perating any Facility	I pro	ovide contractual serv	vices to the Facility				
Please provide the fo	ollowing information about each Facility/Plant that you operate. U	Use addtio	nal pages as needed.					
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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This is page or	ne of a two page form. Botl	n pages must be completed and re	eturned. C	perator Certification N	umber: 1867					
LEON FOY	•	t 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 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. CERTIFIC	CATES TO RENEW:	<u>.</u>			Training Units					
Certification	Type	Category		Class	Required					
OPERATOR		WATER DISTRIBUTION		1	16					
II. CURREN	T EMPLOYMENT INF	ORMATION								
Employer's Nan	ne:			Phone #:						
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employed by the Facility owner						
I am currently n	ot operating any Facility		Ij	I provide contractual services to the Facility						
Please provide	the following information ab	oout each Facility/Plant that you op	perate. Use addt	ional pages as needed.						
Facility / Plant 1	Name		Class	PDWIS (Water) NP	DES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature	Date		
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Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
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This is page one of a t	two page form. Both pages must be completed and	perator Certification N	umber: 1957				
	e enter you're current address on the lines below and	, if necessary,	Certification(s) shown below will expire on:				
corre	ct the City, state and ZIP Code. Please print legibly.		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. CERTIFICATE	ES TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WASTEWATER TREATMENT	-	5	30			
II. CURRENT EMP	PLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (o	r Plants) that you currently operate:		I am employed by	y the Facility owner			
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Please provide the follo	owing information about each Facility/Plant that you	ı operate. 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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This is page on	e of a two page form. Bot	h pages must be completed and retu	urned. O	perator Certification N	Tumber: 1990			
LAL SAWTA	•	t address on the lines below and, if no	ecessary,	Certification(s) below will ex				
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renev	v these cations: \$50			
				 requirements by result in an a 	olete or submit renewal the expiration date will dditional late fees as ed in Section V.			
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units			
Certification 7	Гуре	Category		Class	Required			
OPERATOR		WASTEWATER COLLECTION		2	16			
II. CURRENT	EMPLOYMENT INF	ORMATION						
Employer's Nam	e:			Phone #:				
Number of Facil	ities (or Plants) that you cur	rently operate:	I am employed by the Facility owner					
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Facility / Plant N	Jame		Class	PDWIS (Water) NF	PDES (Wastewater)			



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This is page one of	of a two page form. Both pages must be complete	Operator Certification N	Number: 2050					
	lease enter you're current address on the lines below		Certification(s) below will ex					
c	orrect the City, state and ZIP Code. Please print leg	zibly.	The fee to renev	w these cations: \$50				
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I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
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Facility / Plant Nar	ne	Class	PDWIS (Water) NI	PDES (Wastewater)				



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	r you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	×/1//11/3					
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50					
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Certification Type	Category		Class	Required					
SUPERINTENDENT	WASTEWATER TREATMENT		5	7					
SUPERINTENDENT	WASTEWATER TREATMENT		А	7					
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This is page one of a tv	wo page form. Both pages must be completed and retu	perator Certification Nu	umber: 2151				
	enter you're current address on the lines below and, if ne	ecessary,	shown ire on: 8/1/2023				
correct	t the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950			
			requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.			
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Certification Type	Category		Class	Required			
SUPERINTENDENT	WATER TREATMENT		4	7			
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Employer's Name:			Phone #:				
Number of Facilities (or	Plants) that you currently operate:		I am employed by	y the Facility owner			
I am currently not operat	ting any Facility	I p	I provide contractual services to the Facility				
Please provide the follow	wing information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed.				
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)			
				_			



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of
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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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This is page one	of a two page form. Both pages must be completed	Operator Certification	Number: 2164					
	Please enter you're current address on the lines below		Certification(s below will ex					
(correct the City, state and ZIP Code. Please print legi	bly.	The fee to rene certif	w these ications: \$50				
			requirements by result in an	plete or submit renewal y the expiration date will additional late fees as ped in Section V.				
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not	operating any Facility	I	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant tha	t you operate. Use add	tional pages as neede	<i>d</i> .				
Facility / Plant Na	me	Class	PDWIS (Water) N	PDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	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 tw	vo page form. Both pages must be completed and return	Operator Certification Number: 2210						
	enter you're current address on the lines below and, if neces	sary,	Certification(s) shown below will expire on: 8/1/2023					
correct	t the City, state and ZIP Code. Please print legibly.		The fee to renev certific	v these sations: \$50				
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.				
I. CERTIFICATES	S TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
SUPERINTENDENT	INDUSTRIAL WASTEWATER		6	7				
II. CURRENT EMPI	LOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or	Plants) that you currently operate:		I am employed b	y the Facility owner				
I am currently not operat	ring any Facility	I pı	I provide contractual services to the Facility					
Please provide the follow	wing information about each Facility/Plant that you operate	. Use addtio	onal pages as needed					
Facility / Plant Name		Class F	PDWIS (Water) NP	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	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 return	ned. Operator Certification Number	:: 2224					
	Please enter you're current address on the lines below and, if neces	Certification(s) shown below will expire on						
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	Q 1 (1)(1)					
		Failure to complete or requirements by the ex						
		result in an additio	nal late fees as					
I. CERTIFIC	ATES TO RENEW:		Training Units					
Certification T	ype Category		Required					
OPERATOR	INDUSTRIAL WASTEWATER	2	0					
OPERATOR	WATER TREATMENT	4	30					
OPERATOR	WASTEWATER TREATMENT	5	30					
II. CURRENT	EMPLOYMENT INFORMATION							
Employer's Name	:	Phone #:						
Number of Facilit	ties (or Plants) that you currently operate:	I am employed by the l	I am employed by the Facility owner					
I am currently not	t operating any Facility	I provide contractual services	to the Facility					
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtional pages as needed.						
Facility / Plant Na	ame	Class PDWIS (Water) NPDES (Wastewater)					
	(OVER)							
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature	Date		
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This is page one o	of a two page form. Both pages must be completed and retu	erator Certifcation Nu	ımber: 2257				
	lease enter you're current address on the lines below and, if ned	cessary,	Certification(s) s below will expi				
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification				
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.			
	ATES TO RENEW:			Training Units			
Certification Ty	pe Category		Class	Required			
OPERATOR	WASTEWATER TREATMENT		5	30			
OPERATOR	WASTEWATER TREATMENT		Α	16			
II. CURRENT E	EMPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not o	operating any Facility	I pr	I provide contractual services to the Facility				
Please provide the	following information about each Facility/Plant that you oper	ate. Use addtio	nal pages as needed.				
Facility / Plant Nan	ne	Class P	DWIS (Water) NPI	DES (Wastewater)			
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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This is page one	of a two page form. Both	perator Certification N	umber: 2613						
	Please enter you're current	address on the lines below and, if ne	cessary,	Certification(s) s below will exp					
	correct the City, state and Z	IP Code. Please print legibly.		The fee to renew certific	X 1 () ()				
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.				
I. CERTIFIC	ATES TO RENEW:				Training Units				
Certification Ty	ype	Category		Class	Required				
SUPERINTENDE	NT	WATER DISTRIBUTION		1	7				
OPERATOR	,	WATER DISTRIBUTION		1	16				
II. CURRENT	EMPLOYMENT INFO	RMATION							
Employer's Name	:			Phone #:					
Number of Facilit	ies (or Plants) that you curre	ently operate:		I am employed by the Facility owner					
I am currently not	operating any Facility]	ΙĮ	I provide contractual services to the Facility					
Please provide the	e following information abo	ut each Facility/Plant that you oper	ate. Use addti	ional pages as needed.					
Facility / Plant Na	ame		Class	PDWIS (Water) NPI	DES (Wastewater)				
		(OVER)	<u> </u>		<u> </u>				



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Page 2

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

This is page on	ne of a two page form. Both pages must be completed and return	rator Certifcation Nu	ımber: 2622				
GREGORY M.	Please enter you're current address on the lines below and, if neces	ssary,	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	CATES TO RENEW:			Training Units			
Certification 7	Type Category		Class	Required			
TEMPORARY	WATER TREATMENT		2	24			
II. CURRENT	Γ EMPLOYMENT INFORMATION						
Employer's Nam	ne:		Phone #:				
Number of Facil	lities (or Plants) that you currently operate:	I am employed by the Facility owner					
I am currently no	ot operating any Facility	I provide contractual services to the Facility					
Please provide t	the following information about each Facility/Plant that you operate	e. Use addtion	al pages as needed.	_			
Facility / Plant N	Name	Class PI	OWIS (Water) NPI	DES (Wastewater)			
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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

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

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page on	ie of a two page form. Bot	rator Certifcation 1	Number: 2755						
JAMAAL L. D	Please enter you're curren	t address on the lines below and, if necess	sary,	Certification(s) below will ex					
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rene certific	w these ications: \$100				
				requirements by	plete or submit renewal y the expiration date will additional late fees as bed in Section V.				
<u>I. CERTIFI</u>	CATES TO RENEW	<u>.</u>			Training Units				
Certification ⁷	Type	Category		Class	Required				
OPERATOR		WASTEWATER TREATMENT		Α	16				
TEMPORARY		INDUSTRIAL WASTEWATER		6	24				
TEMPORARY		WATER TREATMENT		2	24				
TEMPORARY		WATER TREATMENT		4	45				
TEMPORARY		WASTEWATER TREATMENT		4	24				
OPERATOR		WASTEWATER TREATMENT		5	30				
II. CURRENT	ΓEMPLOYMENT INF	ORMATION							
Employer's Nam	ne:			Phone #:					
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed by the Facility owner					
I am currently no	ot operating any Facility	<u> </u>	I pro	vide contractual se	ervices to the Facility				
Please provide t	he following information a	— bout each Facility/Plant that you operate.	. Use addtion	al pages as needed	<i>d</i> .				
Facility / Plant N	Name		Class PI	OWIS (Water) N	PDES (Wastewater)				
		(OVED)							
		(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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one of	of a two page form. Both pages i	Operator Certification Number: 2911						
	lease enter you're current address		essary,	Certification(s below will ex	8/1/2023			
c	orrect the City, state and ZIP Cod	e. Please print legibly.		The fee to rene certif	ew these ications:	\$50		
				Failure to com requirements by result in an	ration date will			
I. CERTIFICA	ATES TO RENEW:					aining Units		
Certification Ty	pe Catego	ory		Class		quired		
OPERATOR	INDUS	TRIAL WASTEWATER		2	0			
II. CURRENT F	EMPLOYMENT INFORMA	ΓΙΟΝ						
Employer's Name:	<u>. </u>			Phone #:				
Number of Facilitie	es (or Plants) that you currently or	perate:		I am employed	by the Fac	cility 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 opera	te. Use addti	onal pages as neede	d.			
Facility / Plant Nar	ne		Class 1	PDWIS (Water) N	PDES (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

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one of a tw	o page form. Both pages must be completed and retur	ned. Op	Operator Certification Number: 3118					
	enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp					
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	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		3	30				
II. CURRENT EMPL	OYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or I	Plants) that you currently operate:		I am employed by	the Facility owner				
I am currently not operati	ng any Facility	I provide contractual services to the Facility						
Please provide the follow	ing information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.					
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page on	e of a two page form. Both pages must be completed and return	ed. Operator Certification Number	: 3303					
STEVEN MEI	Please enter you're current address on the lines below and, if neces	Certification(s) shown below will expire on:						
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	450					
		Failure to complete or requirements by the ex						
		result in an addition described in S	ditional late fees as					
I. CERTIFIC	CATES TO RENEW:		Fraining Units					
Certification ⁻	Type Category		Required					
OPERATOR	WASTEWATER TREATMENT	4 3	30					
OPERATOR	WASTEWATER TREATMENT	5	30					
OPERATOR	WASTEWATER TREATMENT	Α 1	L6					
II. CURRENT	FEMPLOYMENT INFORMATION							
Employer's Nam	ne:	Phone #:						
Number of Facil	lities (or Plants) that you currently operate:	I am employed by the F	I am employed by the Facility owner					
I am currently no	ot operating any Facility	I provide contractual services t	o the Facility					
Please provide t	he following information about each Facility/Plant that you operate	e. Use addtional pages as needed.						
Facility / Plant N	Name	Class PDWIS (Water) NPDES (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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
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Please verify your information shown on this application and make any corrections as needed.

This is page one	of a two page form. Both pages must be completed and return	ed. Operator Certification Number	: 3329
	Please enter you're current address on the lines below and, if neces	Certification(s) shown below will expire on	
C	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	& I (1)(1)
		Failure to complete or requirements by the ex	
		result in an addition described in S	nal late fees as
I. CERTIFICA	ATES TO RENEW:		Fraining Units
Certification Ty	ype Category		Required
OPERATOR	WASTEWATER TREATMENT	5 3	30
OPERATOR	WASTEWATER TREATMENT	Α 1	16
TEMPORARY	WATER TREATMENT	5RO 2	24
II. CURRENT I	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Faciliti	les (or Plants) that you currently operate:	I am employed by the F	acility owner
I am currently not	operating any Facility	I provide contractual services t	o the Facility
Please provide the	following information about each Facility/Plant that you operate	e. Use addtional pages as needed.	
Facility / Plant Na	me	Class PDWIS (Water) NPDES (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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one	of a two page form. Both page	s must be completed and returne	e d. Op	erator Certifcation Nu	umber: 3599				
	Please enter you're current addre	ss on the lines below and, if necess	sary,	Certification(s) s below will exp	×/1//11/3				
•	correct the City, state and ZIP Co	ode. Please print legibly.		The fee to renew certification	\$50				
			requirements by result in an ad	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICA	ATES TO RENEW:				Training Units				
Certification Ty	pe Cate	gory		Class	Required				
OPERATOR	WAS	TEWATER COLLECTION		2	16				
II. CURRENT	EMPLOYMENT INFORM	ATION							
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 pr	I provide contractual services to the Facility					
Please provide the	e following information about ea	ch Facility/Plant that you operate.	Use addtio	nal pages as needed.					
Facility / Plant Na	me		Class P	DWIS (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 retu	urned. Operator Cer	tifcation Numbe	r: 3642					
	se enter you're current address on the lines below and, if ne		fication(s) shows ow will expire or	x/I//II/					
corr	ect the City, state and ZIP Code. Please print legibly.	The fe	ee to renew these certifications	450					
		require	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	ES TO RENEW:			Training Units					
Certification Type	Category	C	lass	Required					
OPERATOR	WASTEWATER TREATMENT	5		30					
OPERATOR	WASTEWATER TREATMENT	А		16					
II. CURRENT EM	PLOYMENT INFORMATION								
Employer's Name:		P	Phone #:						
Number of Facilities (or Plants) that you currently operate:	I am e	employed by the	Facility owner					
I am currently not ope	rating any Facility	I provide cont	tractual services	to the Facility					
Please provide the following	lowing information about each Facility/Plant that you oper	rate. Use addtional pages	as needed.						
Facility / Plant Name		Class PDWIS (W	vater) NPDES	(Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two pag	Operator Certification N	Number: 3732						
	you're current address on the lines below and, if necessar	Certification(s) y, below will ex						
correct the C	ity, state and ZIP Code. Please print legibly.	The fee to renever certification.	w these cations: \$100					
		requirements by result in an a	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICATES TO	RENEW:		Training Units					
Certification Type	Category	Class	Required					
OPERATOR	WASTEWATER COLLECTION	2	16					
OPERATOR	WATER DISTRIBUTION	1	16					
II. CURRENT EMPLOYN	MENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities (or Plants)) that you currently operate:	I am employed b	by the Facility owner					
I am currently not operating an	y Facility	I provide contractual se	I provide contractual services to the Facility					
Please provide the following in	formation about each Facility/Plant that you operate. $\it U$	se addtional pages as needea	1.					
Facility / Plant Name	C	Class PDWIS (Water) NI	PDES (Wastewater)					



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This is page on	e of a two page form. Both pag	erator Certification Number: 3738						
JAMES ELLIC	Please enter you're current add	ress on the lines below and, if necess	sary,	Certification(s) below will ex				
	correct the City, state and ZIP		The fee to rene certifi	w these ications: \$100				
					plete or submit renewal v the expiration date will			
				result in an additional late fees described in Section V.				
I. CERTIFIC	CATES TO RENEW:			ueser is	Training Units			
Certification ⁻	Type Cat	egory		Class	Required			
OPERATOR	WA	STEWATER TREATMENT		А	16			
OPERATOR	IND	USTRIAL WASTEWATER		7	16			
OPERATOR	WA	STEWATER TREATMENT		3	30			
OPERATOR	WA	STEWATER TREATMENT		5	30			
II. CURRENT	EMPLOYMENT INFORM	MATION						
Employer's Nam	e:			Phone #:				
Number of Facil	ities (or Plants) that you currently	y operate:	I am employed by the Facility owner					
I am currently no	ot operating any Facility		I provide contractual services to the Facility					
Please provide t	he following information about a	each Facility/Plant that you operate.	Use addtion	al pages as needed	<i>d</i> .			
Facility / Plant N	Jame		Class PE	OWIS (Water) N	PDES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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	lease enter you're current address on the lines below and, if	necessary,	Certification(s) s below will expi					
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	950				
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Co	orrect the City, state and ZIP Code. Please print le	egibly.	The fee to rer	new these ifications: \$50				
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Certification Typ	oe Category		Class	Required				
OPERATOR	WATER DISTRIBUTION	N	1	16				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
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Operator in Responsible Charge:

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

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

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one of a	a two page form. Both pages must be completed and retur	ned. Operator C	Certifcation Num	ber: 4406				
	ase enter you're current address on the lines below and, if nece		Certification(s) shown below will expire on:					
corr	rect the City, state and ZIP Code. Please print legibly.	The	e fee to renew th certification	X50				
		requi	Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.					
I. CERTIFICAT	<u>'ES TO RENEW:</u>			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WASTEWATER TREATMENT		5	30				
OPERATOR	WASTEWATER TREATMENT		Α	16				
II. CURRENT EM	IPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities ((or Plants) that you currently operate:	I am	n employed by tl	ne Facility owner				
I am currently not ope	erating any Facility	I provide co	ontractual servic	es to the Facility				
Please provide the fol	llowing information about each Facility/Plant that you opera	te. Use addtional page	es as needed.					
Facility / Plant Name		Class PDWIS (Water) NPDE	S (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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

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

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Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one of	of a two page form. Both pages must be completed and retu	rned. Ope	erator Certifcation Nu	mber: 4430			
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will expi				
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	(51)			
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.			
	ATES TO RENEW:			Training Units			
Certification Ty	pe Category		Class	Required			
OPERATOR	WASTEWATER TREATMENT		5	30			
OPERATOR	WASTEWATER TREATMENT		Α	16			
II. CURRENT E	EMPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not o	operating any Facility	I pro	I provide contractual services to the Facility				
Please provide the	following information about each Facility/Plant that you oper	ate. Use addtio	nal pages as needed.				
Facility / Plant Nar	ne	Class P	DWIS (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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Please verify your information shown on this application and make any corrections as needed.

This is page one of	of a two page form. Both pages must be complete	Operator Certification 1	Number: 4525					
	Please enter you're current address on the lines belo	•	Certification(s) below will ex					
c	correct the City, state and ZIP Code. Please print le	gibly.	The fee to rene certif	w these ications: \$50				
			requirements by result in an	plete or submit renewal y the expiration date will additional late fees as ped in Section V.				
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER DISTRIBUTION	N	1	16				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not	operating any Facility]	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant to	hat you operate. Use add	dtional pages as neede	<i>d</i> .				
Facility / Plant Nar	me	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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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
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This is page one of a	two page form. Both pages must be completed and retur	perator Certification Number: 4568				
	ase enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp			
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50		
			requirements by t	ete 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	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 ope	rating any Facility	I pro	ovide contractual serv	vices to the Facility		
Please provide the fol	lowing information about each Facility/Plant that you opera	te. Use addtior	ıal pages as needed.			
Facility / Plant Name		Class PI	OWIS (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	ge form. Both pages must be completed and returned.	Operator Certification Number: 4684				
	you're current address on the lines below and, if necessary,	Certification(s) s below will exp				
correct the C	City, state and ZIP Code. Please print legibly.	The fee to renew certification	\$100			
		requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.			
I. CERTIFICATES TO	O RENEW:		Training Units			
Certification Type	Category	Class	Required			
SUPERINTENDENT	WASTEWATER TREATMENT	3	7			
SUPERINTENDENT	WASTEWATER TREATMENT	А	7			
SUPERINTENDENT	WASTEWATER TREATMENT	4	7			
SUPERINTENDENT	WATER TREATMENT	4	7			
SUPERINTENDENT	WATER TREATMENT	3	7			
OPERATOR	WASTEWATER TREATMENT	А	16			
OPERATOR	WASTEWATER TREATMENT	5	30			
OPERATOR	WASTEWATER TREATMENT	4	30			
OPERATOR	WATER TREATMENT	4	30			
SUPERINTENDENT	WASTEWATER TREATMENT	5	7			
SUPERINTENDENT	WATER TREATMENT	1	7			
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:		Phone #:				
Number of Facilities (or Plants	s) that you currently operate:	I am employed by	the Facility owner			
I am currently not operating an	ny Facility	I provide contractual serv	vices to the Facility			
Please provide the following in	nformation about each Facility/Plant that you operate. Use a	addtional pages as needed.				
Facility / Plant Name	Clas	ss PDWIS (Water) NPI	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 re	eturned. Opera	tor Certifcation Nu	ımber: 4740			
	ease enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 8/1/2				
con	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950			
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.				
I. CERTIFICAT	ΓES TO RENEW:			Training Units			
Certification Typ	e Category		Class	Required			
OPERATOR	WASTEWATER TREATMENT		5	30			
II. CURRENT EN	APLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not op	perating any Facility	I provi	de contractual serv	vices to the Facility			
Please provide the fo	ollowing information about each Facility/Plant that you op	perate. Use addtional	pages as needed.				
Facility / Plant Name		Class PDV	VIS (Water) NPI	DES (Wastewater)			



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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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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This is page one	of a two page form. Both pages must be completed	Operator Certification	Number: 4768					
	Please enter you're current address on the lines below		Certification(s below will ex					
(correct the City, state and ZIP Code. Please print legil	oly.	The fee to reno certif	ew these cations: \$50				
			requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.				
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	ype Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Faciliti	es (or Plants) that you currently operate:		I am employed	by the Facility owner				
I am currently not	operating any Facility	I	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that	t you operate. Use add	tional pages as neede	-d.				
Facility / Plant Na	me	Class	PDWIS (Water) N	PDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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This is page one	of a two page form. Both pages must be completed and return	rned. Op	erator Certifcation Nu	mber: 4779				
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will expi					
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification					
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a 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 I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner				
I am currently not	operating any Facility	I pr	I provide contractual services to the Facility					
Please provide the	e following information about each Facility/Plant that you opera	ate. Use addtio	nal pages as needed.					
Facility / Plant Na	me	Class P	DWIS (Water) 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		
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This is page one of a t	two page form. Both pages must be completed and retu	irned. Operator Certification	n Number: 4782						
	e enter you're current address on the lines below and, if neo	Certification below will	×/1//11/3						
correc	et the City, state and ZIP Code. Please print legibly.	The fee to re	new these tifications: \$50						
		requirements result in a	Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.						
I. CERTIFICATE	S TO RENEW:		Training Units						
Certification Type	Category	Class	Required						
OPERATOR	WASTEWATER TREATMENT	А	16						
OPERATOR	WASTEWATER TREATMENT	5	30						
II. CURRENT EMP	PLOYMENT INFORMATION								
Employer's Name:		Phone #	! :						
Number of Facilities (or	r Plants) that you currently operate:	I am employe	ed by the Facility owner						
I am currently not opera	ating any Facility	I provide contractual	services to the Facility						
Please provide the follo	owing information about each Facility/Plant that you oper	ate. Use addtional pages as need	ded.						
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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This is page one of	of a two page form. Both pages must be completed and	returned. O	perator Certifcation Nu	mber: 4833			
	lease enter you're current address on the lines below and,	if necessary,	Certification(s) sl below will expi				
c	orrect 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.			
I. CERTIFICA	ATES TO RENEW:			Training Units			
Certification Ty	pe Category		Class	Required			
OPERATOR	WASTEWATER TREATMENT		5	30			
OPERATOR	WASTEWATER TREATMENT		Α	16			
II. CURRENT E	EMPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities	es (or Plants) that you currently operate:		I am employed by	the Facility owner			
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Please provide the	following information about each Facility/Plant that you	operate. Use addti	onal pages as needed.				
Facility / Plant Nan	ne	Class	PDWIS (Water) NPD	DES (Wastewater)			
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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This is page one of	f a two page form. Both pages must be completed and return	ed. Operator Certification Number	: 4860
	ease enter you're current address on the lines below and, if neces	Certification(s) shown below will expire on	x/I//II/<
co	orrect the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	Q 1 / 1// 1
		Failure to complete or requirements by the ex	
		result in an addition described in S	nal late fees as
I. CERTIFICA	TES TO RENEW:		Training Units
Certification Typ	e Category		Required
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
II. CURRENT E	MPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities	s (or Plants) that you currently operate:	I am employed by the I	Facility owner
I am currently not of	perating any Facility	I provide contractual services	to the Facility
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Facility / Plant Nam	e	Class PDWIS (Water) NPDES (Wastewater)
	(OVER)		



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Page 2

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This is page one of a two pa	erator Certifcation Nu	mber: 5205						
	you're current address on the lines below and, if nece	ssary,	hown re on: 8/1/2023					
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certification	6.20				
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.				
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Certification Type	Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
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Employer's Name:			Phone #:					
Number of Facilities (or Plant	s) that you currently operate:		I am employed by the Facility owner					
I am currently not operating an	ny Facility	I provide contractual services to the Facility						
Please provide the following i	information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.					
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	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	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 retu	erator Certifcation Nu	ımber: 5259						
	ease enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp						
cor	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	(51)					
			Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.						
	<u>ΓES TO RENEW:</u>			Training Units					
Certification Type	e Category		Class	Required					
OPERATOR	WASTEWATER TREATMENT		5	30					
OPERATOR	WASTEWATER TREATMENT		Α	16					
II. CURRENT EN	MPLOYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner					
I am currently not op	erating any Facility	I pr	I provide contractual services to the Facility						
Please provide the fo	ollowing information about each Facility/Plant that you oper	rate. Use addtio	nal pages as needed.						
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)					
	(OVER)								



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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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This is page one of	a two page form. Both pages must be completed an	perator Certification N	umber: 5306					
	ease enter you're current address on the lines below and	, if necessary,	Certification(s) shown below will expire on: 8/					
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.				
I. CERTIFICA	<u> TES TO RENEW:</u>			Training Units				
Certification Typ	e Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT EN	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	(or Plants) that you currently operate:		I am employed by the Facility owner					
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This is page one of a two page	ge form. Both pages must be completed and return	ed. Op	erator Certifcation Nu	mber: 5369			
	you're current address on the lines below and, if neces	sary,	Certification(s) sl below will expi				
correct the C	ity, state and ZIP Code. Please print legibly.		The fee to renew certifica	(51)			
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.			
I. CERTIFICATES TO	RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WASTEWATER TREATMENT		5	30			
OPERATOR	WASTEWATER TREATMENT		А	16			
II. CURRENT EMPLOYN	MENT INFORMATION						
Employer's Name:			Phone #:				
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_							
	(OVER)						



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This is page one of	a two page form. Both pages must be completed and retu	urned. Op	erator Certification Nu	ımber: 5549			
	ase enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 8/1/2				
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	150			
			requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.			
I. CERTIFICAT	TES TO RENEW:			Training Units			
Certification Type	e Category		Class	Required			
OPERATOR	WATER DISTRIBUTION		1	16			
II. CURRENT EM	IPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
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	(OVER)						



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This is page one of a two	page form. Both pages must be completed and return	Operator Certification Number: 6016					
	ter you're current address on the lines below and, if neces	ssary,	nown re on: 8/1/2023				
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50			
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Certification Type	Category		Class	Required			
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This is page one	of a two page form. Both pages must be completed and returne	ed. Operator Certification Number	r: 6031				
	Please enter you're current address on the lines below and, if necess	Certification(s) shown below will expire on	X / I / /II / Z				
,	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	& I (1)(1)				
		Failure to complete or requirements by the ex					
		result in an additio	nal late fees as				
I. CERTIFIC	ATES TO RENEW:		Training Units				
Certification Ty			Required				
OPERATOR	WATER TREATMENT	1	16				
OPERATOR	WASTEWATER TREATMENT	3	30				
OPERATOR	INDUSTRIAL WASTEWATER	2	0				
II. CURRENT	EMPLOYMENT INFORMATION						
Employer's Name:	:	Phone #:					
Number of Facilit	ies (or Plants) that you currently operate:	I am employed by the	Facility owner				
I am currently not	operating any Facility	I provide contractual services	provide contractual services to the Facility				
Please provide the	e following information about each Facility/Plant that you operate.	Use addtional pages as needed.					
Facility / Plant Na	ame	Class PDWIS (Water) NPDES ((Wastewater)				
	T. T.						
	(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 must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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This is page one	of a two page form. Both pages must be completed and returned	l. Operator Certification Numbe	r: 6086					
	Please enter you're current address on the lines below and, if necessa	Certification(s) shown below will expire on						
(correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	& 17171					
		Failure to complete o requirements by the ex	xpiration date will					
		result in an additio						
I. CERTIFICA	ATES TO RENEW:		Training Units					
Certification Ty	/pe Category		Required					
OPERATOR	WASTEWATER TREATMENT	5	30					
OPERATOR	WASTEWATER TREATMENT	А	16					
OPERATOR	WATER TREATMENT	2	16					
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:		Phone #:						
Number of Faciliti	ies (or Plants) that you currently operate:	I am employed by the	I am employed by the Facility owner					
I am currently not	operating any Facility	I provide contractual services	rovide contractual services to the Facility					
Please provide the	e following information about each Facility/Plant that you operate. U	Use addtional pages as needed.						
Facility / Plant Na	me	Class PDWIS (Water) NPDES	(Wastewater)					
	(OVER)							



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This is page one of a two page	Operator Certifo	perator Certification Number: 6506				
•	ou're current address on the lines below and, if necessary,		Certification(s) show below will expire o			
correct the Cit	y, state and ZIP Code. Please print legibly.	The fee	to renew the certificatio	\$100		
		requirem result	or submit renewal expiration date will tional late fees as n Section V.			
I. CERTIFICATES TO	RENEW:			Training Units		
Certification Type	Category	Clas	SS	Required		
OPERATOR	WASTEWATER TREATMENT	5		30		
SUPERINTENDENT	WASTEWATER TREATMENT	Α		7		
SUPERINTENDENT	WASTEWATER TREATMENT	5		7		
SUPERINTENDENT	WASTEWATER TREATMENT	4		7		
SUPERINTENDENT	WATER TREATMENT	4		7		
OPERATOR	WASTEWATER TREATMENT	4		30		
OPERATOR	WATER TREATMENT	5		16		
OPERATOR	WATER TREATMENT	4		30		
OPERATOR	WASTEWATER TREATMENT	Α		16		
II. CURRENT EMPLOYM	ENT INFORMATION					
Employer's Name:		Pho	ne #:			
Number of Facilities (or Plants)	that you currently operate:	I am emp	oloyed by th	ne Facility owner		
I am currently not operating any	Facility	I provide contra	ctual service	es to the Facility		
Please provide the following info	ormation about each Facility/Plant that you operate. Use a	addtional pages as	needed.	_		
Facility / Plant Name	Clas	s PDWIS (Wate	r) NPDES	S (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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of	a two page form. Both pages must be completed and	returned. Op	Operator Certification Number: 7179					
	ase enter you're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on:					
cor	rect 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. CERTIFICAT	TES TO RENEW:			Training Units				
Certification Type	e Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
II. CURRENT EM	IPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	(or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not ope	erating any Facility	I pr	I provide contractual services to the Facility					
Please provide the fo	llowing information about each Facility/Plant that you	operate. Use addtio	nal pages as needed.					
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)				



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Page 2

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This is page one	e of a two page form. Both pages must be completed and returne	ed. Operator Certification Numb	er: 7490					
BYRAN CUMI	Please enter you're current address on the lines below and, if necess	Certification(s) show sary, below will expire of						
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew the certificatio	4 1 / 1/1					
		Failure to complete requirements by the	expiration date will					
		result in an addit						
I. CERTIFIC	CATES TO RENEW:	described in	Training Units					
Certification T	Гуре Category	Class	Required					
TEMPORARY	WATER TREATMENT	2	24					
TEMPORARY	WASTEWATER TREATMENT	3	45					
TEMPORARY	WASTEWATER COLLECTION	2	24					
II. CURRENT	EMPLOYMENT INFORMATION							
Employer's Name	e: _	Phone #:						
Number of Facili	ities (or Plants) that you currently operate:	I am employed by the	I am employed by the Facility owner					
I am currently no	ot operating any Facility	I provide contractual service	I provide contractual services to the Facility					
Please provide th	he following information about each Facility/Plant that you operate.	. Use addtional pages as needed.	_					
Facility / Plant N	ame	Class PDWIS (Water) NPDES	S (Wastewater)					
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Page 2

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This is page one o	f a two page form. Both pages must be completed and ret	erator Certifcation N	amber: 7600				
	lease enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp				
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific				
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Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one of	a two page form. Both pages must be completed and r	erator Certifcation N	umber: 7642					
	ease enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on:					
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$50				
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.				
I. CERTIFICA	TES TO RENEW:		4000110	Training Units				
Certification Typ	e Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	s (or Plants) that you currently operate:		I am employed b	y the Facility owner				
I am currently not op	perating any Facility	I pr	I provide contractual services to the Facility					
Please provide the fe	ollowing information about each Facility/Plant that you o	perate. Use addtio	onal pages as needed.					
Facility / Plant Name	e	Class P	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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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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This is page one	of a two page form. Both pages	perator Certifcation N	Number: 7803					
	Please enter you're current address		essary,	Certification(s) below will ex				
(correct the City, state and ZIP Coc	le. Please print legibly.		The fee to renev	v these cations: \$50			
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.			
I. CERTIFICA	ATES TO RENEW:				Training Units			
Certification Ty	pe Categ	ory		Class	Required			
OPERATOR	WASTI	EWATER COLLECTION		2	16			
II. CURRENT I	EMPLOYMENT INFORMA	TION						
Employer's Name:				Phone #:				
Number of Faciliti	es (or Plants) that you currently of	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	n Facility/Plant that you operd	ate. Use addti	onal pages as needea	<u> </u>			
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This is page one of a two pa	erator Certifcation Nu	ımber: 8124						
	you're current address on the lines below and, if necess	sary,	Certification(s) s below will expi					
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certification	950				
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICATES TO	O RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WASTEWATER TREATMENT		5	30				
II. CURRENT EMPLOY	MENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants	s) that you currently operate:		I am employed by	the Facility owner				
I am currently not operating an	ny Facility	I pro	ovide contractual serv	vices to the Facility				
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This is page on	e of a two page form. Both pages must be completed and return	ed. Operator Certification Number:	8200	
KENNETH G.	Please enter you're current address on the lines below and, if neces	Certification(s) shown below will expire on:	X / I / /II / Z	
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	Q 171/11	
		Failure to complete or requirements by the ex		
		result in an addition described in S	nal late fees as	
I. CERTIFIC	CATES TO RENEW:		Training Units	
Certification ⁻	Type Category		Required	
OPERATOR	WASTEWATER TREATMENT	5 3	30	
OPERATOR	WASTEWATER TREATMENT	Α 1	16	
OPERATOR	WATER TREATMENT	1 1	16	
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:	Phone #:		
Number of Facil	ities (or Plants) that you currently operate:	I am employed by the F	acility owner	
I am currently no	ot operating any Facility	I provide contractual services to	o the Facility	
Please provide t	he following information about each Facility/Plant that you operate	e. Use addtional pages as needed.	_	
Facility / Plant N	Name	Class PDWIS (Water) NPDES (V	Wastewater)	
	(over			
	(OVER)			



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Page 2

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This is page one of a two	o page form. Both pages must be completed and return	erator Certifcation Nu	ımber: 8304				
	enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp				
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	(51)			
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.			
I. CERTIFICATES	TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
SUPERINTENDENT	WASTEWATER TREATMENT		5	7			
SUPERINTENDENT	WASTEWATER TREATMENT		Α	7			
II. CURRENT EMPL	OYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or P	Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not operation	ng any Facility	I pr	I provide contractual services to the Facility				
Please provide the follows	ing information about each Facility/Plant that you operc	ate. Use addtio	nal pages as needed.				
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)			
	(OVER)	· ·					



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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one of a two	o page form. Both pages must be completed and return	ned. Op	perator Certification Nu	ımber: 8381					
	enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will expi	×/1//11/3					
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	X100					
			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					
OPERATOR	WASTEWATER COLLECTION		2	16					
OPERATOR	WATER DISTRIBUTION		1	16					
II. CURRENT EMPLO	OYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities (or P	lants) that you currently operate:		I am employed by	the Facility owner					
I am currently not operatir	ng any Facility	I pı	rovide contractual serv	vices to the Facility					
Please provide the followi	ing information about each Facility/Plant that you operat	te. Use addtio	onal pages as needed.						
Facility / Plant Name		Class P	PDWIS (Water) NPI	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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This is page on	e of a two page form. Both pages must be completed and return	ned. Operator Certification Number	r: 8488					
IAN FRASER	Please enter you're current address on the lines below and, if neces	Certification(s) shows below will expire or						
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	Q 171/1					
		Failure to complete o requirements by the ex	xpiration date will					
		result in an additio						
I. CERTIFIC	CATES TO RENEW:		Training Units					
Certification ⁻	Type Category		Required					
OPERATOR	WATER TREATMENT	1	16					
OPERATOR	WASTEWATER TREATMENT	5	30					
OPERATOR	WASTEWATER TREATMENT	А	16					
II. CURRENT	EMPLOYMENT INFORMATION							
Employer's Nam	e:	Phone #:						
Number of Facil	ities (or Plants) that you currently operate:	I am employed by the	I am employed by the Facility owner					
I am currently no	ot operating any Facility	I provide contractual services	to the Facility					
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Facility / Plant N	Jame	Class PDWIS (Water) NPDES	(Wastewater)					
	(OVER)							



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This is page one of a two page	Ope	Operator Certification Number: 8563							
•	ou're current address on the lines below and, if necessary	ν,	Certification(s below will e	8/1/2023					
correct the Cit	ty, state and ZIP Code. Please print legibly.		The fee to rene certification	ew these fications:	\$100				
			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:			Tı	raining Units				
Certification Type	Category		Class	Re	equired				
OPERATOR	WASTEWATER COLLECTION		2	16	5				
OPERATOR	WATER DISTRIBUTION		1	16	ò				
II. CURRENT EMPLOYM	IENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities (or Plants)	that you currently operate:		I am employed	l by the Fa	cility owner				
I am currently not operating any	Facility	I pro	I provide contractual services to the Facility						
Please provide the following inf	formation about each Facility/Plant that you operate. Us	se addtion	al pages as neede	ed.	_				
Facility / Plant Name	Cl	lass PD	OWIS (Water) N	NPDES (W	astewater)				



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This is page one	of a two page form. Both pages must be completed	and returned. O ₁	perator Certification Nu	ımber: 8613				
	Please enter you're current address on the lines below		Certification(s) s below will exp	×/1//11/3				
•	correct the City, state and ZIP Code. Please print legib	oly.	The fee to renew certification	\$100				
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.				
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER TREATMENT		1	16				
OPERATOR	WASTEWATER TREATM	ENT	1	16				
II. CURRENT	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by the Facility owner					
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Please provide the	following information about each Facility/Plant that	you operate. Use addti	onal pages as needed.					
Facility / Plant Na	me	Class l	PDWIS (Water) NPI	DES (Wastewater)				
				_				



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Page 2

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This is page one of a t	wo page form. Both pages must be completed and retu	perator Certifcation Nu	ımber: 9001				
	e enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 8/1/202				
correc	et 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. CERTIFICATE	S TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WATER TREATMENT		4	30			
II. CURRENT EMP	LOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or	Plants) that you currently operate:	I am employed by the Facility owner					
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	Please enter you're currer	nt address on the lines below and, if nec	essary,	Certification(s) s below will exp					
	correct the City, state and	I ZIP Code. Please print legibly.		The fee to renew certification	4 1777				
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I. CERTIFIC	ATES TO RENEW	·		- describe	Training Units				
Certification T	уре	Category		Class	Required				
SUPERINTENDE	NT	INDUSTRIAL WASTEWATER		2	0				
SUPERINTENDE	NT	WASTEWATER TREATMENT		3	7				
SUPERINTENDE	NT	WATER TREATMENT		1	7				
II. CURRENT	EMPLOYMENT INF	ORMATION							
Employer's Name	»:			Phone #:					
Number of Facilit	ties (or Plants) that you cu	errently operate:		I am employed by the Facility owner					
I am currently not	t operating any Facility		I pı	rovide contractual ser	vices to the Facility				
Please provide th	e following information a	— bout each Facility/Plant that you opera	te. Use addtio	onal pages as needed.					
Facility / Plant Na	ame		Class F	PDWIS (Water) NPI	DES (Wastewater)				
				_	_				
		(OVER)							



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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one of	of a two page form. Both pages must be completed and return	ed. Operator Certification Number	r: 9123
	lease enter you're current address on the lines below and, if neces	Certification(s) shown below will expire on	
C	orrect the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	Q 1 / 1// 1
		Failure to complete or requirements by the ex-	
		result in an additio	nal late fees as
I. CERTIFICA	ATES TO RENEW:		Training Units
Certification Ty	pe Category		Required
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
II. CURRENT E	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:	I am employed by the	Facility owner
I am currently not o	operating any Facility	I 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 Nan	ne	Class PDWIS (Water) NPDES ((Wastewater)
	(OVER)		
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	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 tw	vo page form. Both pages must be completed and return	erator Certification N	umber: 9174					
	enter you're current address on the lines below and, if nece	ssary,	Certification(s) shown below will expire on: 8/1/2023					
correct	t the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.				
I. CERTIFICATES	S TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
SUPERINTENDENT	WATER TREATMENT		2	7				
II. CURRENT EMPI	LOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or	Plants) that you currently operate:		I am employed by	y the Facility owner				
I am currently not operat	ing any Facility	I provide contractual services to the Facility						
Please provide the follow	wing information about each Facility/Plant that you operat	e. Use addtio	onal pages as needed.					
Facility / Plant Name		Class P	PDWIS (Water) NP	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature	Date		
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Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	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	erator Certifcation N	umber: 9207						
	you're current address on the lines below and, if necessary	ary,	Certification(s) s below will exp	×/1//11/3				
correct the Ci	ty, state and ZIP Code. Please print legibly.		The fee to renew certific	\$ 100				
		Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.						
I. CERTIFICATES TO	RENEW:			Training Units				
Certification Type	Category		Class	Required				
SUPERINTENDENT	WATER DISTRIBUTION		1	7				
SUPERINTENDENT	WASTEWATER COLLECTION		2	7				
II. CURRENT EMPLOYM	MENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants)	that you currently operate:		I am employed by	y the Facility owner				
I am currently not operating any	/ Facility	I pr	ovide contractual ser	vices to the Facility				
Please provide the following inj	formation about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	_				
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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

This is page one of a two p	perator Certification Number: 9275							
	er you're current address on the lines below and, if neces	ssary,	Certification(s) s below will expi					
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew certification	6.24				
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.				
I. CERTIFICATES T	O RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT EMPLOY	YMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by the Facility owner					
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Please provide the following	information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	_				
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)				



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	Operator Certifcation Nu	mber: 9291						
•	ou're current address on the lines below and, i	f necessary,	Certification(s) s below will expi					
correct the Cit	y, state and ZIP Code. Please print legibly.		The fee to renew certification	6.24				
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I. CERTIFICATES TO	RENEW:			Training Units				
Certification Type	Category		Class	Required				
SUPERINTENDENT	WATER TREATMENT		4	7				
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Employer's Name:			Phone #:					
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This is page one	of a two page form. Bot	n pages must be completed and retur	ned. Op	erator Certifcation l	Number: 9584				
	Please enter you're curren	address on the lines below and, if necessity	essary,	Certification(s) below will ex					
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rene certifi	w these ications: \$100				
			Failure to complete or submit renewa requirements by the expiration date we result in an additional late fees as						
I. CERTIFIC	ATES TO RENEW			- describ	oed in Section V.	tc			
Certification T		Category		Class	Training Unit Required	1.5			
OPERATOR		WATER TREATMENT		4	30				
OPERATOR		WASTEWATER TREATMENT		5	30				
OPERATOR		WASTEWATER TREATMENT		Α	16				
II. CURRENT	EMPLOYMENT INF	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	_	I provide contractual services to the Facility						
Please provide th	e following information ab	— oout each Facility/Plant that you opera	te. Use addtio	nal pages as needed	d.				
Facility / Plant Na	ame		Class P	DWIS (Water) N	PDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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 on	e of a two page form. Both pag	Operator Certification Number: 9759					
RON SMITH	Please enter you're current address on the lines below and, if necessary,		necessary,	Certification(s) below will exp			
	correct the City, state and ZIP (ect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
				requirements by result in an a	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	Type Cat	egory		Class	Required		
OPERATOR	WA	TER TREATMENT		3	30		
II. CURRENT	EMPLOYMENT INFORM	IATION					
Employer's Name	e:			Phone #:			
Number of Facili	ties (or Plants) that you currently	operate:		I am employed b	y the Facility owner		
I am currently no	t operating any Facility		Ιp	rovide contractual ser	vices to the Facility		
Please provide th	ne following information about e	ach Facility/Plant that you o	perate. Use addti	onal pages as needed.			
Facility / Plant N	ame		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.
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This is page one of a two page	form. Both pages must be completed and returne	d. Op	erator Certifcation Nu	ımber: 9796	
	u're current address on the lines below and, if necess	sary,	Certification(s) s below will expi		
correct the City	y, state and ZIP Code. Please print legibly.		The fee to renew certification	(51)	
			requirements by t	ete or submit renewa the expiration date w ditional late fees as d in Section V.	
I. CERTIFICATES TO I	RENEW:			Training Units	S
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER TREATMENT		Α	7	
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
II. CURRENT EMPLOYMI	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) to	hat you currently operate:		I am employed by	the Facility owner	\equiv
I am currently not operating any l	rovide contractual services to the Facility				
Please provide the following info	rmation about each Facility/Plant that you operate.	Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	
					_
	(OVER)				



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