

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

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

This is page one of	of a two page form. Both pages must be completed and ret	urned. Op	perator Certifcation Nu	ımber: 0029	
	lease enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 8/1/202		
con	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	pe Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	operating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.		
Facility / Plant Nan	ne	Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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	ase enter you're current address on the lines below and, if necess		ertification(s) sho		
correct the City, state and ZIP Code. Please print legibly.		The	e fee to renew th certificati	4511	
		requ	irements by the	e or submit renewal e expiration date will itional late fees as in Section V.	
	TES TO RENEW:			Training Units	
Certification Type	e Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
TEMPORARY	WATER TREATMENT		5GW	24	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:	I an	n employed by t	the Facility owner	
I am currently not op	erating any Facility	I provide c	ontractual servi	ces to the Facility	
Please provide the fo	llowing information about each Facility/Plant that you operate.	Use addtional pag	ges as needed.		
Facility / Plant Name		Class PDWIS ((Water) NPDI	ES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	(50)
			requirements by t	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name);		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide th	e following information about each Facility/Plant that you opera	te. Use addtion	ıal pages as needed.	
Facility / Plant Na	ame	Class PI	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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	ou're current address on the lines below and, if n	necessary,	Certification(s) shown below will expire on: 8/1/2		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	4 5 11	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
TEMPORARY	WATER TREATMENT		5GW	24	
II. CURRENT EMPLOYM	ENT 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	rovide contractual serv	vices to the Facility	
Please provide the following info	ormation about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed.		
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Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one of	of a two page form. Both pages must be completed and ro	Operator Certification Number: 0430			
	lease enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: The fee to renew these certifications: \$50\$		
c	orrect the City, state and ZIP Code. Please print legibly.				
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility	Ιŗ	provide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you op	erate. Use addt	ional pages as needed.		
Facility / Plant Nar	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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	Please enter you're current address on the lines below and, if necessity	essary,	Certification(s) shown below will expire on: 8/1/2022		
(correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications: \$50	450		
			requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
II. CURRENT I	EMPLOYMENT INFORMATION				
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Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner	
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one	of a two page form. Both pages must be completed and return	perator Certification Number: 0513		
	RIDDLE Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
•			The fee to renew certification	renew these sertifications: \$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. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facility	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtie	onal pages as needed.	
Facility / Plant Na	nme	Class I	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of	a two page form. Both pages must be completed and ref	Operator Certification Number: 0549		
	ease enter you're current address on the lines below and, if n	necessary,	Certification(s) shown below will expire on: 8/1/20	
cor	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Typ	e Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	perating any Facility	Ιį	provide contractual serv	rices to the Facility
Please provide the fe	ollowing information about each Facility/Plant that you ope	erate. Use addt	ional pages as needed.	
Facility / Plant Name	e	Class	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

- 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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

This is page one of	f a two page form. Both pages must be completed and r	Operator Certification Number: 0564			
	ease enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp		
correct the	errect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			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 TO RENEW:				Training Units	
Certification Typ	e 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	y the Facility owner	
I am currently not o	perating any Facility	ΙĮ	provide contractual serv	vices to the Facility	
Please provide the f	following information about each Facility/Plant that you op	perate. Use addt	ional pages as needed.		
Facility / Plant Nam	e	Class	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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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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	rned. Op	erator Certification N	Number: 0640
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) below will ex	
C	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. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not	operating any Facility	I pr	rovide contractual se	rvices to the Facility
Please provide the	following information about each Facility/Plant that you opera	ite. Use addtio	onal pages as needea	<u></u>
Facility / Plant Na	me	Class P	PDWIS (Water) NF	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a t	wo page form. Both pages must be completed and r	Operator Certification Number: 0695			
	e enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 8/1/2022		
correc	t the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional 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 EMP	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not opera	ting any Facility	I	provide contractual serv	vices to the Facility	
Please provide the follo	wing information about each Facility/Plant that you op	perate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one o	f a two page form. Both pages must be completed and	Operator Certification Number: 0708			
	lease enter you're current address on the lines below and, i	f necessary,	Certification(s) shown below will expire on: 8/1/2022		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by to 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 Typ	oe Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	perating any Facility	ΙI	provide contractual serv	vices to the Facility	
Please provide the j	following information about each Facility/Plant that you o	perate. Use addt	ional pages as needed.		
Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible 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.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one	of a two page form. Both pages must be completed and return	rned. Op	Operator Certification Number: 0718			
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 8/1/2022			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50		
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Ty	ype Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #:			
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	by the Facility owner		
I am currently not	t operating any Facility	I pr	ovide contractual ser	rvices to the Facility		
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed	<u> </u>		
Facility / Plant Na	ame	Class P	DWIS (Water) NF	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one	of a two page form. Both pages must be completed and re	Operator Certification Number: 0721			
	Please enter you're current address on the lines below and, if i	necessary,	Certification(s) shown below will expire on: 8/1/2022		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	Ιį	provide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you ope	erate. Use addt	ional pages as needed.		
Facility / Plant Na	me	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one	e of a two page form. Both pages must be completed and retu	rned. Op	Operator Certification Number: 0741		
	Please enter you're current address on the lines below and, if ne	cessary,	Certification(s) below will ex		
correct the City, state and ZIP Code. Please print legibly			The fee to renew certific	v these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		Α	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name);		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not	t operating any Facility	I pı	ovide contractual se	rvices to the Facility	
Please provide th	e following information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed		
Facility / Plant Na	ame	Class F	DWIS (Water) NF	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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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page one	of a two page form. Both pages must be completed and ret	turned. Operator Certification	n Number: 0762
	Please enter you're current address on the lines below and, if n	Certification necessary, below will	
•	correct the City, state and ZIP Code. Please print legibly.	The fee to recert	new these ifications: \$50
		requirements result in an	mplete or submit renewal by the expiration date will additional late fees as ribed in Section V.
	ATES TO RENEW:		Training Units
Certification Ty	ype Category	Class	Required
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WATER TREATMENT	5RO	16
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name:	:	Phone #	:
Number of Facility	ies (or Plants) that you currently operate:	I am employe	d by the Facility owner
I am currently not	operating any Facility	I provide contractual	services to the Facility
Please provide the	e following information about each Facility/Plant that you ope	erate. Use addtional pages as need	led.
Facility / Plant Na	nme	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
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a two p	page form. Both pages must be completed and return	ed. Op	Operator Certification Number: 0777		
	er you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 8/1/20		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific		
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES T	O RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER TREATMENT		2	16	
SUPERINTENDENT	WASTEWATER COLLECTION		2	7	
II. CURRENT EMPLOY	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	nts) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating	any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the following	g information about each Facility/Plant that you operate	. Use addtio	onal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)	
	(OVER)			_	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one	of a two page form. Both pages must be completed and ret	perator Certification Number: 0800		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
•			The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facility	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ιp	provide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you ope	rate. Use addti	ional pages as needed.	
Facility / Plant Na	nme	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- 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 Certif	fication Number of
Operator in Resp	ponsible 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
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of	f a two page form. Both pages must be completed and re-	Operator Certification Number: 0806			
	ease enter you're current address on the lines below and, if r	necessary,	Certification(s) shown below will expire on: 8/1/2022		
correct the C	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not of	perating any Facility	I	provide contractual serv	vices to the Facility	
Please provide the f	collowing information about each Facility/Plant that you ope	erate. Use addi	tional pages as needed.		
Facility / Plant Nam	e	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

V. LATE FEES AND REINSTATEMENT

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

This is page one of	of a two page form. Both pages must be completed and re	Operator Certification Number: 0816		
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
correct the City, s	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	Ιį	provide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you ope	erate. Use addt	ional pages as needed.	
Facility / Plant Nar	me	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

This is page one	of a two page form. Both pages must be completed and re-	Operator Certification Number: 0846			
	Please enter you're current address on the lines below and, if r	necessary,	Certification(s) shown below will expire on: 8/1/2022		
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER TREATMENT		3	30	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you ope	erate. Use addti	ional pages as needed.		
Facility / Plant Nar	me	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one o	of a two page form. Both pages must be completed and ref	turned. Op	Operator Certification Number: 0927			
	lease enter you're current address on the lines below and, if n	necessary,	Certification(s) below will ex			
CO	orrect the City, state and ZIP Code. Please print legibly.		The fee to renever certifi	w these cations: \$50		
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Typ	oe Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	by the Facility owner		
I am currently not o	operating any Facility	I pı	rovide contractual se	rvices to the Facility		
Please provide the j	following information about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed	<i>d</i> .		
Facility / Plant Nan	ne	Class I	PDWIS (Water) NI	PDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
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This is page one of a	two page form. Both pages must be completed and retu	rned. C	perator Certifcation Nu	mber: 0951
	se enter you're current address on the lines below and, if nec	cessary,	Certification(s) sl below will expi	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER COLLECTION		2	7
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not ope	rating any Facility	Ij	provide contractual serv	ices to the Facility
Please provide the foli	lowing information about each Facility/Plant that you opera	ate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible 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: 10003
KYLE L POWELL Plea	se enter you're current address on the lines below and, if nec	cessary,	Certification(s) sl below will expir	
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	620
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not ope	rating any Facility	I pr	ovide contractual serv	ices to the Facility
Please provide the following	lowing information about each Facility/Plant that you opera	ite. Use addtio	onal pages as needed.	
Facility / Plant Name		Class P	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible 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
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of a two	page form. Both pages must be completed and returned	d. Operator Certifca	ation Number: 10012
	ter you're current address on the lines below and, if necessa		tion(s) shown will expire on: 8/1/2022
correct th	e City, state and ZIP Code. Please print legibly.		o renew these certifications: \$50
		requirement result in	o complete or submit renewal ents by the expiration date wil n an additional late fees as escribed in Section V.
I. CERTIFICATES	TO RENEW:		Training Units
Certification Type	Category	Class	
OPERATOR	WATER DISTRIBUTION	1	16
II. CURRENT EMPLO	DYMENT INFORMATION		
Employer's Name:		Phon	ne #:
Number of Facilities (or Pla	ants) that you currently operate:	I am emple	loyed by the Facility owner
I am currently not operating	g any Facility	I provide contract	tual services to the Facility
Please provide the followin	g information about each Facility/Plant that you operate.	Use addtional pages as n	needed.
Facility / Plant Name		Class PDWIS (Water)	r) NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

Name and Certif	fication Number of
Operator in Resp	ponsible 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:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of a two pag	perator Certifcation Nu	ımber: 10022		
LARRY N PARSONS, JR Please enter you're current address on the lines below and, if necess			Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	4 5 (1)
			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 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	y Facility	Ij	provide contractual serv	vices to the Facility
Please provide the following in	formation about each Facility/Plant that you opera	ate. Use addt	ional pages 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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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.
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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

This is page one of	f a two page form. Both pages must be completed and ret	urned. Op	erator Certification N	Tumber: 10051	
	ease enter you're current address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: 8/1/202		
cc	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not o	perating any Facility	I pr	ovide contractual ser	rvices to the Facility	
Please provide the f	following information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needed	<u> </u>	
Facility / Plant Nam	ne e	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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- 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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

This is page one of a	two page form. Both pages must be completed and r	Operator Certification Number: 10054			
	se enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 8/1/2022		
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		7	16	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not open	rating any Facility	Ij	provide contractual serv	vices to the Facility	
Please provide the foll	owing information about each Facility/Plant that you o	perate. 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 Certif	fication Number of
Operator in Resp	ponsible 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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This is page one of	a two page form. Both pages must be completed and ret	Operator Certification Number: 1006		
	ase enter you're current address on the lines below and, if necessary,	ecessary,	Certification(s) so below will expi	
cor	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICAT	TES TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op-	erating any Facility	Ιp	provide contractual serv	rices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one o	f a two page form. Both pages must be completed and ret	Operator Certification Number: 10125			
	lease enter you're current address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: 8/1/202		
co	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	new these ifications: \$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 RENEW:				Training Units	
Certification Typ	oe Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	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	Ιp	rovide contractual serv	vices to the Facility	
Please provide the j	following information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.		
Facility / Plant Nam	ne	Class 1	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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This is page one of a	two page form. Both pages must be completed and return	erator Certifcation Nu	mber: 10146	
	se enter you're current address on the lines below and, if nece	essary,	Certification(s) sh below will expir	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	450
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICATI	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		6	16
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not oper	rating any Facility	I pr	ovide contractual serv	ices to the Facility
Please provide the follo	owing information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed.	_
Facility / Plant Name		Class P	DWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page	one of a two page form. Both pages must be complete	perator Certification 1	Number: 10153	
TIMOTHY	THOMAS Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) below will ex	
			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. CERTIF	FICATES TO RENEW:			Training Units
Certificatio	n Type Category		Class	Required
OPERATOR	WASTEWATER COLLEC	TION	2	16
II. CURRE	NT EMPLOYMENT INFORMATION			
Employer's N	ame:		Phone #:	
Number of Fa	acilities (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently	y not operating any Facility	Ιp	provide contractual se	ervices to the Facility
Please provid	le the following information about each Facility/Plant th	at you operate. Use addti	ional pages as needed	<i>d</i> .
Facility / Plan	nt Name	Class	PDWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a two pa	ge form. Both pages must be completed and retur	erator Certifcation Nu	mber: 10168			
ROBYN GUERRA-COROL			Certification(s) sh			
	you're current address on the lines below and, if nec City, state and ZIP Code. Please print legibly.	essary,	below will expir	e on:		
contest the C	Sity, state and 211 Code. I lease print legiory.		The fee to renew these certifications: \$50			
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.		
I. CERTIFICATES TO	O RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
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		
I am currently not operating as	ny Facility	I pı	ovide contractual servi	ices to the Facility		
Please provide the following i	information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.			
Facility / Plant Name		Class F	PDWIS (Water) NPD	ES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
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This is page one of a	two page form. Both pages must be completed and retu	rned. Opera	ator Certifcation N	lumber: 10169
	se enter you're current address on the lines below and, if ne	cessary,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legib			The fee to renew certific	v these cations: \$100
			requirements by result in an ac	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATI	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
OPERATOR	WASTEWATER TREATMENT		3	30
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (c	or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not oper	rating any Facility	I prov	ide contractual ser	rvices to the Facility
Please provide the follo	owing information about each Facility/Plant that you oper	ate. Use addtiond	al pages as needed	
Facility / Plant Name		Class PD	WIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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This is page one of a two	page form. Both pages must be completed and retu	Operator Certification Number: 10233		
	ter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will exp	
correct the	e 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 l in Section V.
I. CERTIFICATES	<u>ΓΟ RENEW:</u>			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		G	7
II. CURRENT EMPLO	YMENT 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	Ιŗ	provide contractual serv	vices to the Facility
Please provide the following	g information about each Facility/Plant that you opera	ite. Use addti	ional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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This is page one of a two pag	erator Certifcation Nu	ımber: 10255		
	you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correct the Ci	ity, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPLOYM	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any	y Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the following in	formation about each Facility/Plant that you opera	ite. Use addtio	onal pages as needed.	
Facility / Plant Name		Class P	DWIS (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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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This is page one of a tw	vo page form. Both pages must be completed and retur	erator Certifcation Nu	ımber: 10324	
	enter you're current address on the lines below and, if neco	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			requirements by t	ete or submit renewal the expiration date will
				ditional late fees as d in Section V.
I. CERTIFICATES	S TO RENEW:		describe	Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		5AS	16
SUPERINTENDENT	WATER DISTRIBUTION		1	7
SUPERINTENDENT	WATER TREATMENT		5AS	7
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or I	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operati	ing any Facility	I pr	ovide contractual serv	vices to the Facility
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Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one	e of a two page form. Both pages must be completed and retur	ned. Op	erator Certification N	umber: 10361
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 8/1/20	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
OPERATOR	WATER TREATMENT		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name);		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtic	onal pages as needed.	
Facility / Plant Na	ame	Class P	DWIS (Water) NP	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible 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	two page form. Both pages must be completed and retu	rned. Ope	rator Certifcation Nu	ımber: 10411
	e enter you're current address on the lines below and, if neo	cessary,	Certification(s) si below will expi	
correc	et the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not opera	ating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you opera	ate. Use addtion	nal pages as needed.	
Facility / Plant Name		Class PI	OWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one	of a two page form. Both pages must be complete	Operator Certification Number	per: 10450	
KEVIN M FARM		Certification(s) show		
	Please enter you're current address on the lines belo correct the City, state and ZIP Code. Please print le		below will expire	on: 0/1/2022
(correct the City, state and ZIP Code. Please print le	giory.	The fee to renew the certification	6211
			Failure to complete requirements by the result in an addit described in	expiration date will ional late fees as
I. CERTIFICA	ATES TO RENEW:		ueseriseu i	Training Units
Certification Ty	rpe Category		Class	Required
OPERATOR	WATER DISTRIBUTION	I	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 th	e Facility owner
I am currently not	operating any Facility]	provide contractual service	es to the Facility
Please provide the	following information about each Facility/Plant th	hat you operate. Use add	dtional pages as needed.	
Facility / Plant Na	me	Class	PDWIS (Water) NPDE	S (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of	f a two page form. Both pages must be completed and return	perator Certification Number: 10453		
	ease enter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will exp	
co	errect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	620
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I. CERTIFICATES TO RENEW:				Training Units
Certification Typ	e Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
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Employer's Name:			Phone #:	
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Facility / Plant Nam	e	Class PI	DWIS (Water) NP	DES (Wastewater)



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

This is page one	of a two page form. Both pages must be completed and returne	ed. (Operator Certification Num	ber: 10471
I	DER ZAVALA GUARDADO Please enter you're current address on the lines below and, if necess	sary,	Certification(s) sho below will expire	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew the certification	
			Failure to complete requirements by the result in an addit described in	expiration date will
	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	ne Facility owner
I am currently not	operating any Facility	I	provide contractual service	es to the Facility
Please provide the	following information about each Facility/Plant that you operate.	Use add	tional pages as needed.	
Facility / Plant Na	me	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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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- 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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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This is page one	e of a two page form. Both pages must be completed and retur	rned. Ope	erator Certification Nu	umber: 10595
KEVIN J ELKO	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			requirements by result in an ad	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	2:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	t operating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide th	ne following information about each Facility/Plant that you opera	te. Use addtior	ıal pages as needed.	
Facility / Plant Na	ame	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.

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a two pag	ge form. Both pages must be completed and	returned.	perator Certifcation Nu	mber: 10617
	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
correct the C	ity, state and ZIP Code. Please print legibly.		The fee to renew certifica	620
			requirements by to result in an add	ete or submit renewal he expiration date will ditional late fees as in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
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	Ij	provide contractual serv	ices to the Facility
Please provide the following in	formation about each Facility/Plant that you	operate. Use addt	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of	f a two page form. Both pages must be completed and	Operator Certification Number: 10711			
	ease enter you're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on: 8/1/2022		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by result in an ad	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e 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	y the Facility owner	
I am currently not o	perating any Facility	Ij	provide contractual ser	vices to the Facility	
Please provide the f	following information about each Facility/Plant that you	operate. Use addt	tional pages as needed.		
Facility / Plant Nam	e	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one	e of a two page form. Both pages must be completed and	perator Certification Number: 10759		
	Please enter you're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on: 8/1/20	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	X 1 1 1 1 1 1
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	»:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	t operating any Facility	ΙĮ	provide contractual ser	vices to the Facility
Please provide th	e following information about each Facility/Plant that you	operate. Use addt	ional pages as needed.	
Facility / Plant Na	ame	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			<u> </u>



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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

This is page one of a	two page form. Both pages must be completed and return	rned. Ope	erator Certifcation Nu	ımber: 10875	
SHAWN RAMOS	4		Certification(s) shown below will expire on:		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	these \$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICAT	ES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:		I am employed by	the Facility owner	
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Facility / Plant Name		Class P	DWIS (Water) NPD	DES (Wastewater)	
				_	



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of a	a two page form. Both pages must be completed and retu	Operator Certification Number: 10921			
	CERUZZI Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp		
corr			The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		5	24	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not ope	erating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide the fol	llowing information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

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- 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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- 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.

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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of	of a two page form. Both pages must be completed and returne	d. Op	erator Certifcation N	umber: 10996
	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			requirements by result in an ac	ete or submit renewal the expiration date will Iditional late fees as
I CEDTIEICA	ATEC TO DENEW.		- describe	d in Section V.
Certification Ty	ATES TO RENEW: pe Category		Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT		А	16
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not o	operating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	
Facility / Plant Nan	me	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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 Certif	fication Number of
Operator in Resp	ponsible 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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This is page one	of a two page form. Both pages must be completed and return	perator Certification Number: 10997		
	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s below will e	
(correct the City, state and ZIP Code. Please print legibly.		The fee to reno certif	ew these fications: \$50
			requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility	I pro	ovide contractual s	ervices to the Facility
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtio	nal pages as neede	ed.
Facility / Plant Na	me	Class P	DWIS (Water) N	IPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one	of a two page form. Both pages must be completed and retu	rned. Operator Certification	n Number: 10998
	Please enter you're current address on the lines below and, if ne	Certification below will	
correct the City, state and ZIP Code. Please print legibly.		The fee to red	new these iffications: \$100
		requirements	mplete or submit renewal by the expiration date will n additional late fees as
-			ribed in Section V.
I. CERTIFICA	ATES TO RENEW:		Training Units
Certification Ty	pe Category	Class	Required
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
II. CURRENT I	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #	:
Number of Faciliti	es (or Plants) that you currently operate:	I am employe	ed by the Facility owner
I am currently not	operating any Facility	I provide contractual	services to the Facility
Please provide the	following information about each Facility/Plant that you opera	ate. Use addtional pages as need	·led.
Facility / Plant Na	me	Class PDWIS (Water)	NPDES (Wastewater)
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
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This is page one o	f a two page form. Both pages must be completed and retu	urned. Op	perator Certification Nu	mber: 10999	
	lease enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 8/1/2022		
Co	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	perating any Facility	Ιp	rovide contractual serv	rices to the Facility	
Please provide the J	following information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed.		
Facility / Plant Nam	ne	Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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	Please enter you're current address on the lines below and, if n	necessary,	Certification(s) sl below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	X 1 (1)(1)
			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
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
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Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Na	ame	Class P	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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VII. APPLICANT'S STATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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This is page one of	a two page form. Both pages must be comp	oleted and returned.	Operator Certification	n Number: 11001
	ase enter you're current address on the lines b		Certification below will	
con	rect the City, state and ZIP Code. Please prin	t legibly.	The fee to recent	new these tifications: \$100
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COL	LECTION	2	24
TEMPORARY	WATER DISTRIBUTION	ON	1	24
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #	:
Number of Facilities	(or Plants) that you currently operate:		I am employe	ed 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/Plan	t that you operate. Use ad	ldtional pages as need	ded.
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.

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page one of a two pag	e form. Both pages must be completed and returned.	Operator Certification N	Number: 11002
	you're current address on the lines below and, if necessar	y, Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$100
		requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed 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	IENT 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 any	y Facility	I provide contractual se	rvices to the Facility
Please provide the following inj	formation about each Facility/Plant that you operate. Us	se addtional pages as needea	<i></i>
Facility / Plant Name	C	lass 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.

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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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	rned. Op	perator Certification N	umber: 11003
LAWRENCE SCRANAGE Please enter you're current address on the lines below and, correct the City, state and ZIP Code. Please print legibly.	se enter you're current address on the lines below and, if ned	cessary,	Certification(s) s below will exp	
	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	450
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
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	erating any Facility	I pı	rovide contractual ser	vices to the Facility
Please provide the fol	lowing information about each Facility/Plant that you operc	ate. Use addtio	onal pages as needed.	
Facility / Plant Name		Class P	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one	of a two page form. Both pages must be completed and retur	ned. Operat	tor Certifcation N	umber: 11004
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I provi	de contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operat	te. Use addtional	pages as needed.	
Facility / Plant Na	ame	Class PDW	VIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two pag	ge form. Both pages must be completed and return	ned. Op	Operator Certification Number: 11005		
ROBERT ADKINS, JR Please enter y	essary,	Certification(s) si below will expi			
correct the C	ity, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
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 pr	ovide contractual serv	ices to the Facility	
Please provide the following in	nformation about each Facility/Plant that you operate	e. Use addtio	onal pages as needed.		
Facility / Plant Name		Class P	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one	of a two page form. Both pages must be completed and retu	rned. Op	erator Certifcation Nu	umber: 11006
	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 ZIP Code. Please print legibly.			The fee to renew certification	X 1 (1)(1)
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I pı	ovide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.	
Facility / Plant Na	nme	Class F	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			<u> </u>



III. CONTINUING EDUCATION:

Page 2

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one	e of a two page form. Both pages must be completed and re	eturned. Op	erator Certifcation Nu	umber: 11007
JOHN PALME	Please enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	\$ 100
			requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification T	Type Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	I pı	rovide contractual ser	vices to the Facility
Please provide th	he following information about each Facility/Plant that you op	perate. Use addtio	onal pages as needed.	
Facility / Plant N	Tame	Class F	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page one	of a two page form. Both pages must be completed and retur	ned. Oper	rator Certification Nu	umber: 11008
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			requirements by result in an ad	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I prov	vide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operat	te. Use addtion	al pages as needed.	
Facility / Plant Na	ame	Class PD	WIS (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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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- · Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one o	f a two page form. Both pages must be completed and r	perator Certification Number: 11009			
	STAFSON Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp		
co			The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	oe Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
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	provide contractual serv	vices to the Facility	
Please provide the J	following information about each Facility/Plant that you op	perate. Use addt	ional pages as needed.		
Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page one of a two page	Operator Certification Number: 11010				
	r you're current address on the lines below and, if necessa	ary,	Certification(s) shown below will expire on: 8/1/2022		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific		
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO	O RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	ts) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating a	any Facility	I pro	vide contractual ser	vices to the Facility	
Please provide the following	information about each Facility/Plant that you operate. U	Use addtion	al pages as needed.		
Facility / Plant Name		Class PI	OWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of	a two page form. Both pages must be completed and retur	rned. Oper	rator Certifcation Nu	mber: 11011	
DERRIC HUNTE			Certification(s) sh		
	ase enter you're current address on the lines below and, if nec	essary,	below will expir	re on: 8/1/2022	
COI	rect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.	
I. CERTIFICAT	TES TO RENEW:		described	Training Units	
Certification Type	e Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
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Please provide the fo	llowing information about each Facility/Plant that you opera	te. Use addtion	al pages as needed.		
Facility / Plant Name		Class PD	OWIS (Water) NPD	ES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page on	e of a two page form. Both pages must be comp	leted and returned.	Operator Certification	on Number: 11012
AARON CAR	Please enter you're current address on the lines be		Certification below will	n(s) shown 1 expire on: 8/1/2022
	correct the City, state and ZIP Code. Please print le	legibly.	The fee to re	enew these rtifications: \$100
			requirements result in a	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
	CATES TO RENEW:			Training Units
Certification 1	Type Category		Class	Required
TEMPORARY	WASTEWATER TREA	TMENT	5	45
TEMPORARY	WASTEWATER TREA	TMENT	Α	24
TEMPORARY	WATER TREATMENT		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #	#:
Number of Facil	ities (or Plants) that you currently operate:		I am employ	red by the Facility owner
I am currently no	ot operating any Facility		I provide contractua	al services to the Facility
Please provide ti	he following information about each Facility/Plant	that you operate. Use add	dtional pages as nee	eded.
Facility / Plant N	fame	Class	PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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- 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.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one o	f a two page form. Both pages must be completed and return	rned. Operator Certification Num	ber: 11013
JAKE HOGAN		Certification(s) sho	
	lease enter you're current address on the lines below and, if necestreet the City, state and ZIP Code. Please print legibly.	essary, below will expire	on: 6/1/2022
CC	orrect the City, state and ZIP Code. Please print legiory.	The fee to renew th certification	450
		requirements by the result in an addi	e or submit renewal expiration date will tional late fees as n Section V.
I. CERTIFICA	TES TO RENEW:		Training Units
Certification Typ	oe Category	Class	Required
TEMPORARY	WATER TREATMENT	3	45
II. CURRENT E	MPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:	I am employed by the	ne Facility owner
I am currently not o	perating any Facility	I provide contractual servic	es to the Facility
Please provide the j	following information about each Facility/Plant that you operat	te. Use addtional pages as needed.	
Facility / Plant Nam	ne	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.

- 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.
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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page on	ne of a two page form. Both pages must be completed and retur	ned. Operator Ce	rtifcation Num	ber: 11014
MATTHEW F	Please enter you're current address on the lines below and, if necessity	Certification(s) shown below will expire on: 8/1		
correct the City, state and ZIP Code. Please print legibly.		The	fee to renew th certification	
		requir	ements by the sult in an addi	e or submit renewal e expiration date will tional late fees as in Section V.
	CATES TO RENEW:			Training Units
Certification ⁻	Type Category	(Class	Required
TEMPORARY	WASTEWATER COLLECTION	2	2	24
TEMPORARY	WATER DISTRIBUTION	1	1	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 t	he Facility owner
I am currently no	ot operating any Facility	I provide con	ntractual servic	es to the Facility
Please provide t	the following information about each Facility/Plant that you operat	e. Use addtional page.	s as needed.	
Facility / Plant N	Name	Class PDWIS (V	Vater) NPDE	ES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certif	fication Number of
Operator in Resp	ponsible 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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This is page one	of a two page form. Both pages must be completed and ret	perator Certifcation Nu	ımber: 11015	
	NZALEZ Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
C			The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
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	Ιp	rovide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you open	rate. Use addti	onal pages as needed.	
Facility / Plant Na	me	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
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This is page one of a two	o page form. Both pages must be completed and returned	Operator Certification Number: 11016		
	enter you're current address on the lines below and, if necessary	ary,	Certification(s) shown below will expire on: 8/1/202	
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 1 / 1 / 1
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES	TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMPLO	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or P	lants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	ng any Facility	I p	rovide contractual serv	vices to the Facility
Please provide the followi	ing information about each Facility/Plant that you operate.	Use addti	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 Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one of	a two page form. Both pages must be completed and retur	ned. Opera	ator Certifcation N	umber: 11017
	ase enter you're current address on the lines below and, if nece	essary,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these sations: \$100
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	<u>ΓES TO RENEW:</u>			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner
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Please provide the fo	llowing information about each Facility/Plant that you operate	te. Use addtiond	al pages as needed	•
Facility / Plant Name		Class PD	WIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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This is page one of a two page	Operator Cer	perator Certification Number: 11018			
	you're current address on the lines below and, if necessar		Certification(s) shown below will expire on: 8/1/2022		
correct the Ci	The fo	ee to rene certifi	w these ications: \$100		
		require	ements by alt in an a	plete or submit renewal y the expiration date will additional late fees as ped in Section V.	
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category	C	lass	Required	
TEMPORARY	WASTEWATER COLLECTION	2		24	
TEMPORARY	WATER DISTRIBUTION	1		24	
II. CURRENT EMPLOYM	IENT INFORMATION				
Employer's Name:		F	Phone #:		
Number of Facilities (or Plants)	that you currently operate:	I am e	mployed	by the Facility owner	
I am currently not operating any	y Facility	I provide con	tractual se	ervices to the Facility	
Please provide the following inj	formation about each Facility/Plant that you operate. U	se addtional pages	as neede	<i>d</i> .	
Facility / Plant Name	C	Class PDWIS (W	ater) N	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- 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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of a two pag	ge form. Both pages must be completed and retur	ned. Op	perator Certifcation Nu	ımber: 11019		
WILLIAM REEDY			Certification(s) s			
	you're current address on the lines below and, if necity, state and ZIP Code. Please print legibly.	essary,	below will expi	re on:		
correct the C	ty, state and 211 Code. I lease print legiony.		The fee to renew these certifications: \$50			
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.		
I. CERTIFICATES TO	RENEW:			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER COLLECTION		2	24		
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	rovide contractual serv	rices to the Facility		
Please provide the following in	nformation about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.			
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a two	page form. Both pages must be completed and return	ed. Op	erator Certifcation Nu	mber: 11020	
PORSHA WRIGHT			Certification(s) s	hown 8/1/2022	
	ter you're current address on the lines below and, if neces	ssary,	below will expi	re on: 6/1/2022	
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATES 7	ΓO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5A	69	
II. CURRENT EMPLO	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating	any Facility	I pr	ovide contractual serv	rices to the Facility	
Please provide the following	g information about each Facility/Plant that you operate	. Use addtio	onal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
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This is page one	e of a two page form. Both pages must be completed and retu	rned. Op	erator Certifcation N	umber: 11021
	Please enter you're current address on the lines below and, if ned	cessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	1511
			requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	x:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I pr	ovide contractual ser	vices 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	ame	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one of a	two page form. Both pages must be completed and return	ned. Ope	erator Certification N	umber: 11022
	se enter you're current address on the lines below and, if nec	essary,	Certification(s) selow will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		4	24
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 b	y the Facility owner
I am currently not open	rating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the foll	lowing information about each Facility/Plant that you opera	te. Use addtioi	nal pages as needed.	
Facility / Plant Name		Class PI	DWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
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This is page one of a two	page form. Both pages must be completed and return	rned. Operator C	Certification N	fumber: 11023
	nter you're current address on the lines below and, if nec		Certification(s) shown below will expire on: 8/1/20	
correct the City, state and ZIP Code. Please print legibly.		The	e fee to renew certific	v these sations: \$100
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I. CERTIFICATES	TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
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Employer's Name:			Phone #:	
Number of Facilities (or Pl	ants) that you currently operate:	I an	n employed b	y the Facility owner
I am currently not operating	g any Facility	I provide c	ontractual ser	vices to the Facility
Please provide the following	ng information about each Facility/Plant that you opera	te. Use addtional pag	ges as needed	<u> </u>
Facility / Plant Name		Class PDWIS	(Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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This is page one	of a two page form. Both pages must be completed and return	ned. Operator Certification Number	er: 11024
	Please enter you're current address on the lines below and, if nece	Certification(s) show below will expire o	
correct the City, state and ZIP Code. Please print legibly.		The fee to renew thes certification	
		Failure to complete or requirements by the eresult in an addition	expiration date will
		described in	
I. CERTIFICA	ATES TO RENEW:		Training Units
Certification Ty	pe Category	Class	Required
TEMPORARY	WATER TREATMENT	5	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	Α	24
II. CURRENT I	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:	I am employed by the	Facility owner
I am currently not	operating any Facility	I provide contractual services	to the Facility
Please provide the	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

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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This is page one o	f a two page form. Both pages must be completed and ret	turned. Op	perator Certifcation Nu	mber: 11025
	lease enter you're current address on the lines below and, if n	necessary,	Certification(s) sl below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	X 1 (1)(1)
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	TES TO RENEW:			Training Units
Certification Typ	oe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	operating any Facility	I pr	rovide contractual serv	ices to the Facility
Please provide the j	following information about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed.	
Facility / Plant Nam	ne	Class I	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and return			Operator Certification Number: 11026			
	ase enter you're current address on the lines below and, if neces	ssary,	Certification(s) si below will expi			
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	620		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.		
	TES TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WATER TREATMENT		4	45		
II. CURRENT EM	IPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not op-	erating any Facility	I pı	rovide contractual serv	vices to the Facility		
Please provide the fo	llowing information about each Facility/Plant that you operate	. Use addtio	onal pages as needed.	_		
Facility / Plant Name		Class I	PDWIS (Water) NPD	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

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- 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 Certif	fication Number of
Operator in Resp	ponsible 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:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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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 ret	t urned. Op	erator Certification N	umber: 11027
	ase enter you're current address on the lines below and, if n	ecessary,	Certification(s) below will exp	
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:			uesei ibe	Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities ((or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not ope	erating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the fol	llowing information about each Facility/Plant that you ope	rate. 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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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of	a two page form. Both pages must be completed and ret	Operator Certification Number: 11028			
	ease enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 8/1/20		
correct t	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not op	perating any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the fo	ollowing information about each Facility/Plant that you open	rate. Use addti	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one	e of a two page form. Both pages must be completed and return	ned. Operate	or Certification N	Number: 11029
	Please enter you're current address on the lines below and, if neces	essary,	Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to renev	w these cations: \$100
			equirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name);		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently not	t operating any Facility	I provid	le contractual se	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you operat	e. Use addtional	pages as needed	ł.
Facility / Plant Na	ame	Class PDW	IS (Water) NF	PDES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of a two page	Operator Certification	Number: 11030		
	ou're current address on the lines below and, if necessary	Certification(s below will ex		
correct the Ci	ty, state and ZIP Code. Please print legibly.	The fee to rene certif	ew these fications: \$100	
		requirements b	plete or submit renewal y the expiration date will additional late fees as bed 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	IENT INFORMATION			
Employer's Name:		Phone #:		
Number of Facilities (or Plants)	that you currently operate:	I am employed	by the Facility owner	
I am currently not operating any	y Facility	I provide contractual s	ervices to the Facility	
Please provide the following inf	formation about each Facility/Plant that you operate. Use	e addtional pages as neede		
Facility / Plant Name	Cla	ass PDWIS (Water) N	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible 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.

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one o	of a two page form. Both pages must be completed and return	ned. Oper	rator Certifcation N	umber: 11031
P	HOLAS ROUTHIER lease enter you're current address on the lines below and, if nece	ssary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as d in Section V.
	TES TO RENEW:			Training Units
Certification Typ	oe Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not o	operating any Facility	I pro	vide contractual ser	vices to the Facility
Please provide the j	following information about each Facility/Plant that you operate	e. Use addtion	al pages as needed.	
Facility / Plant Nam	ne	Class PD	OWIS (Water) NP	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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- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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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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- 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 Certif	fication Number of
Operator in Resp	ponsible 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 o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one	of a two page form. Both pages must be completed and return	ned. Ope	erator Certifcation N	umber: 11032
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtio	nal pages as needed.	
Facility / Plant Na	ame	Class Pl	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a	two page form. Both pages must be completed and returned.	. Ope	perator Certification Number: 11033			
	enter you're current address on the lines below and, if necessary		Certification(s below will e			
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications: \$100		
			requirements b result in an	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.		
I. CERTIFICAT	ES TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER COLLECTION		2	24		
TEMPORARY	WATER DISTRIBUTION		1	24		
II. CURRENT EMI	PLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you currently operate:		I am employed	by the Facility owner		
I am currently not open	rating any Facility	I pro	vide contractual s	services to the Facility		
Please provide the foll	owing information about each Facility/Plant that you operate. Us	se addtion	al pages as neede	ed		
Facility / Plant Name	C	Class PD	OWIS (Water) N	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a tv	wo page form. Both pages must be completed and return	ned. Opera	perator Certification Number: 1181		
	enter you're current address on the lines below and, if nece	ssary,	Certification(s) si below will expi		
correct	t the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATES	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EMPI	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operat	ting any Facility	I prov	vide contractual serv	vices to the Facility	
Please provide the follow	wing information about each Facility/Plant that you operate	e. Use addtiond	al pages as needed.		
Facility / Plant Name		Class PD	WIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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This is page one of a	a two page form. Both pages must be completed and return	erator Certifcation Nu	ımber: 1388	
	ase enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			requirements by	ete or submit renewal the expiration date will ditional late fees as
				d in Section V.
I. CERTIFICAT	TES TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities ((or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not ope	erating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the fol	llowing information about each Facility/Plant that you operate	. Use addtio	nal pages as needed.	
Facility / Plant Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

VII. APPLICANT'S STATEMENT

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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This is page one of a two	page form. Both pages must be completed and return	erator Certifcation Nu	ımber: 1430	
	ter you're current address on the lines below and, if nece	essary,	Certification(s) shown below will expire on: 8/1/	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	4 5 (1)
			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	ΓO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		7	16
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating	g any Facility	I pı	ovide contractual serv	vices to the Facility
Please provide the following	g information about each Facility/Plant that you operate	e. Use addtio	onal pages as needed.	_
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

- 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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page one of	a two page form. Both pages must be completed and re	perator Certification Number: 1431			
	ase enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 8/1/2022		
cor	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	e Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not op	erating any Facility	Ιj	provide contractual serv	rices to the Facility	
Please provide the fo	llowing information about each Facility/Plant that you op	erate. Use addt	ional pages as needed.		
Facility / Plant Name	;	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of	of a two page form. Both pages must be completed and i	Operator Certification Number: 1436		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
С			The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	ΙĮ	provide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plant Nar	me	Class	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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of	a two page form. Both pages must be completed and ret	Operator Certification Number: 1648 Certification(s) shown below will expire on: 8/1/2022		
	STEVENSON Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			
cor			The fee to renew certifica	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICATES TO RENEW:				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 by	the Facility owner
I am currently not op	erating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.	
Facility / Plant Name		Class 1	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one	of a two page form. Both pages must be completed and re	perator Certification Number: 1649		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
C			The fee to renew certification	w these ications: \$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. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant Na	me	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible 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 retu	urned. Op	perator Certification N	Tumber: 1650	
	ase enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 8/1/2022		
correct the City, state and ZIP Code. Please print legibly	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50	
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities ((or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not ope	erating any Facility	I p	rovide contractual ser	vices to the Facility	
Please provide the fol	lowing information about each Facility/Plant that you oper	rate. Use addtie	onal pages as needed	<u> </u>	
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of	f a two page form. Both pages must be completed an	d returned. Op	erator Certifcation N	Number: 1653	
	lease enter you're current address on the lines below and		Certification(s) shown below will expire on: 8/1/2022		
Co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renever certifi	w these cations: \$50	
			requirements by result in an a	plete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	oe Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not o	operating any Facility	I pr	ovide contractual se	rvices to the Facility	
Please provide the	following information about each Facility/Plant that you	u operate. Use addtio	nal pages as needed	<i></i>	
Facility / Plant Nan	ne	Class P	DWIS (Water) NI	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of a tv	vo page form. Both pages must be completed and returned	d. Ope	erator Certifcation Nu	mber: 1660
	enter you're current address on the lines below and, if necessary	ary,	Certification(s) s below will expi	
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by t result in an ad	ete or submit renewal 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	INDUSTRIAL WASTEWATER		2	0
II. CURRENT EMPI	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operat	ting any Facility	I pro	ovide contractual serv	rices to the Facility
Please provide the follow	wing information about each Facility/Plant that you operate.	Use addtion	nal pages as needed.	
Facility / Plant Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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This is page on	ne of a two page form. Both pages must be completed and	returned. O	perator Certifcation Nu	ımber: 1670
JAY UMBEL	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
			The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ⁷	Type Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	FEMPLOYMENT 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 n	ot operating any Facility	Ιp	provide contractual serv	vices to the Facility
Please provide t	the following information about each Facility/Plant that you	operate. Use addti	onal pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of	of a two page form. Both pages must be completed and return	red. Ope	erator Certification Nu	amber: 1863
	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 8/1/2	
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Type	pe Category		Class	Required
SUPERINTENDEN ^T	T WATER TREATMENT		2	7
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not o	operating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate	e. Use addtion	nal pages as needed.	
Facility / Plant Nan	me	Class PI	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
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This is page one	e of a two page form. Both pages must be completed and return	rned. Oj	perator Certifcation Nu	mber: 1990
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on: 8/1/20	
			The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	::		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	t operating any Facility	Ιp	rovide contractual serv	rices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	ite. Use addti	onal pages as needed.	
Facility / Plant Na	ame	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature:		Date	
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This is page one	e of a two page form. Both pages must be completed and returne	erator Certification	Number: 2061	2061	
CLIFFTON GI	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 8/1/2022		
	correct the City, state and ZIP Code. Please print legibly.		The fee to reno certif	new these fications: \$50	
			requirements b result in an	nplete or submit renewal by the expiration date wi additional late fees as ibed in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification T	Type Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed	d by the Facility owner	Ī
I am currently no	ot operating any Facility	I pro	vide contractual s	services to the Facility	Ī
Please provide th	he following information about each Facility/Plant that you operate.	Use addtion	ıal pages as neede	ed.	_
Facility / Plant N	Iame	Class PI	OWIS (Water) N	NPDES (Wastewater)	
					_
					_



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

This is page one of a tw	o page form. Both pages must be completed and returne	ator Certifcation N	umber: 2084	
	enter you're current address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 8/1/202	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			requirements by	lete or submit renewal the expiration date will
				lditional late fees as d in Section V.
I. CERTIFICATES	TO RENEW:		describe	Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or I	Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operati	ng any Facility	I prov	vide contractual ser	vices to the Facility
Please provide the follow	ing information about each Facility/Plant that you operate.	Use addtion	al pages as needed.	
Facility / Plant Name		Class PD	WIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a	two page form. Both pages must be completed and retur	ned. Operator	Certification N	umber: 2142
	se enter you're current address on the lines below and, if nec		Certification(s) below will exp	
corre	ect the City, state and ZIP Code. Please print legibly.	Т	The fee to renew certific	v these sations: \$50
			quirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:	I	am employed b	y the Facility owner
I am currently not ope	rating any Facility	I provide	contractual ser	vices to the Facility
Please provide the foli	lowing information about each Facility/Plant that you opera	te. Use addtional p	ages as needed	•
Facility / Plant Name		Class PDWI	S (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 Certif	fication Number of
Operator in Resp	ponsible 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 o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of	a two page form. Both pages must be completed and return	ned. Operator Certification Nu	amber: 2171
	ease enter you're current address on the lines below and, if neces	Certification(s) s ssary, below will exp	
correct the City, state and ZIP Code. Please print legibly		The fee to renew certification	
			lete or submit renewal the expiration date will
		result in an ad	lditional late fees as d in Section V.
I. CERTIFICAT	TES TO RENEW:		Training Units
Certification Type	e Category	Class	Required
SUPERINTENDENT	WATER TREATMENT	3	7
SUPERINTENDENT	WATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
II. CURRENT EN	MPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities	(or Plants) that you currently operate:	I am employed by	y the Facility owner
I am currently not op	perating any Facility	I provide contractual serv	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you operate	e. Use addtional pages as needed.	
Facility / Plant Name	e	Class PDWIS (Water) NPI	DES (Wastewater)
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one of	f a two page form. Both pages must be completed and ret	perator Certification Number: 2392		
	ease enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp	
correct the	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
TEMPORARY	WATER TREATMENT		G	7
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	Ιp	rovide contractual serv	vices to the Facility
Please provide the f	following information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.	
Facility / Plant Nam	ne e	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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This is page one of a two	page form. Both pages must be completed and retur	ned. Operate	or Certifcation N	Number: 2455
	ter you're current address on the lines below and, if nec	essary,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renev	v these cations: \$50
			equirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES 7	ΓΟ RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:		I am employed b	by the Facility owner
I am currently not operating	g any Facility	I provid	le contractual ser	rvices to the Facility
Please provide the following	g information about each Facility/Plant that you opera	te. Use addtional	pages as needed	1.
Facility / Plant Name		Class PDW	IS (Water) NP	PDES (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 ret	urned. Oj	perator Certifcation Nu	ımber: 2503
	ease enter you're current address on the lines below and, if necessary,	ecessary,	Certification(s) shown below will expire on: 8/1/2022	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Typ	oe Category		Class	Required
TEMPORARY	WATER TREATMENT		2	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	Ιp	rovide contractual serv	vices to the Facility
Please provide the j	following information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed.	
Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

- 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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of	a two page form. Both pages must be completed and ret	urned. Oj	Operator Certification Number: 2521			
	ease enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 8/1/2022			
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific			
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO RENEW:			200000	Training Units		
Certification Type	e Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT EN	APLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner		
I am currently not op	perating any Facility	Ιp	rovide contractual ser	vices to the Facility		
Please provide the fo	ollowing information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed			
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

This is page one of	of a two page form. Both pages must be completed and ret	turned. O _l	Operator Certification Number: 2522			
	lease enter you're current address on the lines below and, if n	necessary,	Certification(s) shown below will expire on: 8/1/2022			
co	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Ty	pe Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
II. CURRENT E	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not o	operating any Facility	Ιp	rovide contractual serv	vices to the Facility		
Please provide the	following information about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.			
Facility / Plant Nan	ne	Class 1	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- No course can be used more than one time for any three-year renewal period.
- 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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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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. Op	Operator Certification Number: 2582 Certification(s) shown below will expire on: 8/1/2022		
	Please enter you're current address on the lines below and, if nece	essary,			
(correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these cations: \$50	
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual se	rvices to the Facility	
Please provide the	following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed	<i>d</i> .	
Facility / Plant Na	me	Class P	DWIS (Water) N	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of	f a two page form. Both pages must be completed and retu	rned. Op	erator Certification N	umber: 2596
	lease enter you're current address on the lines below and, if ne	cessary,	Certification(s) selow will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	TES TO RENEW:			Training Units
Certification Typ	oe Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER TREATMENT		2	16
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not o	perating any Facility	I pı	rovide contractual ser	vices to the Facility
Please provide the f	following information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.	
Facility / Plant Nam	ne	Class F	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one of	of a two page form. Both pages must be completed and re	perator Certifcation Nu	ımber: 2680		
	lease enter you're current address on the lines below and, if n	necessary,	Certification(s) shown below will expire on: 8/1/2		
c	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	Ιp	rovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
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This is page one of	a two page form. Both pages must be completed and return	perator Certification N	umber: 2732	
	ase enter you're current address on the lines below and, if neces	essary,	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 certific	\$ 100
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICAT	TES TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not ope	erating any Facility	Ιp	rovide contractual ser	vices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operate	e. Use addti	onal pages as needed.	
Facility / Plant Name		Class 1	PDWIS (Water) NP	DES (Wastewater)
				_
				_



III. CONTINUING EDUCATION:

Page 2

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

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

V. LATE FEES AND REINSTATEMENT

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

	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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This is page on	e of a two page form. Bot	h pages must be completed and retur	rned. O	perator Certifcation Nu	ımber: 2774
ERIK EXUM		t address on the lines below and, if nec	cessary,	Certification(s) s below will exp	
correct th	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certification	
				requirements by to result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	CATES TO RENEW	<u>.</u>			Training Units
Certification 1	Гуре	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide th	he following information al	out each Facility/Plant that you opera	ite. Use addti	ional pages as needed.	
Facility / Plant N	lame		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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	se enter you're current address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: 8/1/2022		
correct the City, state and ZIP Code. Pleas	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:		I am employed by	the Facility owner	
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Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
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This is page one of a t	wo page form. Both pages must be completed and return	r ned. Op	erator Certification N	umber: 2857
	e enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code.	et the City, state and ZIP Code. Please print legibly.		The fee to renew certific	450
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
SUPERINTENDENT	WASTEWATER TREATMENT		Α	7
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not opera	iting any Facility	I pr	rovide contractual ser	vices to the Facility
Please provide the follow	wing information about each Facility/Plant that you opera	ite. 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 Certif	fication Number of
Operator in Resp	ponsible Charge:

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•	Please enter you're current address on the lines below and, if n	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. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
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 b	by the Facility owner
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Please provide the	e following information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needea	<u></u>
Facility / Plant Na	nme	Class P	PDWIS (Water) NF	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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I. CERTIFICATES TO				Training Units
Certification Type	Category		Class	Required
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OPERATOR	WASTEWATER TREATMENT		Α	16
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Employer's Name:			Phone #:	
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I am currently not operating an	ny Facility	I pı	rovide contractual serv	rices to the Facility
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Facility / Plant Name		Class F	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of	f a two page form. Both pages must be completed and return	rned. Op	erator Certifcation Nu	ımber: 2889
	lease enter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	(51)
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	TES TO RENEW:		-	Training Units
Certification Typ	oe Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		Α	16
OPERATOR	WASTEWATER TREATMENT		5	30
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the f	following information about each Facility/Plant that you opera	ite. Use addtio	nal pages as needed.	
Facility / Plant Nam	ne	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

This is page one of	a two page form. Both pages must be completed and return	perator Certification Number: 2906			
	ease enter you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 8/1/2022		
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	620	
		_	requirements by result in an ac	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICA	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	y the Facility owner	
I am currently not of	perating any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the fe	ollowing information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	_	
Facility / Plant Name	е	Class P	DWIS (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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a two page	ge form. Both pages must be completed and retu	urned. (Operator Certification Number: 2910			
•	you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp			
correct the C	ity, state and ZIP Code. Please print legibly.		The fee to renew certification	620		
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFICATES TO	RENEW:			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	INDUSTRIAL WASTEWATER		5	45		
II. CURRENT EMPLOYN	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants	s) that you currently operate:		I am employed by	y the Facility owner		
I am currently not operating an	y Facility	I	provide contractual serv	vices to the Facility		
Please provide the following in	nformation about each Facility/Plant that you oper	rate. Use ada	ltional pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

This is page one of a t	two page form. Both pages must be completed and re-	turned. C	Operator Certification Number: 2919		
	e enter you're current address on the lines below and, if n	necessary,	Certification(s) s below will exp		
correc	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	450	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATE	ES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EMP	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (o	r Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not opera	ating any Facility	I	provide contractual ser	vices to the Facility	
Please provide the follo	owing information about each Facility/Plant that you ope	erate. Use addi	ional pages as needed.		
Facility / Plant Name		Class	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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a two pa	ge form. Both pages must be completed and retu	Operator Certification Number: 2923		
	you're current address on the lines below and, if ne	ecessary,	Certification(s) shown below will expire on: 8/1,	
correct the C		The fee to renew certifica	4 5 (1)	
			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	O RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
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
I am currently not operating as	ny Facility	Ιj	provide contractual serv	rices to the Facility
Please provide the following i	information about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)
	le .			
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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	lease enter you're current address on the lines below and, if neo	cessary,	Certification(s) below will exp	
cc	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	450
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Typ	De Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not o	perating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the f	following information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed	
Facility / Plant Nam	ne	Class P	DWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one	of a two page form. Both pages must be completed and return	ned. Ope	erator Certifcation N	Number: 2929	
	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 8/1/2022		
correct the City, state and ZIP Code. Please print legibl			The fee to renev	w these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not	operating any Facility	I pro	ovide contractual se	rvices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needea	<i></i>	
Facility / Plant Na	me	Class Pl	DWIS (Water) NF	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

This is page or	ie of a two page form. Both i	pages must be completed and return	ned. O _I	perator Certification N	Number:	2941
COLUMBUS	Please enter you're current a	se enter you're current address on the lines below and, if necess		Certification(s) below will ex		8/1/2022
correct th	correct the City, state and Z	IP Code. Please print legibly.		The fee to renev	w these cations:	\$50
				Failure to comp requirements by result in an a describ	the expi	ration date will I late fees as
	CATES TO RENEW:					aining Units
Certification ¹	Type (Category		Class	Re	quired
TEMPORARY	V	VASTEWATER TREATMENT		5	45	
TEMPORARY	V	VASTEWATER TREATMENT		Α	24	
II. CURRENT	ΓEMPLOYMENT INFO	RMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you curre	ently operate:		I am employed b	by the Fac	cility owner
I am currently n	ot operating any Facility		Ιp	rovide contractual se	rvices to	the Facility
Please provide i	the following information abou	ıt each Facility/Plant that you operat	e. Use addti	onal pages as needed	1.	
Facility / Plant N	Name		Class I	PDWIS (Water) NF	PDES (W	astewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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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

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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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

This is page one	of a two page form. Both pages must be completed and return	r ned. Op	erator Certifcation N	Number: 2942	
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 8/1/2022		
correct the City, state and ZIP Code. Please print legibly.			The fee to renever certifi	w these cations: \$50	
			requirements by result in an a	plete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	t operating any Facility	I pr	ovide contractual se	rvices to the Facility	
Please provide the	e following information about each Facility/Plant that you opera	ite. Use addtio	nal pages as needed	<i></i>	
Facility / Plant Na	ame	Class P	DWIS (Water) NI	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one	of a two page form. Both pages must be completed and return	red. Op	erator Certifcation Nu	mber: 2948
	Please enter you're current address on the lines below and, if nece	ssary,	Certification(s) shelow will expire	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	150
			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
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pı	ovide contractual serv	ices to the Facility
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtio	onal pages as needed.	
Facility / Plant Na	me	Class P	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page or	ne of a two page form. Both pages must be completed and return	Operator Certification Number: 2949			
LAWRENCE	RENNEY Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp		
			The fee to renew certification	450	
			requirements by t	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification ¹	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	Γ EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently n	ot operating any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide t	the following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.		
Facility / Plant N	Name	Class P	DWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a tw	vo page form. Both pages must be completed and retu	rned. Ope	Operator Certification Number: 2959		
	enter you're current address on the lines below and, if neo	cessary,	Certification(s) below will exp		
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certific		
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or I	Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operation	ing any Facility	I pro	vide contractual ser	vices to the Facility	
Please provide the follow	ving information about each Facility/Plant that you opera	ate. Use addtion	ıal pages as needed.	•	
Facility / Plant Name		Class PI	OWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page or	ne of a two page form. Both pages must be completed and retu	rned. Operator Cer	erator Certification Number: 2962		
TYLER WING	Please enter you're current address on the lines below and, if ne		fication(s) shown ow will expire on:		
correct the City, state and ZIP Code. Please print legibly.		The fe	ee to renew these certifications:		
		require		submit renewal	
		rest	described in S		
I. CERTIFIC	CATES TO RENEW:			Fraining Units	
Certification ¹	Type Category	C		Required	
OPERATOR	WATER TREATMENT	3	3	30	
OPERATOR	WASTEWATER TREATMENT	5	3	30	
OPERATOR	WASTEWATER TREATMENT	А	1	L6	
II. CURREN	Γ EMPLOYMENT INFORMATION				
Employer's Nan	ne:	P	Phone #:		
Number of Faci	lities (or Plants) that you currently operate:	I am e	mployed by the F	Facility owner	
I am currently n	ot operating any Facility	I provide cont	tractual services t	to the Facility	
Please provide i	the following information about each Facility/Plant that you opera	ate. Use addtional pages	as needed.		
Facility / Plant N	Name	Class PDWIS (W	ater) NPDES (Wastewater)	
	(OVER)	<u> </u>			



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one	of a two page form. Both pages must be completed and return	ned. Op	perator Certification Number: 2992			
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp			
,	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	(50)		
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.		
	ATES TO RENEW:			Training Units		
Certification Ty	ype Category		Class	Required		
TEMPORARY	WATER TREATMENT		3	45		
TEMPORARY	WATER TREATMENT		5GW	24		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #:			
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not	t operating any Facility	I pr	ovide contractual ser	vices to the Facility		
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtio	nal pages as needed.			
Facility / Plant Na	ame	Class P	DWIS (Water) NP	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
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- · Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of	f a two page form. Both pages must be completed and return	red. Opera	Operator Certification Number: 3020		
	ease enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	450	
			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 Typ	e Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not of	perating any Facility	I prov	ide contractual ser	vices to the Facility	
Please provide the fe	ollowing information about each Facility/Plant that you operate	e. Use addtiona	ıl pages as needed.		
Facility / Plant Nam	e	Class PD	WIS (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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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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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 re	Operator Certification Number: 3082			
	lease enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 8/1/2022		
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by result in an ac	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	pe Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	operating any Facility	I	provide contractual ser	vices to the Facility	
Please provide the	following information about each Facility/Plant that you op	perate. Use addi	tional pages as needed.		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible 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 o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one o	f a two page form. Both pages must be completed and return	ned. Op	Operator Certification Number: 3098			
	lease enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	×/1//11//		
cc	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	¥ 1 1 1 1 1 1		
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.		
	TES TO RENEW:			Training Units		
Certification Typ	pe Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not o	perating any Facility	I p	rovide contractual ser	vices to the Facility		
Please provide the J	following information about each Facility/Plant that you operat	e. Use addti	onal pages as needed.	_		
Facility / Plant Nam	ne	Class I	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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

This is page one	of a two page form. Both pages must be completed and return	ned. Ope	erator Certifcation 1	Number: 3315	
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) shown below will expire on: 8/1/2022		
•	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these scations: \$50	
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as yed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facility	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual se	ervices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtio	nal pages as neede	d	
Facility / Plant Na	nme	Class P	DWIS (Water) N	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

This is page one	of a two page form. Both pages must be completed and retu	Operator Certification Number: 3372		
	Please enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		2	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	Ιp	provide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant Nar	me	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a two pa	age form. Both pages must be completed and returned	. Ope	erator Certifcation Nu	ımber: 3384
	r you're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp	
correct the	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
			requirements by t	ete or submit renewal he expiration date will
				ditional late fees as l in Section V.
I. CERTIFICATES TO	O RENEW:		described	Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	ts) that you currently operate:		I am employed by	the Facility owner
I am currently not operating a	any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the following	information about each Facility/Plant that you operate. U	Jse addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one	of a two page form. Both pages must be completed and return	rned. Op	Operator Certification Number: 3511			
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 8/1/2022			
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50		
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Ty	ype Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT I	EMPLOYMENT INFORMATION					
Employer's Name:	:		Phone #:			
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner		
I am currently not	operating any Facility	I pr	ovide contractual ser	rvices to the Facility		
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Facility / Plant Na	me	Class P	DWIS (Water) NP	DES (Wastewater)		



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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a two	page form. Both pages must be completed and returned	rator Certifcation Nu	ımber: 3512	
JAMES WEESE SR			Certification(s) s	
	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		below will exp	ire on: 6/1/2022
correct tr	ne City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES	TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER 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	vide contractual serv	vices to the Facility
Please provide the following	ng information about each Facility/Plant that you operate.	Use addtion	al pages as needed.	
Facility / Plant Name		Class PD	OWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of	f a two page form. Both pages must be completed and ret	urned. Op	erator Certification N	Number: 3527	
	ease enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 8/1/202		
correct the City, state and ZIP Code. Please print legibly			The fee to renev	v these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not of	perating any Facility	I pı	rovide contractual se	rvices to the Facility	
Please provide the f	ollowing information about each Facility/Plant that you open	rate. Use addtio	onal pages as needea	<u></u>	
Facility / Plant Nam	e	Class F	PDWIS (Water) NF	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one	d. Ope	erator Certification	3530		
JOHNATHAN	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 8/1/2022		
correct the City,	correct the City, state and ZIP Code. Please print legibly.		The fee to ren	ew these fications:	\$50
			requirements b	y the exp	submit renewal iration date will all late fees as ction V.
I. CERTIFIC	CATES TO RENEW:			Tı	aining Units
Certification T	Гуре Category		Class		equired
OPERATOR	WASTEWATER COLLECTION		2	16	5
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed	d by the Fa	cility owner
I am currently no	ot operating any Facility	I pro	ovide contractual s	services to	the Facility
Please provide th	he following information about each Facility/Plant that you operate. U	Use addtior	ıal pages as need	ed.	
Facility / Plant N	Jame (Class PI	OWIS (Water) N	NPDES (W	astewater)



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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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This is page one	of a two page form. Both pages must be completed and return	ed. Op	erator Certification Nu	umber: 3578
	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	1511
			requirements by result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		5GW	24
TEMPORARY	WATER TREATMENT		3	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	::		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtic	onal pages as needed.	
Facility / Plant Na	ame	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)	<u></u>	<u> </u>	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one	of a two page form. Both pages must be completed and retu	perator Certification Number: 3599			
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 8/1/2022		
•	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
SUPERINTENDEN	NT WASTEWATER COLLECTION		2	7	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not	t operating any Facility	Ιp	rovide contractual se	rvices to the Facility	
Please provide the	e following information about each Facility/Plant that you oper	ate. Use addti	onal pages as needea	<i></i>	
Facility / Plant Na	ame	Class 1	PDWIS (Water) NI	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two	o page form. Both pages must be completed and returned	erator Certifcation Nu	umber: 3646			
WESLEY O. CLEM			Certification(s) shown 8/1/2			
	enter you're current address on the lines below and, if necessarthe City, state and ZIP Code. Please print legibly.	ry,	below will exp	ire on:		
correct	the City, state and Zii Code. Hease print regiony.		The fee to renew these certifications: \$50			
			requirements by tresult in an ad	lete or submit renewal the expiration date will Iditional late fees as d in Section V.		
I. CERTIFICATES	TO RENEW:		describe	Training Units		
Certification Type	Category		Class	Required		
SUPERINTENDENT	WATER TREATMENT		4	7		
II. CURRENT EMPLO	OYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or P	Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not operating	ng any Facility	I pro	ovide contractual serv	vices to the Facility		
Please provide the followi	ing information about each Facility/Plant that you operate. U	Jse addtion	nal pages as needed.			
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III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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This is page one of a two page	Operator Certification Nu	ımber: 3790	
	ou're current address on the lines below and, if necessary	Certification(s) s below will expi	
correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 5 11
		requirements by t	ete or submit renewal the expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO	RENEW:		Training Units
Certification Type	Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
II. CURRENT EMPLOYM	ENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants)	that you currently operate:	I am employed by	the Facility owner
I am currently not operating any	Facility	I provide contractual serv	vices to the Facility
Please provide the following info	ormation about each Facility/Plant that you operate. Us	se addtional pages as needed.	_
Facility / Plant Name	Cl	ass PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page	e form. Both pages must be completed and i	returned. C	Operator Certifcation Nu	mber: 3826
ANTHONY ANDERSON Please enter you're current address on the lines below and, if nec			Certification(s) s below will expi	
correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 - 11	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EMPLOYM	IENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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

OWEN NATHANIEL BRISCOE Please enter you're current address on the lines below and, if necessary,			Operator Certification Number: 3929		
			Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific		
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
OPERATOR	WATER TREATMENT		5RO	16	
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any	Facility	I p	rovide contractual ser	vices to the Facility	
Please provide the following info	ormation about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.	_	
Facility / Plant Name		Class 1	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

- 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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of a	two page form. Both pages must be completed and ret	Operator Certification Number: 3967		
	e enter you're current address on the lines below and, if n	ecessary,	Certification(s) s below will exp	
corre	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATE	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EMP	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (o	or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not oper	ating any Facility	Ιp	rovide contractual serv	rices to the Facility
Please provide the follo	owing information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.	
Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of	of a two page form. Both pages must be completed and retu	urned. Op	Operator Certification Number: 4025			
	lease enter you're current address on the lines below and, if no	ecessary,	Certification(s) below will ex			
Co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50		
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Typ	pe Category		Class	Required		
OPERATOR	WATER TREATMENT		2	16		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	by the Facility owner		
I am currently not o	operating any Facility	I pr	ovide contractual ser	rvices to the Facility		
Please provide the	following information about each Facility/Plant that you oper	rate. Use addtio	nal pages as needed	<u> </u>		
Facility / Plant Nan	ne	Class P	DWIS (Water) NF	PDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of	a two page form. Both pages must be completed and re	turned.	Operator Certification Number: 4038			
	ase enter you're current address on the lines below and, if r	necessary,	Certification(s) s below will exp			
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	620		
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFICAT	TES TO RENEW:			Training Units		
Certification Type	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 b	y the Facility owner		
I am currently not op	erating any Facility	I	provide contractual ser	vices to the Facility		
Please provide the fo	llowing information about each Facility/Plant that you ope	erate. Use add	tional pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a tw	o page form. Both pages must be completed and return	ed. Ope	erator Certifcation Nu	ımber: 4095	
MARK SCHOLZ Please	enter you're current address on the lines below and, if neces	sary,	Certification(s) s below will expi		
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or I	Plants) that you currently operate:		I am employed by	the Facility owner	
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Please provide the follow	ving information 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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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one o	of a two page form. Both pages must be completed and retur	ned. Oper	rator Certification Nu	umber: 4314
	lease 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 result in an ad	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	TES TO RENEW:			Training Units
Certification Typ	oe Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not o	operating any Facility	I prov	vide contractual ser	vices to the Facility
Please provide the j	following information about each Facility/Plant that you operate	te. Use addtion	al pages as needed.	
Facility / Plant Nam	ne	Class PD	WIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one	e of a two page form. Both pages must be completed and return	ned. Op	erator Certifcation 1	Number: 4327
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex	
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these cations: \$50
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as yed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	t operating any Facility	I pr	ovide contractual se	ervices to the Facility
Please provide th	ne following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed	d
Facility / Plant Na	ame	Class P	DWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible 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.

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

This is page one of	a two page form. Both pages must be completed and return	ed. Opera	Operator Certification Number: 4481		
	ease enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp		
con	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	620	
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional 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 EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not op	perating any Facility	I provi	de contractual ser	vices to the Facility	
Please provide the fo	ollowing information about each Facility/Plant that you operate	. Use addtional	l pages as needed.		
Facility / Plant Name		Class PDV	VIS (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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page one of a two p	page form. Both pages must be completed and returned	d. Operator Certification	Number: 4489
	er you're current address on the lines below and, if necessary	Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these ications: \$100
		requirements by result in an	plete or submit renewal y the expiration date will additional late fees as ped in Section V.
I. CERTIFICATES T	TO RENEW:		Training Units
Certification Type	Category	Class	Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16
II. CURRENT EMPLO	YMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Pla	nts) that you currently operate:	I am employed	by the Facility owner
I am currently not operating	any Facility	I provide contractual se	ervices to the Facility
Please provide the following	g information about each Facility/Plant that you operate. U	Use addtional pages as neede	d.
Facility / Plant Name		Class PDWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one	of a two page form. Both pages must be completed and retur	Operator Certification Number: 4522			
· · · · · · · · · · · · · · · · · · ·	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s) shown below will expire on: 8/1/2022		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	rpe 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 b	by the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual ser	rvices to the Facility	
Please provide the	following information about each Facility/Plant that you operate	te. Use addtio	nal pages as needed	<u> </u>	
Facility / Plant Na	me	Class P	DWIS (Water) NF	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page one	of a two page form. Both pages must be completed and retu	Operator Certification Number: 4525		
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
correct the City, state and Z	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by result in an ac	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	Ιŗ	provide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant Na	me	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one	of a two page form. Both pages must be completed and ret	urned. Op	erator Certification 1	Number: 4526	
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 8/1/2022		
(correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	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. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:	. <u> </u>	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	I pı	ovide contractual se	ervices to the Facility	
Please provide the	e following information about each Facility/Plant that you oper	rate. Use addtio	onal pages as neede	d.	
Facility / Plant Na	me	Class F	PDWIS (Water) N	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of	of a two page form. Both pages must be completed and retu	perator Certification Number: 4550			
	lease enter you're current address on the lines below and, if ne	cessary,	Certification(s) shown below will expire on: 8/1/2022		
со	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	pe Category		Class	Required	
OPERATOR	WATER TREATMENT		G	7	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	Ιŗ	provide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you oper	ate. Use addti	ional pages as needed.		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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- 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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page one of a tv	vo page form. Both pages must be completed and return	ed. Op	Operator Certification Number: 4568		
	Please enter you're current address on the lines below and, if neces			shown ire on: 8/1/2022	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EMPI	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operat	ting any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide the follow	wing information about each Facility/Plant that you operate.	. Use addtio	nal pages as needed.	_	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	
				_	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page one of a two	page form. Both pages must be completed and return	ed. Ope	Operator Certification Number: 4903		
	nter you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 8/1/20		
correct th	ne City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pl	lants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating	g any Facility	I pro	vide contractual serv	vices to the Facility	
Please provide the following	ng information about each Facility/Plant that you operate.	. Use addtion	al pages as needed.		
Facility / Plant Name		Class PI	OWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a two page	form. Both pages must be completed and returned.	Operator Certification N	lumber: 4920		
KEITH D WRIGHT Please enter vo	ou're current address on the lines below and, if necessary,	Certification(s) below will exp			
correct the City, state and ZIP Code. Please print legibly.		The fee to renev			
		requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO	RENEW:		Training Units		
Certification Type	Category	Class	Required		
SUPERINTENDENT	WATER TREATMENT	3	7		
SUPERINTENDENT	WATER TREATMENT	4	7		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WASTEWATER TREATMENT	4	30		
OPERATOR	WATER TREATMENT	5	16		
OPERATOR	WATER TREATMENT	4	30		
OPERATOR	WASTEWATER COLLECTION	2	16		
SUPERINTENDENT	WASTEWATER TREATMENT	3	7		
II. CURRENT EMPLOYM	ENT 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 any	Facility	I provide contractual services to the Facility			
Please provide the following info	ormation about each Facility/Plant that you operate. Use a	addtional pages as needed	<u></u>		
Facility / Plant Name	Class	s PDWIS (Water) NP	DES (Wastewater)		
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one	of a two page form. Both pages must be completed and return	ned. Ope	Operator Certification Number: 5167			
	Please enter you're current address on the lines below and, if neces	essary,	Certification(s) shown below will expire on: 8/1/2			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific			
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as d in Section V.		
	ATES TO RENEW:			Training Units		
Certification Ty	ype Category		Class	Required		
SUPERINTENDE	NT WASTEWATER TREATMENT		5	7		
SUPERINTENDE	NT WASTEWATER TREATMENT		А	7		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	::		Phone #:			
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner		
I am currently not	t operating any Facility	I pr	ovide contractual ser	vices to the Facility		
Please provide the	e following information about each Facility/Plant that you operat	e. Use addtio	nal pages as needed.			
Facility / Plant Na	ame	Class P	DWIS (Water) NP	DES (Wastewater)		
	(OVER)					



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
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This is page one	of a two page form. Both pages must be completed and return	perator Certification Number: 5315			
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 8/1/2022		
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		G	7	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtie	onal pages as needed.		
Facility / Plant Na	me	Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one	of a two page form. Both pages must be completed and return	ned. Ope	erator Certifcation N	umber: 5342
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
			requirements by result in an ac	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtio	nal pages as needed.	
Facility / Plant Na	ame	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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

This is page one of a	a two page form. Both pages must be completed and retu	urned. Op	perator Certification N	Number: 5549	
	ase enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 8/1/2022		
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renever certifi	w these cations: \$50	
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not ope	erating any Facility	I pı	rovide contractual se	rvices to the Facility	
Please provide the fol	llowing information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed	<i>d</i> .	
Facility / Plant Name		Class I	PDWIS (Water) NI	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page one of a two page form. Both pages must be completed and returned. Operation			perator Certification Number: 5605		
BARRY C WOOD, JR. Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) shown below will expire on: The fee to renew these certifications: \$100		
I. CERTIFICATE	ES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
SUPERINTENDENT	WATER TREATMENT		1	7	
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
OPERATOR	WATER TREATMENT		1	16	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		Α	16	
II. CURRENT EMP	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (o	or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not opera	ating any Facility	I pro	vide contractual ser	vices to the Facility	
Please provide the follo	owing information about each Facility/Plant that you operate. Us	e addtion	al pages as needed		
Facility / Plant Name	Cl	ass PD	WIS (Water) NP	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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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a t	wo page form. Both pages must be completed and retu	rned. Oper	Operator Certification Number: 5695		
	e enter you're current address on the lines below and, if ne	cessary,	Certification(s) below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	450	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATE	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		Α	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	ating any Facility	I pro	vide contractual ser	vices to the Facility	
Please provide the follo	wing information about each Facility/Plant that you oper	ate. Use addtion	al pages as needed		
Facility / Plant Name		Class PD	OWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
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This is page one of a two p	age form. Both pages must be completed and returned.	Ор	erator Certification N	umber: 5814
	er you're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
			requirements by	lete or submit renewal the expiration date will
				lditional late fees as d in Section V.
I. CERTIFICATES T	O RENEW:		- describe	Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WATER TREATMENT		3	7
SUPERINTENDENT	WATER TREATMENT		4	7
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
II. CURRENT EMPLOY	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating a	any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the following	information about each Facility/Plant that you operate. U	se addtio	onal pages as needed.	
Facility / Plant Name	C	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page one o	of a two page form. Both pages must be completed and ref	turned. O	perator Certifcation Nu	ımber: 5855	
	lease enter you're current address on the lines below and, if n	necessary,	Certification(s) shown below will expire on: 8/1/20		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by to 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 Typ	oe Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	operating any Facility	Į I	provide contractual serv	vices to the Facility	
Please provide the j	following information about each Facility/Plant that you ope	erate. Use addt	ional pages as needed.		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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- 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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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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This is page one o	f a two page form. Both pages must be completed and return	r ned. Ope	erator Certification Nu	mber: 5860
	lease enter you're current address on the lines below and, if nec	essary,	Certification(s) sl below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	TES TO RENEW:			Training Units
Certification Typ	pe Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	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
I am currently not o	perating any Facility	I pro	ovide contractual serv	ices to the Facility
Please provide the	following information about each Facility/Plant that you opera	te. Use addtio	nal pages as needed.	
Facility / Plant Nan	ne	Class P	DWIS (Water) NPD	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a two	o page form. Both pages must be completed and returned	l. Ope	rator Certifcation Nu	ımber: 6013		
	enter you're current address on the lines below and, if necessar	ıry,	Certification(s) s below will exp			
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
			requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.		
I. CERTIFICATES	TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
II. CURRENT EMPLO	OYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or P	lants) that you currently operate:		I am employed by	the Facility owner		
I am currently not operating	ng any Facility	I pro	ovide contractual serv	vices to the Facility		
Please provide the followi	ing information about each Facility/Plant that you operate. $\it U$	Jse addtion	nal pages as needed.			
Facility / Plant Name		Class PI	OWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a t	two page form. Both pages must be completed and retu	Operator Certification Number: 6597			
	e enter you're current address on the lines below and, if ne	cessary,	Certification(s) sl below will expi		
correc	et the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATE	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
II. CURRENT EMP	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not opera	ating any Facility	I pr	ovide contractual serv	rices to the Facility	
Please provide the follo	owing information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.	_	
Facility / Plant Name		Class P	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a two pa	nge form. Both pages must be completed and returne	d. Ope	Operator Certification Number: 6936		
	you're current address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 8/1/2022		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	4 I / W	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO	O RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plant	ts) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating as	ny Facility	I pro	ovide contractual ser	vices to the Facility	
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Facility / Plant Name		Class Pl	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one of	a two page form. Both pages must be completed and ret	urned. Op	Operator Certification Number: 6944			
	ase enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 8/1/2022			
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific			
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Type	e Category		Class	Required		
SUPERINTENDENT	WATER TREATMENT		1	7		
II. CURRENT EM	IPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner		
I am currently not op	erating any Facility	I pı	rovide contractual ser	vices to the Facility		
Please provide the fo	llowing information about each Facility/Plant that you open	rate. Use addtio	onal pages as needed			
Facility / Plant Name		Class F	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

This is page one o	of a two page form. Both pages must be completed and re	turned. O	perator Certification Nu	mber: 7328	
	lease enter you're current address on the lines below and, if r	necessary,	Certification(s) shown below will expire on: 8/1/2022		
correct the Cit	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	oe Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	ΙĮ	provide contractual serv	vices to the Facility	
Please provide the j	following information about each Facility/Plant that you ope	erate. Use addt	ional pages as needed.		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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This is page one of a two page	l. Ope	Operator Certification Number: 7329			
	ou're current address on the lines below and, if necessa	ary,	Certification(s) shown below will expire on: 8/1/2022		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	4 1 / / / /	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
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	y the Facility owner	
I am currently not operating any	Facility Facility	I pro	ovide contractual ser	vices to the Facility	
Please provide the following inf	formation about each Facility/Plant that you operate. U	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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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned. Op				Operator Certification Number: 7363		
]	EDWARD FRANCIS HOGAN Please enter you're current address on the lines below and, if necessary			Certification(s below will e		
correct the City, state and ZIP Code. Please print legibly.			The fee to ren certi	ew these fications: \$100		
				requirements b result in an	nplete or submit renewal by the expiration date will additional late fees as abed in Section V.	
I. CERTIFICA	ATES TO RENEW	<u>.</u>			Training Units	
Certification Ty	/pe	Category		Class	Required	
OPERATOR		WATER TREATMENT		2	16	
SUPERINTENDEN	IT	WASTEWATER TREATMENT		Α	7	
SUPERINTENDEN	IT	WASTEWATER TREATMENT		5	7	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
SUPERINTENDEN	IT	WATER TREATMENT		2	7	
II. CURRENT I	EMPLOYMENT INF	ORMATION				
Employer's Name:				Phone #:		
Number of Faciliti	ies (or Plants) that you cu	rrently operate:		I am employed	d by the Facility owner	
I am currently not	operating any Facility	7	I pro	vide contractual s	services to the Facility	
Please provide the	following information al	— oout each Facility/Plant that you operate	. Use addtion	al pages as need	ed.	
Facility / Plant Na	me		Class PI	OWIS (Water) N	NPDES (Wastewater)	
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one	e of a two page form. Both pages must be completed and	returned. O	perator Certification N	Tumber: 7553
	Please enter you're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on: 8/1/20	
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.
	CATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	o:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not	t operating any Facility	I	provide contractual ser	rvices to the Facility
Please provide th	e following information about each Facility/Plant that you	operate. Use addt	ional pages as needed	
Facility / Plant Na	ame	Class	PDWIS (Water) NP	PDES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one	of a two page form. Both pages must be completed and retur	ned. Op	erator Certifcation N	Number: 7687	
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) shown below will expire on: 8/1/202		
correct the City, state and ZIP Code. Please print legibly.	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		5	30	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual se	rvices to the Facility	
Please provide the	e following information about each Facility/Plant that you operat	te. Use addtio	nal pages as needea	<i></i>	
Facility / Plant Na	me	Class P	DWIS (Water) NI	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page or	ne of a two page form. Both pages must be completed and returne	e d. Ope	rator Certification N	umber: 7700
LAWRENCE	SELLERS Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
			The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as
I CERTIFIC	CATES TO RENEW:		describe	ed in Section V.
Certification	.		Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT		Α	16
OPERATOR	WATER TREATMENT		2	16
OPERATOR	WASTEWATER TREATMENT		5	30
II. CURRENT	Γ EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently n	ot operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide i	the following information about each Facility/Plant that you operate.	Use addtion	ıal pages as needed.	
Facility / Plant 1	Name	Class PI	OWIS (Water) NPI	DES (Wastewater)
				_
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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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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VII. APPLICANT'S STATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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This is page one	of a two page form. Both pages must be completed and retur	ned. Ope	erator Certifcation N	ımber: 7963
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			requirements by 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	WATER TREATMENT		4	30
SUPERINTENDEN	T WATER TREATMENT		4	7
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (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	g following information about each Facility/Plant that you operate	te. Use addtio	nal pages as needed.	
Facility / Plant Nat	me	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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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 Certif	fication Number of
Operator in Resp	ponsible Charge:

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

This is page one	of a two page form. Both pages must be completed	perator Certifcation Nur	mber: 7966	
KHALID AHM		Certification(s) shown 8/1/202		
Please enter you're current address on the lines below and, if necessal correct the City, state and ZIP Code. Please print legibly.			below will expir	e on: 8/1/2022
•	correct the City, state and ZIP Code. Please print legit	лу.	The fee to renew t certificat	620
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	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	Ιp	provide contractual servi	ces to the Facility
Please provide the	e following information about each Facility/Plant that	you operate. Use addti	ional pages as needed.	
Facility / Plant Na	me	Class	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible 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 o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one o	f a two page form. Both pages must be completed and re-	Operator Certification Number: 8026			
	lease enter you're current address on the lines below and, if r	necessary,	Certification(s) shown below will expire on: 8/1/2		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	oe Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	perating any Facility	Ι ₁	provide contractual serv	vices to the Facility	
Please provide the j	following information about each Facility/Plant that you ope	erate. Use addt	ional pages as needed.		
Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one of a tv	vo page form. Both pages must be completed and return	ed. Op	Operator Certification Number: 8149		
	enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp		
correct		The fee to renew certification	4 - 11		
			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 EMPI	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operat	ting any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide the follow	wing information about each Facility/Plant that you operate	. Use addtio	nal pages as needed.	_	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one	of a two page form. Both pages must be completed and return	rned. Oper	ator Certification N	Tumber: 8153
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these cations: \$100
			requirements by result in an ac	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	::		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	by the Facility owner
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	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page one	of a two page form. Both pages must be completed and return	ned. Ope	rator Certifcation Nu	ımber: 8207
	lease enter you're current address on the lines below and, if necessary	essary,	Certification(s) s below will exp	
correct the City, state and ZI	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
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Facility / Plant Na	me	Class PI	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of a	two page form. Both pages must be completed and returne	d. Operator Certification	n Number: 8253
	e enter you're current address on the lines below and, if necess	Certification below will	
correct the City, state and ZIP Code. Please print legibly.		The fee to re	new these tifications: \$100
		requirements	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
I. CERTIFICATE	ES TO RENEW:	— uesci	
Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
SUPERINTENDENT	WASTEWATER TREATMENT	3	7
SUPERINTENDENT	WATER TREATMENT	2	7
OPERATOR	WASTEWATER TREATMENT	3	30
II. CURRENT EMP	PLOYMENT INFORMATION		
Employer's Name:		Phone #	:
Number of Facilities (o	or 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 operate.	Use addtional pages as need	ded.
Facility / Plant Name		Class PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page one	of a two page form. Both pages must be completed and ret	erator Certifcation N	umber: 8648	
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
SUPERINTENDEN	IT WASTEWATER TREATMENT		5	7
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility	I pı	rovide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed	
Facility / Plant Na	me	Class I	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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	e enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
				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 TREATMENT		3	30
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant Name		Class PI	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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This is page one of	a two page form. Both pages must be completed and retu	rned. Opera	ator Certifcation N	lumber: 8792
	ase enter you're current address on the lines below and, if ne	cessary,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these cations: \$50
			requirements by result in an ac	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
	TES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not op	erating any Facility	I prov	ide contractual ser	rvices to the Facility
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Facility / Plant Name		Class PD	WIS (Water) NP	DES (Wastewater)



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This is page one of a two	o page form. Both pages must be completed and returned	d. Ope	perator Certification Number: 8823		
	enter you're current address on the lines below and, if necessar	ary,	Certification(s) s below will expi		
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal 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	
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #:		
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Facility / Plant Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)	



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Page 2

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	AMES E. JETT Please enter you're current address on the lines below and, correct the City, state and ZIP Code. Please print legibly.			Certification(s) below will ex		8/1/2022
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Certification T	ype C	ategory		Class	R	equired
OPERATOR	W	ASTEWATER TREATMENT		5	30)
OPERATOR	W	ASTEWATER TREATMENT		А	16	õ
II. CURRENT	EMPLOYMENT INFOR	RMATION				
Employer's Name	::			Phone #:		
Number of Facilit	ties (or Plants) that you curren	ntly operate:		I am employed	by the Fa	cility owner
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Please provide th	e following information abou	t each Facility/Plant that you operat	e. Use addt	ional pages as neede	d.	
Facility / Plant Na	ame		Class	PDWIS (Water) N	PDES (V	Vastewater)
		(OVER)				



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Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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This is page one of a two page form. Both pages must be completed and returned.				perator Certification N	Jumber:	9174	
	Please enter you're current ac	ldress on the lines below and, if nec	essary,	Certification(s) below will ex		8/1/2022	
1	correct the City, state and ZII	P Code. Please print legibly.		The fee to renev	w these cations:	\$50	
				Failure to comp requirements by result in an a describ	the expi	ration date will I late fees as	
	ATES TO RENEW:					aining Units	
Certification Ty	/pe C	ategory		Class	Re	quired	
SUPERINTENDEN	NT W	ASTEWATER TREATMENT		Α	7		
SUPERINTENDEN	NT W	ASTEWATER TREATMENT		5	7		
II. CURRENT	EMPLOYMENT INFOR	RMATION					
Employer's Name	:			Phone #:			
Number of Facilit	ies (or Plants) that you currer	ntly operate:		I am employed b	y the Fac	cility owner	
I am currently not	operating any Facility		ΙI	provide contractual se	rvices to	the Facility	
Please provide the	e following information abou	t each Facility/Plant that you opera	te. Use addt	ional pages as needea	l.		
Facility / Plant Na	me		Class	PDWIS (Water) NI	PDES (W	astewater)	
		, ,					
		(OVER)					



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two pa	Opera	tor Certifcation	9223		
	you're current address on the lines below and, if necessary,	·,	Certification below will		8/1/2022
correct the City, state and ZIP Code. Please print legibly.			The fee to recent	new these tifications:	\$100
			requirements result in a	by the exp	submit renewal piration date will al late fees as ction V.
I. CERTIFICATES TO	O RENEW:			Т	raining Units
Certification Type	Category		Class	R	equired
OPERATOR	WATER TREATMENT		1	1	6
OPERATOR	WASTEWATER TREATMENT		5	30	0
OPERATOR	WASTEWATER TREATMENT		Α	10	6
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
SUPERINTENDENT	WASTEWATER TREATMENT		Α	7	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #	:	
Number of Facilities (or Plants	s) that you currently operate:		I am employe	ed by the Fa	acility owner
I am currently not operating an	ny Facility	I provi	de contractual	services to	the Facility
Please provide the following it	nformation about each Facility/Plant that you operate. Use	e addtional	pages as need	ded.	
Facility / Plant Name	Cla	ass PDV	VIS (Water)	NPDES (V	Vastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
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This is page one of a two	o page form. Both pages must be completed and return	r ned. Op	erator Certifcation N	umber: 9456
	enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			requirements by 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
SUPERINTENDENT	WASTEWATER TREATMENT		Α	7
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or F	Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operation	ng any Facility	I pr	rovide contractual serv	vices to the Facility
Please provide the follows	ing information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.	
Facility / Plant Name		Class P	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page or	one of a two page form. Both pages must be completed and ret	turned. Op	erator Certification Nu	ımber: 9647
GREGORY E	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needed.	
Facility / Plant	Name	Class P	DWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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	you're current address on the lines below and, if necessary	ry,	Certification(s) shown below will expire on: 8/1			
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certifi	w these cations: \$50		
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I. CERTIFICATES TO	O RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		Α	16		
OPERATOR	WASTEWATER TREATMENT		5	30		
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		
I am currently not operating as	ny Facility	I prov	ide contractual se	ervices to the Facility		
Please provide the following i	information about each Facility/Plant that you operate. Us	se addtiona	l pages as needed	d		
Facility / Plant Name	C	Class PDV	WIS (Water) N	PDES (Wastewater)		



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This is page one of a t	wo page form. Both pages must be completed and retu	rned. Op	perator Certification Nu	ımber: 9695
	e enter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			 requirements by t 	ete or submit renewal he expiration date will
				ditional late fees as l in Section V.
I. CERTIFICATE	S TO RENEW:		described	Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		5AS	16
SUPERINTENDENT	WATER TREATMENT		2	7
SUPERINTENDENT	WATER TREATMENT		5AS	7
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not opera	ting any Facility	I p	rovide contractual serv	vices to the Facility
Please provide the follo	wing information about each Facility/Plant that you opera	ite. Use addtio	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one	of a two page form. Both pages must be completed and return	rned. Op	erator Certifcation N	umber: 9768	
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) shown below will expire on: 8/1/2022		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:			4000110	Training Units	
Certification Ty	rpe Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the	following information about each Facility/Plant that you opera	ate. Use addtio	nal pages as needed		
Facility / Plant Na	me	Class P	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

This is page one of a two p	age form. Both pages must be completed and ret	Operator Certification Number: 9811		
	er you're current address on the lines below and, if no	ecessary,	Certification(s) s below will expi	
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES T	O RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		3	45
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
I am currently not operating	any Facility	Ιp	provide contractual serv	vices to the Facility
Please provide the following	information about each Facility/Plant that you open	rate. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

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

This is page one of a two pa	ge form. Both pages must be completed and returned.	Operator Certification 1	Number: 9826
RONALD L. SHUMAKER	you're current address on the lines below and if necessary	Certification(s) below will ex	
Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		The fee to rene	•
		requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as sed in Section V.
I. CERTIFICATES TO	O RENEW:		Training Units
Certification Type	Category	Class	Required
OPERATOR	WATER TREATMENT	5	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WATER TREATMENT	5	7
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	2	16
SUPERINTENDENT	WATER TREATMENT	2	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
I am currently not operating an	ny Facility	I provide contractual se	ervices to the Facility
Please provide the following i	nformation about each Facility/Plant that you operate. Use	addtional pages as needed	d.
Facility / Plant Name	Clas	ss PDWIS (Water) N	PDES (Wastewater)
	(OVER)		



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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and retu			Operator Certification Number: 9916			
-	you're current address on the lines below and,	f necessary,	Certification(s) s below will exp			
correct the Ci	ity, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFICATES TO	RENEW:			Training Units		
Certification Type	Category		Class	Required		
SUPERINTENDENT	WATER TREATMENT		1	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	y Facility	I	provide contractual ser	vices to the Facility		
Please provide the following in	formation about each Facility/Plant that you o	perate. Use ada	ltional pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one of a t	two page form. Both pages must be completed and retu	rned. Oper	ator Certification N	umber: 9955
	e enter you're current address on the lines below and, if ne	cessary,	Certification(s) below will exp	
correc	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$ 100
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not opera	ating any Facility	I prov	vide contractual ser	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you opera	ate. Use addtiond	al pages as needed	•
Facility / Plant Name		Class PD	WIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	

	I consent to	receive my	certificate(s)	by emial	in lieu	of mail
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This 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	ne of a two page form. Both pages must be completed and return	ed. Opera	Operator Certification Number: 9958			
MARVIN DIX	Please enter you're current address on the lines below and, if neces	ssary,	Certification(below will			
	correct the City, state and ZIP Code. Please print legibly.		The fee to rer	new these ifications: \$100		
			Failure to complete or submit renewal requirements by the expiration date will			
			result in an additional late fees as described in Section V.			
I. CERTIFIC	CATES TO RENEW:		uescr			
Certification ⁻			Class	Training Units Required		
OPERATOR	WASTEWATER TREATMENT		Α	16		
OPERATOR	INDUSTRIAL WASTEWATER		5	30		
OPERATOR	INDUSTRIAL WASTEWATER		6	16		
OPERATOR	WASTEWATER TREATMENT		5	30		
II. CURRENT	Γ EMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone #:			
Number of Facil	lities (or Plants) that you currently operate:		I am employe	d by the Facility owner		
I am currently n	ot operating any Facility	I prov	ide contractual	services to the Facility		
Please provide t	the following information about each Facility/Plant that you operate	. Use addtiona	l pages as need	led.		
Facility / Plant N	Name	Class PDV	WIS (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.
- 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 Certif	fication Number of
Operator in Resp	ponsible 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		
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