

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.

			Operator Certifcation Number: <b>0070</b>			
	r you're current address on the lines below and, if necessa	ury,	Certification(s) s below will exp			
correct the (	City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
			<ul> <li>Failure to complete or submit re-</li> <li>requirements by the expiration d</li> <li>result in an additional late feed</li> <li>described in Section V.</li> </ul>			
I. CERTIFICATES TO	O RENEW:			Training Units		
Certification Type	Category		Class	Required		
SUPERINTENDENT	WASTEWATER TREATMENT		А	7		
SUPERINTENDENT	WASTEWATER TREATMENT		5	7		
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 a	ny Facility	I pr	ovide contractual ser	vices to the Facility		
Please provide the following i	information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.			
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

# VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 0275			
		rrent address on the lines below and, if necessary,	ecessary,	Certification(s) below will ex		
(	correct the City, state and ZI	P Code. Please print legibly.		The fee to rene certifi	w these <b>\$50</b>	
				requirements by result in an a	plete or submit renewal v the expiration date will additional late fees as bed in Section V.	
	ATES TO RENEW:				Training Units	
Certification Ty	vpe C	ategory		Class	Required	
TEMPORARY	V	ASTEWATER TREATMENT		5	45	
II. CURRENT I	EMPLOYMENT INFO	RMATION				
Employer's Name:				Phone #:		
Number of Faciliti	es (or Plants) that you curren	tly operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility		Ι	provide contractual se	ervices to the Facility	
Please provide the	following information abou	t each Facility/Plant that you ope	erate. Use add	ltional pages as needed	d	
Facility / Plant Nat	me		Class	PDWIS (Water) N	PDES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 0523			
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	,	Certification below will		9/1/2024	
			The fee to re cer	enew these tifications:	\$50	
		Failure to complete or su requirements by the expir result in an additional described in Sec		biration date will al late fees as		
	ATES TO RENEW:				raining Units	
Certification Ty	ype Category		Class	R	equired	
TEMPORARY	INDUSTRIAL WASTEWATER		1	0		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #	<b>:</b>		
Number of Facilit	ies (or Plants) that you currently operate:		I am employe	ed by the F	acility owner	
I am currently not	operating any Facility	I pro	ovide contractual	l services to	the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtion	nal pages as nee	ded.		
Facility / Plant Na	me Cla	ass Pl	DWIS (Water)	NPDES (V	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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MARSHALL	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp			
co			The fee to renew certification	\$50		
			<ul> <li>requirements by tresult in an ad</li> </ul>	ete or submit renewal the expiration date will ditional late fees as d in Section V.		
	CATES TO RENEW:			Training Units		
Certification 7	Type Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently no	ot operating any Facility	I p	provide contractual serv	vices to the Facility		
Please provide th	he following information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed.			
Facility / Plant N	lame	Class	PDWIS (Water) NPI	DES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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MASON	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	у,	Certification(s) s below will exp	<b>U</b> /I//II//		
COI			The fee to renew certific	\$50		
			Failure to complete or sub requirements by the expira result in an additional l described in Section			
	CATES TO RENEW:			Training Units		
Certification T	ype Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		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 pr	ovide contractual ser	vices to the Facility		
Please provide th	ne following information about each Facility/Plant that you operate. Us	se addtio	nal pages as needed.			
Facility / Plant N	ame C	Class P	DWIS (Water) NP	DES (Wastewater)		



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GRABIS, JR.	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will exp	<b>U</b> /I/////////			
			The fee to renew certific	\$50			
				— requirements by result in an acceleration	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
	ATES TO RENEW:				Training Units		
Certification 7	ype Cate	gory		Class	Required		
OPERATOR	INDU	ISTRIAL WASTEWATER		2	0		
II. CURRENT	<b>EMPLOYMENT INFORM</b>	ATION					
Employer's Nam				Phone #:			
Number of Facili	ties (or Plants) that you currently	operate:		I am employed b	y the Facility owner		
I am currently no	t operating any Facility		Ι	provide contractual ser	vices to the Facility		
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Facility / Plant N	ame		Class	PDWIS (Water) NP	DES (Wastewater)		



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Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by 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.			ed. Op	erator Certifcation	n Number:	0692
FERRELL	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	sary,	Certification below will		9/1/2024	
			The fee to report	new these	\$100	
				Failure to complete or subm requirements by the expirative result in an additional late described in Section		iration date will al late fees as
I. CERTIFI	CATES TO RENEW:				т	raining Units
Certification	Type Categ	lory		Class		equired
OPERATOR	WAST	EWATER COLLECTION		2	1	6
OPERATOR	WATE	R DISTRIBUTION		1	1	6
II. CURREN	T EMPLOYMENT INFORMA	ATION				
Employer's Nar	ne:			Phone #	:	
Number of Faci	lities (or Plants) that you currently o	perate:		I am employe	d by the Fa	cility owner
I am currently n	ot operating any Facility		I pro	ovide contractual	services to	the Facility
Please provide	the following information about eac	h Facility/Plant that you operate	. Use addtio	nal pages as need	led.	
Facility / Plant	Name		Class P	DWIS (Water)	NPDES (V	Vastewater)



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

# VII. APPLICANT'S STATEMENT

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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.	Operator Certification Number: 0705			
BRIGHT Please enter you're current address on the lines below and, if necessary,	Certification(s) she below will expire			
correct the City, state and ZIP Code. Please print legibly.	The fee to renew th certificat	\$50		
	— requirements by th result in an add	te or submit renewal e expiration date will itional late fees as in Section V.		
I. CERTIFICATES TO RENEW:		Training Units		
Certification Type Category	Class	Required		
OPERATOR WASTEWATER COLLECTION	2	16		
II. CURRENT EMPLOYMENT INFORMATION				
Employer's Name:	Phone #:			
Number of Facilities (or Plants) that you currently operate:	I am employed by	the Facility owner		
I am currently not operating any Facility	I provide contractual servi	provide contractual services to the Facility		
Please provide the following information about each Facility/Plant that you operate. Use add	dtional pages as needed.			
Facility / Plant Name Class	PDWIS (Water) NPDI	ES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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BROWNLEE	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	у,	Certification(s) s below will exp			
CO			The fee to renew certifica	\$50		
		Failure to complete or requirements by the exp result in an addition described in Se		he expiration date will ditional late fees as		
	CATES TO RENEW:			Training Units		
Certification 7	Type Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently no	ot operating any Facility	I pr	ovide contractual serv	vices to the Facility		
Please provide th	he following information about each Facility/Plant that you operate. U	se addtio	onal pages as needed.			
Facility / Plant N	l'ame C	Class P	DWIS (Water) NPI	DES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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Email Address

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RAKHMAN	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) sl below will expi			
			The fee to renew certifica	\$50		
		requireme result i		ete or submit renewal he expiration date will ditional late fees as l in Section V.		
	CATES TO RENEW:			<b>Training Units</b>		
Certification <sup>-</sup>	Type Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		1	24		
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently no	ot operating any Facility	I p	provide contractual services to the Facility			
Please provide t	he following information about each Facility/Plant that you operate. Use	e addti	onal pages as needed.			
Facility / Plant N	lame Cla	ass	PDWIS (Water) NPD	ES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ry,	Certification(s) si below will expi			
			The fee to renew certifica	\$50		
		requirements result in a		ete or submit renewal he expiration date will ditional late fees as l in Section V.		
	ATES TO RENEW:			Training Units		
Certification T	ype Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #:			
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner		
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ROBINSON	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) sl below will expi		
			The fee to renew certifica	\$50	
			<ul> <li>requirements by the result in an address</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
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Certification <sup>-</sup>	Type Category		Class	Required	
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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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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. $O_{\rm F}$			Operator Certification Number: 0841			
JOHNSON	Please enter you're current address on the lines below and, if necessary	cessary,	Certification below will		9/1/2024	
	correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	new these fications: <b>\$50</b>	
				<ul> <li>Failure to complete or submit rene</li> <li>requirements by the expiration data result in an additional late fees a described in Section V.</li> </ul>		oiration date will al late fees as
I. CERTIFIC	CATES TO RENEW	<u>.</u>			т	raining Units
Certification <sup>-</sup>	Туре	Category		Class	R	equired
OPERATOR		WASTEWATER TREATMENT		5	3	0
OPERATOR		WASTEWATER TREATMENT		А	1	6
II. CURRENT	<b>FEMPLOYMENT INF</b>	ORMATION				
Employer's Nam	ne:			Phone #	<i>t</i> :	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employe	ed by the Fa	acility owner
I am currently no	ot operating any Facility		I p	rovide contractual	services to	the Facility
Please provide t	he following information at	pout each Facility/Plant that you oper	ate. Use addti	onal pages as need	ded.	
Facility / Plant N	Vame		Class	PDWIS (Water)	NPDES (V	Wastewater)



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

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This is page on	e of a two page form. Both pages must be complete	Operator Certification N	perator Certifcation Number: 0877		
MOORE, 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) below will ex		
			The fee to renew certific	v these <b>\$50</b> cations:	
			— 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 7	Type Category		Class	Required	
OPERATOR	WATER DISTRIBUTIO	N	1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently no	ot operating any Facility		I provide contractual se	rvices to the Facility	
Please provide th	he following information about each Facility/Plant th	at you operate. Use add	dtional pages as needea	!	
Facility / Plant N	ame	Class	PDWIS (Water) NI	PDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one o	f a two page form. Both pages must be completed and returned.	perator Certifcation Number: 0945			
	lease enter you're current address on the lines below and, if necessar	ry,	Certification(s) shown below will expire on: <b>9/1/20</b>		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$50</b>		
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
	TES TO RENEW:			Training Units	
Certification Typ	pe 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	the Facility owner	
I am currently not o	perating any Facility	Ιp	provide contractual serv	vices to the Facility	
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Facility / Plant Nam	ne C	Class	PDWIS (Water) NPI	DES (Wastewater)	



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This is page one	of a two page form. Both pages must be co	mpleted and returned.	Operator Certifcation Number: <b>0950</b>		
	Please enter you're current address on the lines below and, if necessary,		Certification(s below will e		9/1/2024
	correct the City, state and ZIP Code. Please p	rint legibly.	The fee to rend certin	ew these fications:	50
			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		ation date will late fees as
	ATES TO RENEW:				ining Units
Certification T	ype Category		Class	Rec	quired
TEMPORARY	WASTEWATER	COLLECTION	2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Faci	lity owner
I am currently not	operating any Facility	—	I provide contractual s	services to th	ne Facility
Please provide th	e following information about each Facility/F	Plant that you operate. Use ad	dtional pages as neede	ed.	
Facility / Plant Na	me	Class	PDWIS (Water) N	NPDES (Wa	stewater)



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	Please enter you're current address on the lines below and, if necessary,	Certification below will	
	orrect the City, state and ZIP Code. Please print legibly.	The fee to re cert	new these <b>\$50</b>
		requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
	ATES TO RENEW:		<b>Training Units</b>
Certification Ty	ype Category	Class	Required
OPERATOR	WATER TREATMENT	4	30
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name:	:	Phone #	:
Number of Facilit	ies (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
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Facility / Plant Na	Class	s PDWIS (Water)	NPDES (Wastewater)



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	Please enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp	
·	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFIC	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 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
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Facility / Plant Na	me	Class P	DWIS (Water) NP	DES (Wastewater)



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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This is page one	of a two page form. Both pages must be completed and returned.	Ope	erator Certifcation N	umber: <b>0987</b>
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
со	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			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	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtion	nal pages as needed.	
Facility / Plant Na	Cla	ass PI	DWIS (Water) NP	DES (Wastewater)



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This is page one	of a two page form. Both pages must be completed and returned.	Op	perator Certifcation N	lumber: <b>0995</b>	
	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) below will exp	<b>U</b> /I///////////////////////////////////	
	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 wil dditional late fees as ed in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
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	1
I am currently not	operating any Facility	I pı	rovide contractual ser	rvices to the Facility	Ī
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtic	onal pages as needed.		
Facility / Plant Na	me Cl	lass P	PDWIS (Water) NP	PDES (Wastewater)	
					_
					_



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This is page one	e of a two page form. Both pages must be completed and returned.	0	perator Certifcation Nu	mber: 10045
MORGAN	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
		Failure to complete or su requirements by the expir result in an additional described in Sect		he expiration date will ditional late fees as
	CATES TO RENEW:			<b>Training Units</b>
Certification T	Type Category		Class	Required
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	the Facility owner
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This is page one	of a two page form. Both pages must be completed and returned.	Op	erator Certifcation N	umber: <b>10110</b>	
	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
			Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.		
	ATES 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 b	y the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtio	nal pages as needed.		
Facility / Plant Nat	me C	lass P	DWIS (Water) NP	DES (Wastewater)	



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	Please enter you're current address on the lines below and, if necessary,	sary,	Certification below will	n(s) shown l expire on:	9/1/2024
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to re	enew these tifications:	\$50
			Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V.		iration date will al late fees as
I. CERTIFICAT	ES TO RENEW:			т	raining Units
Certification Type	Category		Class	R	equired
OPERATOR	WASTEWATER TREATMENT		5	3	0
OPERATOR	WASTEWATER TREATMENT		А	1	6
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #	<b>#:</b>	
Number of Facilities (c	or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner
I am currently not oper	rating any Facility	I pro	ovide contractua	l services to	the Facility
Please provide the foll	owing information about each Facility/Plant that you operate	. Use addtion	ial pages as nee	ded.	
Facility / Plant Name		Class Pl	OWIS (Water)	NPDES (V	Vastewater)



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	SR. Please enter you're current address on the lines below and, if necessary,	sary,	Certification(s) s below will exp	<b>U</b> /I///////////////////////////////////			
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>				
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Certification Ty	vpe Category		Class	Required			
OPERATOR	WATER TREATMENT		2	16			
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I am currently not	operating any Facility	I pı	covide contractual serv	vices to the Facility			
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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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

This is page on	e of a two page form. Bot	h pages must be completed and return	ned. Of	perator Certifcatio	n Number:	10261
KOLLER	Please enter you're current address on the lines below and, if necessary,	essary,	Certification below will	n(s) shown expire on:	9/1/2024	
cor	correct the City, state and	ZIP Code. Please print legibly.		The fee to re cer	enew these tifications:	\$50
				Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.		piration date will al late fees as
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Т	raining Units
Certification	Туре	Category		Class	R	Required
TEMPORARY		WASTEWATER TREATMENT		5	4	.5
TEMPORARY		WASTEWATER TREATMENT		А	2	4
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	le:			Phone #	<b>:</b>	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employe	ed by the F	acility owner
I am currently no	ot operating any Facility		I p	rovide contractual	l services to	o the Facility
Please provide t	he following information al	oout each Facility/Plant that you operc	te. Use addtio	onal pages as nee	ded.	
Facility / Plant N	Jame		Class I	PDWIS (Water)	NPDES (V	Wastewater)



## **III. CONTINUING EDUCATION:**

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

This is page or	e of a two page form. Both pages must be completed and returned	. O <sub>l</sub>	perator Certifcation Nu	mber: 10284	
MCGRAIN	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s) sl below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
		requirements result in a		mplete or submit renewal by the expiration date wil n additional late fees as ribed in Section V.	
	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
II. CURREN	FEMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently n	ot operating any Facility	I p	rovide contractual serv	ices to the Facility	
Please provide i	the following information about each Facility/Plant that you operate. U	Jse addti	onal pages as needed.		
Facility / Plant N	Name	Class 1	PDWIS (Water) NPD	DES (Wastewater)	



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Date

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This is page one	of a two page form. Both pages must be completed and returned.	Ope	erator Certifcation N	umber:	10306
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		9/1/2024
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		\$50
		Failure to complete or su requirements by the expin result in an additional described in Sect		ration date will late fees as	
	ATES TO RENEW:		-		aining Units
Certification T	ype Category		Class	Ree	quired
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Fac	ility owner
I am currently not	operating any Facility	I pro	ovide contractual ser	vices to t	he Facility
Please provide th	e following information about each Facility/Plant that you operate. Use	addtior	nal pages as needed.		
Facility / Plant Na	Clas	iss Pl	DWIS (Water) NP	DES (Wa	astewater)



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This is page on	e of a two page form. Both pages must be completed and returned.	Op	erator Certifcation Nu	umber: 10441	
GOMOLJAK	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	t operating any Facility	I pr	rovide contractual services to the Facility		
Please provide th	he following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.		
Facility / Plant N	ame Cla	ass P	DWIS (Water) NPI	DES (Wastewater)	



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This is page one of a two page form. Bot	h pages must be completed and return	ned. Op	erator Certifcation	Number: 10493	
•	Please enter you're current address on the lines below and, if necessary,	ssary,	Certification( below will e	<b>u</b> /1///////////////////////////////////	
correct the City, state and	ZIP Code. Please print legibly.		The fee to ren certi	new these <b>\$50</b>	)
			requirements l result in an	nplete or submit renewa by the expiration date w additional late fees as ibed in Section V.	
I. CERTIFICATES TO RENEW	<u>.</u>			Training Units	5
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
OPERATOR	WATER TREATMENT		5AS	16	
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you cur	rently operate:		I am employed	d by the Facility owner	
I am currently not operating any Facility		I pr	ovide contractual	services to the Facility	
Please provide the following information al	oout each Facility/Plant that you operat	e. Use addtio	onal pages as need	led.	
Facility / Plant Name		Class P	DWIS (Water) N	NPDES (Wastewater)	



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This is page one of a two page form. Both	h pages must be completed and return	ed. Op	erator Certifcatio	on Number	: <b>10610</b>
	Please enter you're current address on the lines below and, if necessary,	ssary,	Certification below will		<b>u</b> /l////////
correct the City, state and	ZIP Code. Please print legibly.			correnew these s100	
			Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V.		piration date will nal late fees as
I. CERTIFICATES TO RENEW:	<u></u>			-	Training Units
Certification Type	Category		Class		Required
OPERATOR	WASTEWATER COLLECTION		2		16
OPERATOR	WATER DISTRIBUTION		1		16
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	¥:	
Number of Facilities (or Plants) that you cur	rently operate:		I am employ	ed by the I	Facility owner
I am currently not operating any Facility		I pr	ovide contractua	l services	to the Facility
Please provide the following information ab	out each Facility/Plant that you operate	e. Use addtio	nal pages as nee	eded.	
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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.
- 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 Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

# VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by 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.				Operator Certification Number: 10611			
HELLEMS	Please enter you're current address on the lines below and, if necess	ecessary,	Certification below will	n(s) shown l expire on:	9/1/2024		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$100</b>			
				<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration dat result in an additional late fees</li> <li>described in Section V.</li> </ul>		piration date will al late fees as	
I. CERTIFIC	CATES TO RENEW:	<u>.</u>			T	raining Units	
Certification 7	Гуре	Category		Class		Required	
OPERATOR		WATER DISTRIBUTION		1	1	6	
OPERATOR		WASTEWATER COLLECTION		2	1	6	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Nam	e:			Phone 7	#:		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employ	red by the F	acility owner	
I am currently no	ot operating any Facility		ΙĮ	provide contractua	l services t	o the Facility	
Please provide th	he following information ab	out each Facility/Plant that you oper	rate. Use addt	ional pages as nee	eded.		
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (V	Wastewater)	



## **III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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

This is page on	Operator (	Operator Certification Number: 10621			
ANDERSON	Please enter you're current address on the lines below and, if necessary,			n(s) shown l expire on:	9/1/2024
	correct the City, state and ZIP Code. Please print legibly.	Th		enew these rtifications:	\$50
		requ	Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		oiration date will al late fees as
	CATES TO RENEW:				raining Units
Certification 7	ype Category		Class	R	equired
TEMPORARY	WATER TREATMENT		4	4	5
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #	#:	
Number of Facili	ties (or Plants) that you currently operate:	I aı	n employ	red by the Fa	acility owner
I am currently no	t operating any Facility	I provide c	ontractua	l services to	the Facility
Please provide th	e following information about each Facility/Plant that you operate. Use	addtional pag	zes as nee	eded.	
Facility / Plant N	ame Clas	s PDWIS	(Water)	NPDES (V	Vastewater)



## **III. CONTINUING EDUCATION:**

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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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 returned.	Operator Certifcation Number: <b>10626</b>		
SPINELLA	Please enter you're current address on the lines below and, if necessary,	<i>'</i> ,	Certification(s) sh below will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certifica	\$50
			<ul> <li>requirements by the result in an additional sectors in the result in an additional sectors in the result in the res</li></ul>	te or submit renewal ne expiration date will ditional late fees as in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		G	7
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nan	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	I p	rovide contractual serv	ices to the Facility
Please provide i	the following information about each Facility/Plant that you operate. Us	e addti	onal pages as needed.	
Facility / Plant N	Name Cl	lass 1	PDWIS (Water) NPD	ES (Wastewater)



## **III. CONTINUING EDUCATION:**

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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certification Number: 10627			
STAFFORD	Please enter you're current address on the lines below and, if necessary,	Certification below will			
	correct the City, state and ZIP Code. Please print legibly.	The fee to ren cert	new these fications: <b>\$50</b>		
		requirements result in a	mplete or submit renewal by the expiration date will 1 additional late fees as ibed in Section V.		
	CATES TO RENEW:		Training Units		
Certification 7	Type Category	Class	Required		
TEMPORARY	WATER TREATMENT	1	24		
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>				
Employer's Name	e:	Phone #	: 		
Number of Facili	ities (or Plants) that you currently operate:	I am employe	d by the Facility owner		
I am currently no	ot operating any Facility	I provide contractual	services to the Facility		
Please provide th	he following information about each Facility/Plant that you operate. Use a	uddtional pages as need	led.		
Facility / Plant N	Tame Class	s PDWIS (Water)	NPDES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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Email Address

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

This is page on	e of a two page form. Both pages must be comp	leted and returned.	Operator Certification No	umber: 10628
BRANCH	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	<b>U</b> /I///////////////////////////////////
			The fee to renew certific	\$50
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification <sup>-</sup>	Type Category		Class	Required
TEMPORARY	WASTEWATER CO	LLECTION	2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	t operating any Facility		I provide contractual ser	vices to the Facility
Please provide ti	he following information about each Facility/Plan	nt that you operate. Use ad	dtional pages as needed.	
Facility / Plant N	ame	Class	PDWIS (Water) NPI	DES (Wastewater)



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one	e of a two page form. Both pages must be completed and returned.	Op	erator Certifcation Nu	umber: <b>11362</b>
CLARKE	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 certific	\$50
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
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 th	e following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.	
Facility / Plant Na	ame Cla	ass P	DWIS (Water) NPI	DES (Wastewater)



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Date

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

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This is page on	e of a two page form. Both pages must be completed and returned.	perator Certifcation Nu	mber: 11435	
GODWIN	Please enter you're current address on the lines below and, if necessary,	/,	Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:			Training Units
Certification <sup>-</sup>	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
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Please provide ti	he following information about each Facility/Plant that you operate. Us	se addti	ional pages as needed.	
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This is page one	e of a two page form. Botl	n pages must be completed and	returned. C	perator Certifcation	on Number	: 12126
OCHOA	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	f necessary,	Certification below wil	n(s) shown l expire on:	u/i///////////////////////////////////	
			The fee to re	enew these rtifications:	\$100	
				<ul> <li>Failure to complete or submit rene</li> <li>requirements by the expiration dat result in an additional late fees</li> <li>described in Section V.</li> </ul>		piration date will al late fees as
I. CERTIFIC	ATES TO RENEW:	<u>L</u>			1	<b>Fraining Units</b>
Certification T	уре	Category		Class		Required
TEMPORARY		WATER TREATMENT		3	Z	15
TEMPORARY		WASTEWATER TREATMENT		5	Z	15
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	:			Phone	#:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	red by the F	acility owner
I am currently not	t operating any Facility		Ij	provide contractua	al services t	o the Facility
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Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (	Wastewater)



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This is page one	of a two page form. Both pages must be completed and returned	<b>I.</b> O	perator Certifeation N	Jumber: <b>12127</b>	
	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(s) below will exp	<b>U</b> /I//I///	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	w these <b>\$50</b> cations:	
			<ul> <li>requirements by result in an a</li> </ul>	plete or submit renewal y 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 TREATMENT		S	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
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	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		1	0
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SOEFAN	Please enter you're current address on the lines below and, if necessary,	/,	Certification(s) s below will exp	
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This is page one	e of a two page form. Both pages must be completed and returned.	Op	erator Certifcation N	umber: <b>12130</b>
TARTAL	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 certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		1	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			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 pr	ovide contractual ser	vices to the Facility
Please provide th	ne following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed.	
Facility / Plant N	ame Cla	ass P	DWIS (Water) NP	DES (Wastewater)



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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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

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FEAGLEY	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
	CATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		1	0	
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Employer's Name	x.		Phone #:		
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RINGER	Please enter you're current address on the lines below and, if necessary,	·,	Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:		-	Training Units
Certification 1	ype Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		1	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	2:		Phone #:	
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KORMAN	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		9/1/2024
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		\$50
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section		iration date will Il late fees as
	CATES TO RENEW:				raining Units
Certification 1	Type Category		Class	R	equired
TEMPORARY	WASTEWATER TREATMENT		1	24	1
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	2:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	y the Fa	cility owner
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WARE	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
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Certification T	ype Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		1	0
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	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		9/1/2024
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Facility / Plant Na	ime C	Class I	PDWIS (Water) NF	PDES (Wa	astewater)



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This is page one	Operator Certifcation Number: 12136				
WELCH	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		9/1/2024
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations:	\$50
			Failure to complete or submired requirements by the expiration result in an additional late described in Section		iration date will al late fees as
	CATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
TEMPORARY	INDUSTRIAL WASTEWATER		1	0	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	y the Fa	cility owner
I am currently no	t operating any Facility	I pr	provide contractual services to the Facility		
Please provide th	e following information about each Facility/Plant that you operate. Use	addtio	nal pages as needed		
Facility / Plant N	ame Cla	iss P	DWIS (Water) NP	DES (V	Vastewater)



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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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# VII. APPLICANT'S STATEMENT

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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This is page one	e of a two page form. Both pages must be completed and returned	perator Certifcation Number: 12137			
LAUDER	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 certifica	\$50	
			- requirements by t 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	ype Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5A	69	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	2:		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility			provide contractual services to the Facility		
Please provide th	e following information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.		
Facility / Plant Na	ame	Class I	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

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This is page one of a	ed. O <sub>l</sub>	Operator Certification Number: 12138				
	Please enter you're current address on the lines below and, if necess	ssary,	Certification below wil	n(s) shown l expire on:	9/1/2024	
corr	correct the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100	
			<ul> <li>Failure to complete or submit renev</li> <li>requirements by the expiration date result in an additional late fees as</li> <li>described in Section V.</li> </ul>		oiration date will al late fees as	
I. CERTIFICAT	<u>ES TO RENEW:</u>			т	raining Units	
Certification Type	Category		Class		equired	
TEMPORARY	WATER DISTRIBUTION		1	2	4	
TEMPORARY	WASTEWATER COLLECTION		2	2	4	
II. CURRENT EM	PLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Facilities (	or Plants) that you currently operate:		I am employ	red by the F	acility owner	
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide the fol	lowing information about each Facility/Plant that you operate	e. Use addti	onal pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (V	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Date

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BARRETTCertification(s) shown below will expire on:9/1/29/1/2	2024			
correct the City, state and ZIP Code. Please print legibly. The fee to renew these certifications: \$100				
Failure to complete or submit requirements by the expiration result in an additional late f described in Section V	date will ees as			
I. CERTIFICATES TO RENEW: Training	Units			
Certification Type Category Class Require				
TEMPORARY WASTEWATER COLLECTION 2 24				
TEMPORARY WATER DISTRIBUTION 1 24				
II. CURRENT EMPLOYMENT INFORMATION				
Employer's Name: Phone #:				
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility or	wner			
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AHMED	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	
	correct the City, state and ZIP Code. Plea	ase print legibly.	The fee to renew certific	\$50
				lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	INDUSTRIAI	_ WASTEWATER	4	24
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>	I		
Employer's Name	x		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently no	t operating any Facility		I provide contractual ser	vices to the Facility
Please provide th	e following information about each Facil	ity/Plant that you operate. Use aa	ldtional pages as needed.	
Facility / Plant N	ame	Class	PDWIS (Water) NP	DES (Wastewater)



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This is page one	e of a two page form. Bot	h pages must be completed and r	eturned. C	perator Certifcatio	on Number:	12141
	Please enter you're current address on the lines below and, if necessa	necessary,	Certification below will	n(s) shown l expire on:	9/1/2024	
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				<ul> <li>Failure to complete or submit rene</li> <li>requirements by the expiration data result in an additional late fees a</li> <li>described in Section V.</li> </ul>		biration date will al late fees as
I. CERTIFIC	ATES TO RENEW				т	raining Units
Certification T	уре	Category		Class	R	equired
TEMPORARY		WATER TREATMENT		4	4	5
TEMPORARY		WASTEWATER TREATMENT		5A	6	9
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Name	:			Phone 7	#:	
Number of Facili	ties (or Plants) that you cur	rrently operate:		I am employ	ed by the F	acility owner
I am currently no	t operating any Facility		I	provide contractua	l services to	the Facility
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Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page on	e of a two page form. Both pages must be completed and retu	Dperator Certifcation Number: 12142			
GLASGOW	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 renew certific	w these <b>\$50</b> cations:	
			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 <sup>-</sup>	Type Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		5	45	
II. CURRENT	<b>FEMPLOYMENT INFORMATION</b>				
Employer's Nam	ne:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility			provide contractual services to the Facility		
Please provide t	he following information about each Facility/Plant that you oper	ate. Use addi	tional pages as needea	!.	
Facility / Plant N	Name	Class	PDWIS (Water) NI	PDES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

## V. LATE FEES AND REINSTATEMENT

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

Date

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THOMPSON	Please enter you're current address on the lines below and, if necessary,		cessary,	Certification(s) below will ex			
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rene certifi	w these <b>\$50</b> cations:		
				- requirements by result in an a	plete or submit renewal v the expiration date will additional late fees as bed in Section V.		
I. CERTIFIC	CATES TO RENEW:				<b>Training Units</b>		
Certification T	<b>Туре</b>	Category		Class	Required		
TEMPORARY		WASTEWATER TREATMENT		5	45		
TEMPORARY		WASTEWATER TREATMENT		А	24		
II. CURRENT	EMPLOYMENT INFO	ORMATION					
Employer's Name	2:			Phone #:			
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed by the Facility owner			
I am currently no	t operating any Facility		I p	rovide contractual se	ervices to the Facility		
Please provide th	ne following information ab	out each Facility/Plant that you oper	ate. Use addtie	onal pages as needed	<i>d</i> .		
Facility / Plant N	ame		Class I	PDWIS (Water) N	PDES (Wastewater)		



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Date

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This is page on	e of a two page form. Bot	h pages must be completed and ret	urned. O	perator Certifcatio	on Number:	12145
TRAVIS	Please enter you're current address on the lines below and, if necessar		ecessary,	Certification(s) shown below will expire on: 9/1/20		9/1/2024
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100
				<ul> <li>Failure to complete or submit re- requirements by the expiration d result in an additional late fee described in Section V.</li> </ul>		piration date will al late fees as
I. CERTIFIC	CATES TO RENEW	<u> </u>			г	raining Units
Certification T	<b>Туре</b>	Category		Class	R	Required
TEMPORARY		WATER TREATMENT		2	2	24
TEMPORARY		WASTEWATER TREATMENT		1	2	24
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	2:			Phone	#:	
Number of Facili	ties (or Plants) that you cu	rrently operate:		I am employ	ed by the F	acility owner
I am currently no	t operating any Facility		Ιŗ	provide contractua	l services to	o the Facility
Please provide th	e following information al	pout each Facility/Plant that you ope	erate. Use addti	onal pages as nee	eded.	
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page or	e of a two page form. Both pages must be completed and returned.	0	Operator Certifcation Number: 12147			
JOHNSON	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50		
		requirements by the e result in an addition		ete or submit renewal he expiration date will ditional late fees as l in Section V.		
	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
TEMPORARY	WATER DISTRIBUTION		1	24		
II. CURRENT	FEMPLOYMENT INFORMATION					
Employer's Nam	ne:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently n	ot operating any Facility	Ιp	provide contractual serv	vices to the Facility		
Please provide t	he following information about each Facility/Plant that you operate. Us	se addti	ional pages as needed.			
Facility / Plant N	Name Cl	lass	PDWIS (Water) NPI	DES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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HURLEYJR	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi				
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50			
		requirements by the ex- result in an additio		ete or submit renewal he expiration date will ditional late fees as l in Section V.			
	CATES TO RENEW:			<b>Training Units</b>			
Certification <sup>-</sup>	Type Category		Class	Required			
TEMPORARY	WASTEWATER COLLECTION		2	24			
II. CURRENT	<b>SEMPLOYMENT INFORMATION</b>						
Employer's Nam	e:		Phone #:				
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently no	ot operating any Facility	I pı	covide contractual serv	vices to the Facility			
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Facility / Plant N	lame C	Class P	PDWIS (Water) NPI	DES (Wastewater)			



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	ATES TO RENEW:			Training Units			
Certification T	ype Category		Class	Required			
TEMPORARY	WASTEWATER COLLEC	CTION	2	24			
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I am currently not	operating any Facility	]	I provide contractual ser	vices to the Facility			
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# VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by 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. Op	perator Certifcation N	umber: <b>12150</b>
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	
corre	ect 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 ed in Section V.
I. CERTIFICAT				<b>Training Units</b>
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (	or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not oper	rating any Facility	I pi	rovide contractual ser	vices to the Facility
Please provide the foll	lowing information about each Facility/Plant that you operate.	Use addtic	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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

This is page one of a two page form. Both pages must be completed and returned		ned. O	Operator Certification Number: 12152			
KAMM	Please enter you're current address on the lines below and, if necessary	essary,	Certification( below will e			
	correct the City, state and	ZIP Code. Please print legibly.		The fee to ren certi	new these <b>\$100</b>	
				<ul> <li>requirements l result in an</li> </ul>	nplete or submit renewal by the expiration date will a additional late fees as ibed in Section V.	
	<u>CATES TO RENEW</u> –	_		-	Training Units	
Certification	Туре	Category		Class	Required	
TEMPORARY		WATER TREATMENT		3	45	
TEMPORARY		WATER TREATMENT		5AS	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
II. CURRENT	<b>F EMPLOYMENT INF</b>	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed	d by the Facility owner	
I am currently n	ot operating any Facility		Ιp	rovide contractual services to the Facility		
Please provide i	the following information a	bout each Facility/Plant that you opera	te. Use addti	onal pages as need	led.	
Facility / Plant M	Name		Class	PDWIS (Water)	NPDES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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

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

This is page one of a two page form. B	Both pages must be completed and return	ned. Op	erator Certifcatio	on Number	: 12153
5	Please enter you're current address on the lines below and, if necessa		Certification(s) shown below will expire on: 9/1/20		
correct the City, state a	nd ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$50
			<ul> <li>Failure to complete or submit reprint to complete or submit reprit to complete or submit reprint to complete or s</li></ul>		piration date will nal late fees as
I. CERTIFICATES TO RENE	<u>W:</u>			٦	Fraining Units
Certification Type	Category		Class		Required
TEMPORARY	WASTEWATER TREATMENT		5	2	15
TEMPORARY	WASTEWATER TREATMENT		А	2	24
II. CURRENT EMPLOYMENT IN	NFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities (or Plants) that you	currently operate:		I am employ	red by the F	Sacility owner
I am currently not operating any Facility		I pr	ovide contractua	l services t	o the Facility
Please provide the following information	about each Facility/Plant that you operation	ite. Use addtio	nal pages as nee	eded.	
Facility / Plant Name		Class P	DWIS (Water)	NPDES (	Wastewater)



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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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.	Operat	or Certifcation	n Number:	12154
BROOKS	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 9		9/1/2024
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren cert	new these ifications:	\$50
		requir		Failure to complete or submit equirements by the expiration result in an additional late fo described in Section V	
	CATES TO RENEW:		-		raining Units
Certification T	ype Category		Class	R	equired
TEMPORARY	WATER TREATMENT		4	4	5
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	2:		Phone #	:	
Number of Facili	ties (or Plants) that you currently operate:		I am employe	d by the Fa	acility owner
I am currently not	t operating any Facility	I provid	de contractual	services to	the Facility
Please provide th	ne following information about each Facility/Plant that you operate. Use a	addtional	pages as need	led.	
Facility / Plant Na	ame Clas	ss PDW	/IS (Water)	NPDES (W	Vastewater)



## **III. 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 Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

This is page one	of a two page form. Both pages must be com	pleted and returned.	Operator Certification N	Number: 12155
	Please enter you're current address on the lines below and, if necessary		Certification(s) below will ex	<b>u</b> /1////////
	correct the City, state and ZIP Code. Please pri	nt legibly.	The fee to renev certifi	w these <b>\$50</b>
			— requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as yed in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
TEMPORARY	INDUSTRIAL WAS	STEWATER	2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility		I provide contractual se	ervices to the Facility
Please provide th	e following information about each Facility/Pla	unt that you operate. Use add	dtional pages as needed	<i>d.</i>
Facility / Plant Na	me	Class	PDWIS (Water) NI	PDES (Wastewater)



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## V. LATE FEES AND REINSTATEMENT

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This is page on	e of a two page form. Both pages must be completed and returne	ed. Op	Operator Certification Number: 12156			
SULLIVAN	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 certifica	\$50		
		requirements by result in an a		ete or submit renewal he expiration date will ditional late fees as d in Section V.		
	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
TEMPORARY	INDUSTRIAL WASTEWATER		1	0		
II. CURRENT	<b>SEMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently no	ot operating any Facility	I pi	rovide contractual serv	vices to the Facility		
Please provide t	he following information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.			
Facility / Plant N	lame	Class I	PDWIS (Water) NPI	DES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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

This is page one	of a two page form. Both pages must be completed and returned.	Op	erator Certifcation N	umber: 1	217
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on:		9/1/2024
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	×	50
			Failure to compl requirements by result in an ac describe	ation date will late fees as	
	ATES TO RENEW:				ining Units
Certification Ty	vpe Category		Class	Req	uired
SUPERINTENDE	ENT WATER TREATMENT		2	7	
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 Facil	lity owner
I am currently not	operating any Facility	I pı	ovide contractual ser	vices to th	e Facility
Please provide the	following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed.		
Facility / Plant Nat	me Cla	ass F	PDWIS (Water) NP	DES (Was	stewater)



## **III. CONTINUING EDUCATION:**

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of a two page form. Both pages must be completed and returned.				perator Certifcation	n Number:	1257
	Please enter you're current address on the lines below and, if necessa		ecessary,	Certification below will		9/1/2024
correct the City, state and ZIP Code. Please print legibly.				The fee to re- cert	new these tifications:	\$50
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		iration date will Il late fees as
I. CERTIFIC	ATES TO RENEW	<u>.</u>			т	raining Units
Certification Ty	/pe	Category		Class	Re	equired
SUPERINTENDE	ENT	WASTEWATER TREATMENT		3	7	
SUPERINTENDE	ENT	WASTEWATER TREATMENT		А	7	
II. CURRENT	EMPLOYMENT INF	ORMATION				
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 p	rovide contractual	services to	the Facility
Please provide the	following information at	pout each Facility/Plant that you ope	rate. Use addtie	onal pages as need	ded.	
Facility / Plant Na	me		Class 1	PDWIS (Water)	NPDES (W	astewater)



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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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. Op	Dperator Certifcation Number: 1364			
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	<b>U</b> /I///////////////////////////////////		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50		
			<ul> <li>Failure to complete or submit rene</li> <li>requirements by the expiration date</li> <li>result in an additional late fees a</li> <li>described in Section V.</li> </ul>			
	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	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	e following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.			
Facility / Plant Na	ame	Class P	DWIS (Water) NP	DES (Wastewater)		



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Applicant's Signature

Date

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Email Address

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This is page on	Ope	rator Certifcation	Number:	1434	
DIETRICH	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on:		9/1/2024
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$50
			<ul> <li>Failure to complete or submit rend</li> <li>requirements by the expiration dat</li> <li>result in an additional late fees</li> <li>described in Section V.</li> </ul>		oiration date will al late fees as
	CATES TO RENEW:				raining Units
Certification	Type Category		Class	R	equired
OPERATOR	WATER TREATMENT		3	3	0
II. CURRENT	<b>SEMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed	by the Fa	acility owner
I am currently n	ot operating any Facility	I pro	vide contractual s	ervices to	the Facility
Please provide t	he following information about each Facility/Plant that you operate. Us	se addtion	al pages as neede	ed.	
Facility / Plant N	Vame Cl	lass PE	OWIS (Water) N	PDES (V	Vastewater)



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This is page one	of a two page form. Both pages must be comple	Operator Certification	Number: <b>1449</b>	
	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 legit		legibly.	The fee to rene certif	w these <b>\$50</b> ications:
			requirements by result in an	plete or submit renewal y the expiration date will additional late fees as oed in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	vpe Category		Class	Required
OPERATOR	WASTEWATER COL	LECTION	2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility		I provide contractual se	ervices to the Facility
Please provide the	following information about each Facility/Plant	that you operate. Use add	dtional pages as neede	<i>d</i> .
Facility / Plant Nat	me	Class	PDWIS (Water) N	PDES (Wastewater)



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This is page one	of a two page form. Both pages must be completed and return	ned. O	Operator Certification Number: 14533			
	Please 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 these certifications: <b>\$50</b>			
			<ul> <li>Failure to complete or submit rene</li> <li>requirements by the expiration dat</li> <li>result in an additional late fees</li> <li>described in Section V.</li> </ul>			
	ATES TO RENEW:			<b>Training Units</b>		
Certification Ty	ype Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		3	30		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner		
I am currently not	operating any Facility	Ιp	rovide contractual ser	vices to the Facility		
Please provide the	e following information about each Facility/Plant that you operat	e. Use addti	onal pages as needed			
Facility / Plant Nat	me	Class	PDWIS (Water) NP	DES (Wastewater)		



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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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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

# VII. APPLICANT'S STATEMENT

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

# \* AN INCOMPLETE 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.

PRICE, JR. Certification(s) shown	
Please enter you're current address on the lines below and, if necessary, below will expire on: 9/1/202	4
correct the City, state and ZIP Code. Please print legibly. The fee to renew these certifications: \$100	
Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V.	e will
I. CERTIFICATES TO RENEW: Training U	nits
Certification Type Category Class Required	
OPERATOR WATER TREATMENT 4 30	
SUPERINTENDENT WATER TREATMENT 4 7	
II. CURRENT EMPLOYMENT INFORMATION	
Employer's Name: Phone #:	
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owne	ſ
I am currently not operating any Facility I provide contractual services to the Facility	
Please provide the following information about each Facility/Plant that you operate. Use addtional pages as needed.	
Facility / Plant NameClassPDWIS (Water)NPDES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 1552		
DUVAL, 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) s below will expi	<b>U</b> /I///////////////////////////////////	
			The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility	I pr	provide contractual services to the Facility		
Please provide th	he following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.		
Facility / Plant N	Tame Cl.	ass P	DWIS (Water) NPI	DES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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

This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 1581			
BELSCHNER	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	cessary,	Certification below wil	n(s) shown l expire on:	9/1/2024		
			The fee to re	enew these rtifications:	\$50		
				<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration da result in an additional late fees</li> <li>described in Section V.</li> </ul>		piration date will al late fees as	
I. CERTIFICATES TO RENEW:				T	Training Units		
Certification 7	Гуре	Category		Class	F	Required	
OPERATOR		WASTEWATER TREATMENT		5	3	30	
OPERATOR		WASTEWATER TREATMENT		А	1	6	
II. CURRENT	EMPLOYMENT INFO	ORMATION					
Employer's Name	e:			Phone	#:		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed by the Facility owner			
I am currently no	t operating any Facility		I pi	rovide contractua	l services t	o the Facility	
Please provide th	he following information ab	out each Facility/Plant that you oper	ate. Use addtio	onal pages as nee	eded.		
Facility / Plant N	ame		Class I	PDWIS (Water)	NPDES (V	Wastewater)	



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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This is page one of a two page form. Both pages must be completed and returned. Ope			Operator Certification Number: 1704		
CHEAK, JR.	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	<b>U</b> /I//II//	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by result in an ac	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
	CATES TO RENEW:			Training Units	
Certification <sup>-</sup>	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently no	ot operating any Facility	I pr	provide contractual services to the Facility		
Please provide ti	he following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.		
Facility / Plant N	lame Cla	ass P	DWIS (Water) NP	DES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1790		
	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will expi		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	vpe Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	Ιp	rovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate.	Use addtie	onal pages as needed.		
Facility / Plant Nar	me	Class 1	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1809		
CONAWAY	Please enter you're current address on the lines below and, if necessary,		Certification( below will		9/1/2024
	correct the City, state and ZIP Code. Please print legibly.		The fee to rer cert	new these ifications:	\$50
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section		iration date will al late fees as
	CATES TO RENEW:		-		raining Units
Certification <sup>-</sup>	Type Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:	:	
Number of Facil	ities (or Plants) that you currently operate:		I am employe	d by the Fa	acility owner
I am currently no	ot operating any Facility	I prov	provide contractual services to the Facility		
Please provide t	he following information about each Facility/Plant that you operate. Use	e addtiond	al pages as need	led.	
Facility / Plant N	Tame Clas	iss PD	WIS (Water)	NPDES (V	Vastewater)



## **III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- 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.
- 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 Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1810		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) s below will exp		
correct the City, si			The fee to renew certific	\$50	
			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 RE				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EMPLOYMEN	T 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 Fac	ility	I	provide contractual services to the Facility		
Please provide the following inform	ation about each Facility/Plant that you opera	te. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department of the 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	Op	Operator Certification Number: 1935			
	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) s below will exp		9/1/2024
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		\$50
			Failure to complete or subm requirements by the expiration result in an additional late described in Section		ration date will l late fees as
I. CERTIFICATES TO RENEW:					aining Units
Certification Ty	vpe Category		Class	Re	quired
SUPERINTENDE	ENT 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 by	y the Fac	cility owner
I am currently not	operating any Facility	I pr	provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.		
Facility / Plant Nat	me Cla	ass P	DWIS (Water) NP	DES (W	astewater)



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

			Operator Certification Number: 1978		
	Please enter you're current address on the lines below and, if necessary,	sary,	Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
	ATES TO RENEW:			<b>Training Units</b>	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	Ιp	rovide contractual serv	vices to the Facility	
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Facility / Plant Na	ame	Class	PDWIS (Water) NPI	DES (Wastewater)	



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 2014		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	у,	Certification(s) s below will exp	<b>U</b> /I///////////////////////////////////	
			The fee to renew certific	\$50	
			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	Type Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	<b>SEMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
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Facility / Plant N	Vame C	Class P	DWIS (Water) NPI	DES (Wastewater)	



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Date

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Email Address

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This is page one	of a two page form. Both pages must be completed and returned.	Operator Certification Num	ber: <b>2076</b>	
MILLER	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) sho below will expire		
со		The fee to renew th certification	\$50	
		requirements by the result in an addi	e or submit renewal e expiration date will tional late fees as n Section V.	
	ATES TO RENEW:		Training Units	
Certification T	ype Category	Class	Required	
TEMPORARY	WATER TREATMENT	4	45	
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:	Phone #:		
Number of Facili	ties (or Plants) that you currently operate:	I am employed by the	ne Facility owner	
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Date

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Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 2089		
	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(s) below will ex		9/1/2024
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these cations:	\$50
			Failure to complete or submit requirements by the expiration result in an additional late for described in Section V		iration date will al late fees as
	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	30	D
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Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Fa	cility owner
I am currently not	operating any Facility	I pr	provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you operate. U	Use addtio	nal pages as needed	d.	
Facility / Plant Na	ame	Class P	DWIS (Water) NI	PDES (W	astewater)



## **III. CONTINUING EDUCATION:**

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

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- Operators In Training 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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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department of the 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. C	perator Certifcation N	Jumber: 2092	
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ssary,	Certification(s) below will exp		
correct th			The fee to renew certific	w these <b>\$50</b> cations:	
			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:			<b>Training Units</b>	
Certification T	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	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 operate	e. Use addt	ional pages as needed	<u>!</u>	
Facility / Plant Na	ame	Class	PDWIS (Water) NP	DES (Wastewater)	



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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 2105			
PARKER	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		cessary,	Certification(s) shown below will expire on: <b>9/1/20</b>			
				The fee to renew these certifications: <b>\$50</b>			
				<ul> <li>Failure to complete or submit requirements by the expiration d result in an additional late feed</li> <li>described in Section V.</li> </ul>		piration date will al late fees as	
I. CERTIFIC	CATES TO RENEW:	- -			Training Units		
Certification 7	Гуре	Category		Class		Required	
OPERATOR		WASTEWATER TREATMENT		5	3	30	
OPERATOR		WASTEWATER TREATMENT		А	1	6	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Nam	e:			Phone #	<b>#:</b>		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner	
I am currently not operating any Facility			I pi	provide contractual services to the Facility			
Please provide ti	he following information at	out each Facility/Plant that you oper	ate. Use addtio	onal pages as nee	ded.		
Facility / Plant N	lame		Class I	PDWIS (Water)	NPDES (	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one	of a two page form. Both pages must be completed and returned.	Ope	Operator Certification Number: 2113				
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 9/		9/1/2024		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		\$50		
			Failure to complete or sul requirements by the expira result in an additional l described in Secti		ation date will late fees as		
	ATES TO RENEW:				raining Units		
Certification T	ype Category		Class	Re	equired		
OPERATOR	WATER TREATMENT		4	30	)		
II. CURRENT	EMPLOYMENT INFORMATION						
Employer's Name	:		Phone #:				
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Fa	cility owner		
I am currently not	operating any Facility	I pro	ovide contractual ser	vices to	the Facility		
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This is page o	Derator Certifcation Number: 2114					
BEALL	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on: <b>9/1/2024</b>		9/1/2024	
			The fee to renew these certifications: <b>\$100</b>			
			Failure to complete or subm requirements by the expiration result in an additional late described in Section		iration date will al late fees as	
I. CERTIF	ICATES TO RENEW:			т	raining Units	
Certification	Type Category		Class		equired	
OPERATOR	WASTEWATER COLLECTION		2	1	6	
OPERATOR	WATER DISTRIBUTION		1	1	6	
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nat	me:		Phone #	:		
Number of Fac	ilities (or Plants) that you currently operate:		I am employe	d by the Fa	acility owner	
I am currently	not operating any Facility	I pro	ovide contractual	services to	the Facility	
Please provide	the following information about each Facility/Plant that you operation	ate. Use addtio	nal pages as need	led.		
Facility / Plant	Name	Class P.	DWIS (Water)	NPDES (W	Vastewater)	



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			<ul> <li>Failure to complete or submit to requirements by the expiration result in an additional late for described in Section V.</li> </ul>		piration date will al late fees as	
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Certification Type	Category		Class	F	Required	
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Employer's Name:			Phone	#:		
Number of Facilities (or Plants) that you cur	rently operate:		I am employ	red by the F	acility owner	
I am currently not operating any Facility			I provide contractual services to the Facility			
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This is page on	e of a two page form. Both pages must be completed and returned.	perator Certifcation Number: 2127				
ADKINS	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		/1/2024	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	w these <b>\$50</b> cations:	\$50	
			Failure to complete or sub requirements by the expira result in an additional l described in Sectio		ation date will late fees as	
	CATES TO RENEW:		_	Training Units		
Certification 7	Type Category		Class	Require	d	
OPERATOR	WATER TREATMENT		4	30		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	e:		Phone #:			
Number of Facili	ities (or Plants) that you currently operate:		I am employed b	by the Facility o	wner	
I am currently no	ot operating any Facility	I pro	vide contractual set	rvices to the Fa	cility	
Please provide th	he following information about each Facility/Plant that you operate. Use	e addtion	al pages as needed	!.		
Facility / Plant N	Tame Clar	ass PE	OWIS (Water) NF	PDES (Wastewa	iter)	



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

# VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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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 com	Operator Certifcation Number: 2139			
JOHNSON	Please enter you're current address on the lines		Certification(s) below will ex		
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these <b>\$50</b>	
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WASTEWATER TR	EATMENT	А	16	
II. CURREN	F EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	lities (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently n	ot operating any Facility		I provide contractual se	ervices to the Facility	
Please provide i	the following information about each Facility/Pla	nt that you operate. Use add	dtional pages as neede	<i>d</i> .	
Facility / Plant N	Name	Class	PDWIS (Water) N	PDES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

This is page of	ne of a two page form. Both pages must be completed and returned	erator Certifcation Number: 2163			
WALINSKI	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) sl below will expi		
			The fee to renew certifica	\$50	
			Failure to complete or submit renewa requirements by the expiration date wi result in an additional late fees as described in Section V.		
I. CERTIFICATES TO RENEW:				Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURREN	F EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently n	ot operating any Facility	I p	provide contractual serv	ices to the Facility	
Please provide	the following information about each Facility/Plant that you operate. U	Jse addti	onal pages as needed.		
Facility / Plant 1	Name	Class	PDWIS (Water) NPD	ES (Wastewater)	



### **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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

This is page one of a two page form. Bot	perator Certifcation Number: 2226				
	t address on the lines below and, if nece	ssary,	Certification below will	· /	u/i//
correct the City, state and ZIP Code. Please print legibly.			The fee to re- cert	new these tifications:	\$100
			requirements result in a	by the exp	submit renewal piration date will nal late fees as ection V.
I. CERTIFICATES TO RENEW	<u> </u>			1	Fraining Units
Certification Type	Category		Class		Required
OPERATOR	WASTEWATER COLLECTION		2	1	6
OPERATOR	WATER DISTRIBUTION		1	1	6
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	:	
Number of Facilities (or Plants) that you cur	rently operate:		I am employe	ed by the F	acility owner
I am currently not operating any Facility		I pr	ovide contractual	services t	o the Facility
Please provide the following information al	pout each Facility/Plant that you operat	e. Use addtio	nal pages as need	ded.	
Facility / Plant Name		Class P	DWIS (Water)	NPDES (V	Wastewater)



### **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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This is page one	of a two page form. Both pages must be completed and re	Derator Certifcation Number: 2247			
	Please enter you're current address on the lines below and, if r	necessary,	Certification(s below will ex	ý <b>U</b> /I//II//	
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these <b>\$50</b>	
			requirements by result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
	ATES TO RENEW:			<b>Training Units</b>	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	Ι	provide contractual s	ervices to the Facility	
Please provide the	e following information about each Facility/Plant that you op	erate. Use add	tional pages as neede	<i>d</i> .	
Facility / Plant Na	me	Class	PDWIS (Water) N	PDES (Wastewater)	



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This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	2395
GULLION, III	Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	9/1/2024
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100	
		Failure to complete or s requirements by the exp	

result in an additional late fees as

described in Section V.			
nits			

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:	Phone #:
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner
I am currently not operating any Facility	I provide contractual services to the Facility
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Date

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

This is page on	e of a two page form. Both pages must be completed and retu	perator Certifcation Number: 2620			
BAKER, II	Please enter you're current address on the lines below and, if neo	cessary,	The fee to renew these		9/1/2024
	correct the City, state and ZIP Code. Please print legibly.				\$100
		requirements result in a		omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.	
I. CERTIFI	CATES TO RENEW:			г	raining Units
Certification	Type Category		Class	F	Required
OPERATOR	WATER TREATMENT		4	З	80
OPERATOR	WASTEWATER TREATMENT		5	3	80
OPERATOR	WASTEWATER TREATMENT		А	1	6
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	ie:		Phone #	#:	
Number of Facil	ities (or Plants) that you currently operate:		I am employ	ed by the F	acility owner
I am currently n	ot operating any Facility	I p	rovide contractua	l services to	o the Facility
Please provide t	he following information about each Facility/Plant that you operation	ate. Use addti	onal pages as nee	eded.	
Facility / Plant N	Name	Class ]	PDWIS (Water)	NPDES (V	Wastewater)



### **III. CONTINUING EDUCATION:**

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

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

### **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

## VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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	Please verify your in	formation shown on this application and make	e any corrections as needed.	
This is page one of	a two page form. Both	Operator Certifcation Number	: 2775	
MUSSELMAN 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:	<u><u>SIMO</u></u>	
		Failure to complete or requirements by the ex result in an additior described in S	piration date will nal late fees as	
I. CERTIFICATES TO RENEW:		Т	Training Units	
Certification Typ	e	Category	Class F	Required
TEMPORARY		WASTEWATER TREATMENT	4 2	24
OPERATOR		INDUSTRIAL WASTEWATER	7 1	16
OPERATOR		WATER TREATMENT	2 1	16
OPERATOR		WASTEWATER TREATMENT	5 3	30
OPERATOR		WASTEWATER TREATMENT	A 1	16
II. CURRENT E	MPLOYMENT INFO	ORMATION		
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you cur	rently operate:	I am employed by the F	acility owner

Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner
I am currently not operating any Facility	I provide contractual services to the Facility
Please provide the following information about each Facility/Plant that you operation	ate. Use addtional pages as needed.

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)



### **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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Email Address

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This is page one	perator Certifcation Number: 2794					
PATTERSON	Please enter you're current address on the lines below and, if necessary,		Certification( below will o		9/1/2024	
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	new these ifications:	\$50	
			requirements l result in an	by the exp addition	r submit renewal xpiration date will nal late fees as Section V.	
	CATES TO RENEW:				raining Units	
Certification T	Type Category		Class	R	equired	
OPERATOR	WATER DISTRIBUTION		1	1	6	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	2:		Phone #:	_		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed	d by the Fa	acility owner	
I am currently not	t operating any Facility	I pro	ovide contractual	services to	the Facility	
Please provide th	ne following information about each Facility/Plant that you operate. Use	e addtio	nal pages as need	led.		
Facility / Plant Na	ame Cla	ass Pl	DWIS (Water)	NPDES (W	Vastewater)	
_						



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This is page one of a two page form.	Both pages must be completed and return	ned. Of	Operator Certification Number: <b>2967</b>			
•	urrent address on the lines below and, if nece	ssary,	Certification( below will e	<b>u</b> /1///////////////////////////////////		
correct the City, state	e and ZIP Code. Please print legibly.		The fee to ren certi	new these <b>\$100</b>		
			requirements l result in an	mplete or submit renewal by the expiration date will additional late fees as ibed in Section V.		
I. CERTIFICATES TO REN	EW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT EMPLOYMENT	INFORMATION					
Employer's Name:			Phone #:	:		
Number of Facilities (or Plants) that yo	ou currently operate:		I am employe	d by the Facility owner		
I am currently not operating any Facilit	у 🗌	I p	rovide contractual	services to the Facility		
Please provide the following information	on about each Facility/Plant that you operat	e. Use addtie	onal pages as need	led.		
Facility / Plant Name		Class 1	PDWIS (Water)	NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

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This is page one of a two page form. Both pages must be completed and returned. Ope				Operator Certifcatior	erator Certifcation Number: <b>3030</b>		
YINGLING	Please enter you're current address on the lines below and, if necessary,		, if necessary,	Certification( below will		9/1/2024	
correct the City, state and ZIP Code. Please print legibly.				The fee to rer cert	new these ifications:	\$50	
			requirements by result in an ac		by the expi additiona	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
	CATES TO RENEW:					raining Units	
Certification	Туре	Category		Class	Re	equired	
TEMPORARY		INDUSTRIAL WASTEWATE	R	1	0		
II. CURREN	<b>FEMPLOYMENT INFO</b>	ORMATION					
Employer's Nan	ne:			Phone #:	: 		
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employe	d by the Fa	cility owner	
I am currently n	ot operating any Facility	7	]	provide contractual	services to	the Facility	
Please provide i	the following information ab	out each Facility/Plant that you	ı operate. Use add	ltional pages as need	led.		
Facility / Plant N	Name		Class	PDWIS (Water)	NPDES (W	astewater)	



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This is page one of a two page form. Both pages must be completed and returned			<b>d.</b> Operator Certification Number: <b>3039</b>			
5	rent address on the lines below and, if nec	essary,	Certification below will		9/1/2024	
correct the City, state a	and ZIP Code. Please print legibly.		The fee to represent	new these tifications:	\$100	
			requirements result in a	by the exp	submit renewal biration date will al late fees as action V.	
I. CERTIFICATES TO RENE	EW:			т	raining Units	
Certification Type	Category		Class	R	equired	
OPERATOR	INDUSTRIAL WASTEWATER		2	0		
SUPERINTENDENT	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT EMPLOYMENT I	NFORMATION					
Employer's Name:			Phone #	:		
Number of Facilities (or Plants) that you	currently operate:		I am employe	ed by the Fa	acility owner	
I am currently not operating any Facility		I pi	covide contractual	services to	the Facility	
Please provide the following information	n about each Facility/Plant that you opera	te. Use addtic	onal pages as need	ded.		
Facility / Plant Name		Class F	DWIS (Water)	NPDES (V	Vastewater)	



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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This is page on	e of a two page form. Both pages must be completed and	<b>d returned.</b> C	Operator Certification No	umber: <b>3053</b>
VRABLE	Please enter you're current address on the lines below and, if necessar		Certification(s) s below will exp	<b>U</b> /I//II//I
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification 7	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION	NC	2	16
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>			
Employer's Nam	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	provide contractual ser	vices to the Facility
Please provide th	he following information about each Facility/Plant that you	ı operate. Use addt	tional pages as needed.	
Facility / Plant N	lame	Class	PDWIS (Water) NP	DES (Wastewater)



### **III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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### **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

This is page one	of a two page form. Both pages must be completed and returned.	Operator Certification Number: 3251		
	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as d in Section V.
	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	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ιŗ	provide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Jse addti	ional pages as needed.	
Facility / Plant Na	ime C	Class	PDWIS (Water) NPI	DES (Wastewater)



### **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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This is page one	of a two page form. Both pages must be co	mpleted and returned.	Operator Certifcation	Number: <b>3284</b>
VEACH	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 p	rint legibly.	The fee to rend certif	ew these fications: <b>\$50</b>
			requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	INDUSTRIAL W	ASTEWATER	6	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	t operating any Facility	_	I provide contractual s	ervices to the Facility
Please provide th	e following information about each Facility/P	lant that you operate. Use add	dtional pages as neede	<i>ed.</i>
Facility / Plant Na	ame	Class	PDWIS (Water) N	IPDES (Wastewater)



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This is page on	e of a two page form. Both pages must be completed and returned.	Ol	perator Certifcation Nu	umber: 328	37
PATERSON	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) show below will expire o		/2024
			The fee to renew certification	\$ 51	)
			Failure to compl requirements by result in an ad describe	the expiration	on date will e fees as
	CATES TO RENEW:				ng Units
Certification 7	Type Category		Class	Requi	red
TEMPORARY	INDUSTRIAL WASTEWATER		1	0	
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility	owner
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Facility / Plant N	lame Cla	ass ]	PDWIS (Water) NPI	DES (Wastev	vater)



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This is page or	e of a two page form. Both pages must be completed and returned	. 0	perator Certifcation Nu	mber: 3365
MILLER JR	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			<ul> <li>requirements by the result in an address</li> </ul>	te or submit renewal ne expiration date will litional late fees as in Section V.
	CATES TO RENEW:		-	Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
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Employer's Nam	e:		Phone #:	
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This is page one of a two page form. Both	h pages must be completed and return	ed. Op	erator Certifcatio	on Number:	3496
	Please enter you're current address on the lines below and, if necessary	ssary,	Certification below will	n(s) shown l expire on:	u/i//
correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to rec	enew these tifications:	\$100
			requirements result in a	submit renewal piration date will nal late fees as ection V.	
I. CERTIFICATES TO RENEW:	<u>.</u>			1	<b>Fraining Units</b>
Certification Type	Category		Class		Required
OPERATOR	WASTEWATER COLLECTION		2	1	6
TEMPORARY	WATER DISTRIBUTION		1	2	24
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	¥:	
Number of Facilities (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner
I am currently not operating any Facility		I pı	ovide contractua	l services t	o the Facility
Please provide the following information ab	out each Facility/Plant that you operate	e. Use addtio	onal pages as nee	eded.	
Facility / Plant Name		Class P	DWIS (Water)	NPDES (V	Wastewater)



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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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

This is page one of a two page form. Both pages must be completed and returned.			rned. Op	Operator Certification Number: <b>3540</b>			
GIBSON	2	t address on the lines below and, if ne	cessary,	Certification( below will o		4	
	correct the City, state and	d ZIP Code. Please print legibly.		The fee to ren certi	new these <b>\$50</b> ifications:	\$50	
				requirements l result in an	mplete or submit rene by the expiration date 1 additional late fees a ibed in Section V.	e will	
I. CERTIFI	CATES TO RENEW	<u>.</u>			Training Un	nits	
Certification	Туре	Category		Class	Required		
OPERATOR		WASTEWATER TREATMENT		5	30		
OPERATOR		WASTEWATER TREATMENT		А	16		
II. CURREN	Г EMPLOYMENT INF	ORMATION					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you cur	rrently operate:		I am employed	d by the Facility owner	: 🗌	
I am currently n	ot operating any Facility		I pi	rovide contractual	services to the Facility		
Please provide i	the following information al	bout each Facility/Plant that you oper	ate. Use addtio	onal pages as need	led.		
Facility / Plant 1	Name		Class F	PDWIS (Water)	NPDES (Wastewater)		



### **III. CONTINUING EDUCATION:**

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

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

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Applicant's Signature

Date

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

This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: <b>3697</b>			
EDWARDS		t address on the lines below and, if ne	cessary,	Certification below will			
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$100</b>			
				<ul> <li>requirements result in a</li> </ul>	by the ex	submit renewal piration date will nal late fees as ection V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			1	<b>Fraining Units</b>	
Certification 7	Гуре	Category		Class		Required	
OPERATOR		WASTEWATER COLLECTION		2	1	6	
OPERATOR		WATER DISTRIBUTION		1	1	6	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Name	e:			Phone #	<b>#:</b>		
Number of Facili	ties (or Plants) that you cur	rrently operate:		I am employ	ed by the F	acility owner	
I am currently no	t operating any Facility		Ιŗ	provide contractua	l services t	o the Facility	
Please provide th	he following information al	pout each Facility/Plant that you oper	rate. Use addti	ional pages as nee	ded.		
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (	Wastewater)	



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

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

This is page one	of a two page form. Both pages must be completed and	returned.	Operator Certification N	umber: <b>3766</b>
	Please enter you're current address on the lines below and, if necessary,	if necessary,	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	ete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTIC	N	2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	Ι	provide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you	operate. Use addi	tional pages as needed.	
Facility / Plant Na	me	Class	PDWIS (Water) NP	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Date

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This is page one	e of a two page form. Both pages must be completed and returned	I. Op	perator Certifcation Nu	mber: <b>4450</b>
MCCABE	Please enter you're current address on the lines below and, if necessary,	ury,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
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Name and Certification Number of Operator in Responsible Charge:

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This is page one	of a two page form. Both pages must be comp	pleted and returned.	Operator Certification N	lumber: <b>4558</b>	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	<b>U</b> /I///////////////////////////////////	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these <b>\$50</b> cations:	
			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	INDUSTRIAL WAS	TEWATER	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 th	e following information about each Facility/Plan	nt that you operate. Use ad	dtional pages as needed	!	
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This is page on	e of a two page form. Both pages must be completed and retu	rned. (	Operator Certifcation N	umber: <b>4569</b>	
JOHNSON	Please enter you're current address on the lines below and, if necessary,	cessary,	Certification(s) below will exp		
cor	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 ed in Section V.	
	CATES TO RENEW:			<b>Training Units</b>	
Certification	Type Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	<b>FEMPLOYMENT INFORMATION</b>				
Employer's Nam	ne:		Phone #:		
Number of Facil	lities (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently no	ot operating any Facility	Ι	provide contractual services to the Facility		
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Facility / Plant N	Name	Class	PDWIS (Water) NP	DES (Wastewater)	



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form.	Both pages must be completed and re	t <b>urned.</b> O	perator Certifcation N	lumber: <b>4596</b>
	Please enter you're current address on the lines below and, if necessar		Certification(s) below will exp	<b>U</b> /I//II//
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these <b>\$100</b> cations:
			requirements by result in an ac	elete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO REN	EW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
SUPERINTENDENT	WATER TREATMENT		4	7
II. CURRENT EMPLOYMENT	INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that yo	ou currently operate:		I am employed b	by the Facility owner
I am currently not operating any Facilit	у	Ιŗ	provide contractual ser	rvices to the Facility
Please provide the following information	on about each Facility/Plant that you op	erate. Use addti	onal pages as needed	
Facility / Plant Name		Class	PDWIS (Water) NP	PDES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned.			med.	Operator Certifcation Number: 5205		
THOMAS, JR. Please enter you're current address on the l			essary,	Certification(s) below will ex	u/1/////	4
correct the City, state and ZIP Code. Please print legibly.				The fee to renew certific	w these <b>\$50</b> cations:	
				<ul> <li>Failure to complete or submit reprint to complete or submit reprint to the expiration date for the sult in an additional late for the described in Section V.</li> </ul>		e will
	ATES TO RENEW:				Training Un	iits
Certification Ty	pe Categ	Jory		Class	Required	
OPERATOR	WAST	EWATER COLLECTION		2	16	
II. CURRENT F	<b>CMPLOYMENT INFORM</b>	ATION				
Employer's Name:				Phone #:		
Number of Facilitie	es (or Plants) that you currently of	operate:		I am employed b	by the Facility owner	·
I am currently not o	operating any Facility		Ι	provide contractual se	rvices to the Facility	$\Box$
Please provide the	following information about eac	h Facility/Plant that you opera	ite. Use addi	tional pages as needea	<i>l</i> .	
Facility / Plant Nar	ne		Class	PDWIS (Water) NI	PDES (Wastewater)	



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This is page one of a two page	ge form. Both pages must be completed and retur	<b>ned.</b> O <sub>l</sub>	Operator Certification Number: 5215			
	you're current address on the lines below and, if nec	essary,	Certification below will	<b>u</b> /1///////////////////////////////////		
correct the City, state and ZIP Code. Please print legibly.			The fee to receive	new these <b>\$100</b>		
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.		
I. CERTIFICATES TO	) RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT EMPLOYN	MENT INFORMATION					
Employer's Name:			Phone #			
Number of Facilities (or Plants	s) that you currently operate:		I am employe	ed by the Facility owner		
I am currently not operating an	y Facility	I p	rovide contractual	services to the Facility		
Please provide the following in	nformation about each Facility/Plant that you opera	te. Use addti	onal pages as need	ded.		
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This is page on	e of a two page form. Bot	h pages must be completed and ret	urned. O <sub>l</sub>	perator Certifcatio	n Number:	5336
LOWE, JR.	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification below will		9/1/2024
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re cer	new these tifications:	\$100
				<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration dat result in an additional late fees</li> <li>described in Section V.</li> </ul>		piration date will al late fees as
I. CERTIFIC	CATES TO RENEW	-			Т	raining Units
Certification 7	Гуре	Category		Class	R	equired
TEMPORARY		WATER TREATMENT		4	4	.5
TEMPORARY		WASTEWATER TREATMENT		А	2	4
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone #	<i>t</i> :	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employe	ed by the F	acility owner
I am currently no	t operating any Facility		I p	rovide contractual	services to	the Facility
Please provide th	he following information al	bout each Facility/Plant that you ope	erate. Use addtie	onal pages as need	ded.	
Facility / Plant N	ame		Class I	PDWIS (Water)	NPDES (V	Wastewater)



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	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) s below will exp	<b>U</b> /I//II//I
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			<ul> <li>Failure to complete or submit re-</li> <li>requirements by the expiration d</li> <li>result in an additional late fee</li> <li>described in Section V.</li> </ul>	
	CATES TO RENEW:			Training Units
Certification <sup>-</sup>	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
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This is page one	of a two page form. Both pages must be completed and returned.	0	perator Certifcation Nu	mber:	5349
	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi		9/1/2024
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica		\$50
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V		ation date will late fees as
	ATES TO RENEW:				ining Units
Certification T	ype Category		Class	Ree	quired
TEMPORARY	INDUSTRIAL WASTEWATER		1	0	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Fac	ility owner
I am currently not	operating any Facility	ΙĮ	provide contractual serv	vices to t	he Facility
Please provide th	e following information about each Facility/Plant that you operate. Use	e addti	ional pages as needed.		
Facility / Plant Na	ame Cla	ass	PDWIS (Water) NPD	DES (Wa	stewater)



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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department of the 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 Number: 6102		
	lease enter you're current address on the lines below and, if necessary	у,	Certification(s) s below will exp		
cc	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
	TES TO RENEW:		-	Training Units	
Certification Typ	pe Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	perating any Facility	I pro	ovide contractual ser	vices to the Facility	
Please provide the j	following information about each Facility/Plant that you operate. Us	se addtion	nal pages as needed.		
Facility / Plant Nam	ne C	Class Pl	DWIS (Water) NPI	DES (Wastewater)	



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This is page one of a two page form	n. Both pages must be completed and retur	ned. Op	perator Certification	n Number: 6238
	Please enter you're current address on the lines below and, if necessar		Certification( below will o	
correct the City, sta	te and ZIP Code. Please print legibly.		The fee to rer certi	new these <b>\$50</b>
			<ul> <li>Failure to complete or submit rene</li> <li>requirements by the expiration dat result in an additional late fees</li> <li>described in Section V.</li> </ul>	
I. CERTIFICATES TO REN	IEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
II. CURRENT EMPLOYMENT	<b>INFORMATION</b>			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that y	ou currently operate:		I am employe	d by the Facility owner
I am currently not operating any Facil	ity	I pi	rovide contractual	services to the Facility
Please provide the following informat	ion about each Facility/Plant that you opera	te. Use addtic	onal pages as need	led.
Facility / Plant Name		Class I	DWIS (Water)	NPDES (Wastewater)



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This is page one of a two page for	m. Both pages must be completed and re	eturned. O	perator Certifcation N	umber: 6240
	current address on the lines below and, if	necessary,	Certification(s) below will exp	<b>U</b> /I///////////////////////////////////
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. CERTIFICATES TO RE	NEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
SUPERINTENDENT	WATER TREATMENT		4	7
II. CURRENT EMPLOYMEN	T INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that	you currently operate:		I am employed b	y the Facility owner
I am currently not operating any Fac	ility	Ιŗ	provide contractual ser	vices to the Facility
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h pages must be completed and return	ned. Op	erator Certifcation	Number: 6457
ease enter you're current address on the lines below and, if necessary	essary,	Certification( below will e	<i>u</i> /1///////////////////////////////////
correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these fications: <b>\$50</b>
		requirements <b>b</b> result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
<u>:</u>			Training Units
Category		Class	Required
WATER TREATMENT		2	16
WATER TREATMENT		3	30
ORMATION			
		Phone #:	
rrently operate:		I am employed	l by the Facility owner
	I pr	ovide contractual s	services to the Facility
bout each Facility/Plant that you operat	e. Use addtio	nal pages as need	ed.
	Class P	DWIS (Water) N	NPDES (Wastewater)
			At address on the lines below and, if necessary,       Certification(below will determine the result in an description of the second seco



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This is page one of a ty	wo page form. Both pages must be completed and returne	ed. Op	erator Certifcation	n Number:	6963
	Please enter you're current address on the lines below and, if necess	sary,	Certification below will		9/1/2024
correc	correct the City, state and ZIP Code. Please print legibly.		The fee to ren cert	new these ifications:	\$100
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		ration date will late fees as
I. CERTIFICATE	<u>S TO RENEW:</u>			Tra	aining Units
Certification Type	Category		Class	Re	quired
OPERATOR	WATER TREATMENT		2	16	
OPERATOR	WASTEWATER TREATMENT		3	30	
II. CURRENT EMP	LOYMENT INFORMATION				
Employer's Name:			Phone #:	:	
Number of Facilities (or	Plants) that you currently operate:		I am employe	d by the Fac	ility owner
I am currently not operat	ting any Facility	I pr	ovide contractual	services to 1	the Facility
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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. Bot	h pages must be completed and retur	ned. Op	erator Certifcation	n Number: <b>7306</b>
	ease enter you're current address on the lines below and, if necessa	essary,	Certification( below will o	
correct the City, state and	prrect the City, state and ZIP Code. Please print legibly.		The fee to ren certi	new these <b>\$50</b> ifications:
			Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.	
<b>I. CERTIFICATES TO RENEW</b>	<u>:</u>			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WATER TREATMENT		1	7
SUPERINTENDENT	WATER TREATMENT		5AS	7
II. CURRENT EMPLOYMENT INF	ORMATION			
Employer's Name:			Phone #:	:
Number of Facilities (or Plants) that you cu	rrently operate:		I am employed	d by the Facility owner
I am currently not operating any Facility		I pr	ovide contractual	services to the Facility
Please provide the following information a	bout each Facility/Plant that you opera	te. Use addtio	nal pages as need	led.
Facility / Plant Name		Class P	DWIS (Water)	NPDES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

# VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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

This is page one	of a two page form. Both pages must	be completed and returned.	Operator Cert	ifcation Number	: 7444
	Please enter you're current address on th			ication(s) shown w will expire on:	9/1/2024
correct the City, state and ZIP Code. Please print legibly.		ase print legibly.	The fe	e to renew these certifications:	\$50
			require	Failure to complete or submit renerrequirements by the expiration data result in an additional late fees a described in Section V.	
	ATES TO RENEW:				Fraining Units
Certification Ty	vpe Category		Cl	lass F	Required
OPERATOR	INDUSTRIA	L WASTEWATER	6	1	16
II. CURRENT	EMPLOYMENT INFORMATION	N			
Employer's Name:			P	hone #:	
Number of Facilit	es (or Plants) that you currently operate	:	I am ei	mployed by the F	acility owner
I am currently not	operating any Facility		I provide cont	ractual services t	o the Facility
Please provide the	following information about each Faci	lity/Plant that you operate. Use	addtional pages	as needed.	
Facility / Plant Na	me	Clas	s PDWIS (Wa	ater) NPDES (	Wastewater)



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page on	e of a two page form. Bot	turned. (	Operator Certification Number: 7486			
SMITH, JR.	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification below will		
				The fee to rec	enew these rtifications	\$100
				requirements result in a	Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			-	<b>Fraining Units</b>
Certification 7	Гуре	Category		Class		Required
OPERATOR		WASTEWATER COLLECTION		2		16
OPERATOR		WATER DISTRIBUTION		1		16
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	e:			Phone #	<b>#:</b>	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employ	ed by the I	Facility owner
I am currently no	ot operating any Facility		Ι	provide contractua	l services	to the Facility
Please provide ti	he following information al	oout each Facility/Plant that you ope	erate. Use add	tional pages as nee	eded.	
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (	Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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This is page one	e of a two page form. Both pages must be completed an	nd returned.	Operator Certification N	amber: <b>7506</b>
OWENS	Please enter you're current address on the lines below an		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.
	CATES TO RENEW:		-	Training Units
Certification T	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECT	ION	2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	t operating any Facility	Ι	provide contractual ser	vices to the Facility
Please provide th	ne following information about each Facility/Plant that ye	ou operate. Use add	tional pages as needed.	
Facility / Plant N	ame	Class	PDWIS (Water) NP	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

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This is page one	e of a two page form. Both pages must be completed and returned.	Operator Certification Number: 7851			
WARREN	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) below will ex		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>		
			<ul> <li>requirements by result in an a</li> </ul>	plete or submit renewa y the expiration date wi additional late fees as bed in Section V.	
	CATES TO RENEW:			Training Units	
Certification T	Type Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	2:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	by the Facility owner	٦
I am currently no	t operating any Facility	I p	rovide contractual se	ervices to the Facility	Ī
Please provide th	ne following information about each Facility/Plant that you operate. U	se addti	onal pages as needea	d. —	_
Facility / Plant N	ame C	Class	PDWIS (Water) NI	PDES (Wastewater)	
					_



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This is page of	ne of a two page form. Both pages must be completed and return	ed. Operator Certifcation	Operator Certification Number: 8054			
MILLER	Please enter you're current address on the lines below and, if neces	sary, Certification(				
	correct the City, state and ZIP Code. Please print legibly.	The fee to ren certi	ew these fications: <b>\$100</b>			
		requirements l result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.			
	CATES TO RENEW:		Training Units			
Certification	Type Category	Class	Required			
OPERATOR	WATER TREATMENT	3	30			
OPERATOR	WASTEWATER TREATMENT	1	16			
OPERATOR	WATER TREATMENT	2	16			
OPERATOR	WASTEWATER TREATMENT	5	30			
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nar	ne:	Phone #:				
Number of Faci	lities (or Plants) that you currently operate:	I am employed	l by the Facility owner			
I am currently n	not operating any Facility	I provide contractual	I provide contractual services to the Facility			
Please provide	the following information about each Facility/Plant that you operate	. Use addtional pages as need	ed.			
Facility / Plant 1	Name	Class PDWIS (Water)	NPDES (Wastewater)			



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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by 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 complete	Operator Certifcation Number: 8310		
	Please enter you're current address on the lines below		Certificatior below will	n(s) shown l expire on: <b>9/1/2024</b>
C	correct the City, state and ZIP Code. Please print leg	jibly.	The fee to rec	enew these <b>\$50</b>
			requirements result in a	omplete or submit renewal s by the expiration date will an additional late fees as ribed in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WASTEWATER TREAT	MENT	5	30
OPERATOR	WASTEWATER TREAT	MENT	А	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #	¥:
Number of Faciliti	es (or Plants) that you currently operate:		I am employ	ed by the Facility owner
I am currently not	operating any Facility	I	provide contractua	l services to the Facility
Please provide the	following information about each Facility/Plant th	at you operate. Use ada	ltional pages as nee	ded.
Facility / Plant Nat	ne	Class	PDWIS (Water)	NPDES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one	of a two page form. Both pages must be complete	ed and returned.	Operator Certifcation Number: 8571		
	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 renev certifi	w these <b>\$50</b> cations:	
			— requirements by result in an a	plete 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 COLLE	ECTION	2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	:	provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant th	at you operate. Use add	dtional pages as needed	<i>l.</i>	
Facility / Plant Na	me	Class	PDWIS (Water) NI	PDES (Wastewater)	



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

This is page one	This is page one of a two page form. Both pages must be completed and returned. Op				Number:	9092
	MASON Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.		cessary,	Certification(s) below will ex		9/1/2024
				The fee to rene certifi	w these ications:	\$50
			requirements result in a		mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.	
	ATES TO RENEW:					aining Units
Certification Ty	vpe Categ	jory		Class	Re	quired
OPERATOR	INDU	STRIAL WASTEWATER		6	16	
II. CURRENT	EMPLOYMENT INFORMA	ATION				
Employer's Name:				Phone #:		
Number of Facilit	es (or Plants) that you currently of	operate:		I am employed	by the Fac	ility owner
I am currently not	operating any Facility		Ι	provide contractual se	ervices to t	he Facility
Please provide the	following information about eac	h Facility/Plant that you oper	ate. Use addt	ional pages as needed	d.	
Facility / Plant Na	me		Class	PDWIS (Water) NI	PDES (Wa	astewater)



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 9725			
RIGGIN, JR.	Please enter you're current address on the lines below a		Certification(s) shown below will expire on: 9/1/202			
	correct the City, state and ZIP Code. Please print legibl	y.	The fee to ren certi	ew these fications: <b>\$100</b>		
			<ul> <li>Failure to complete or submit renewa</li> <li>requirements by the expiration date w</li> <li>result in an additional late fees as</li> <li>described in Section V.</li> </ul>			
I. CERTIFIC	CATES TO RENEW:			<b>Training Units</b>		
Certification 7	Гуре Category		Class	Required		
OPERATOR	WATER TREATMENT		2	16		
OPERATOR	WASTEWATER TREATM	ENT	5	30		
OPERATOR	WASTEWATER TREATMI	ENT	А	16		
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>					
Employer's Name	e:		Phone #:			
Number of Facili	ities (or Plants) that you currently operate:		I am employed	l by the Facility owner		
I am currently no	ot operating any Facility	Ι	provide contractual	services to the Facility		
Please provide th	he following information about each Facility/Plant that	you operate. Use add	tional pages as need	ed.		
Facility / Plant N	lame	Class	PDWIS (Water)	NPDES (Wastewater)		



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## IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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	5	address on the lines below an	· · ·	Certification below wil	n(s) shown l expire on:	9/1/2024	
	correct the City, state and Z	ZIP Code. Please print legibly	<i>.</i>	The fee to re	enew these rtifications:	\$50	
			requirements result in a	s by the exp	submit renewal biration date will al late fees as ection V.		
	ATES TO RENEW:					raining Units	
Certification Ty	/pe	Category		Class	R	equired	
TEMPORARY		WASTEWATER COLLECT	ION	2	2	4	
II. CURRENT	EMPLOYMENT INFO	ORMATION					
Employer's Name:				Phone	#:		
Number of Faciliti	ies (or Plants) that you curr	ently operate:		I am employ	red by the Fa	acility owner	
I am currently not	operating any Facility	<u> </u>		I provide contractua	l services to	the Facility	
Please provide the	e following information ab	out each Facility/Plant that y	ou operate. Use ad	dtional pages as nee	eded.		
Facility / Plant Na	me		Class	PDWIS (Water)	NPDES (W	Vastewater)	



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This is page one	of a two page form. Both pages must be completed and returned.	Operator Certifcation Number: 9750			
	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	<b>U</b> /I//II//	
			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:			<b>Training Units</b>	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility	I pi	provide contractual services to the Facility		
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Facility / Plant Na	cl	lass I	PDWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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

**Applicant's Signature** 

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

This is page one	of a two page form. Both pages must be completed and returned.	0	perator Certifcation Nu	9783		
	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) s below will exp		9/1/2024	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica		\$50	
			<ul> <li>Failure to compl</li> <li>requirements by t</li> <li>result in an ad</li> <li>described</li> </ul>	the exp ldition <i>s</i>	iration date will al late fees as	
	ATES TO RENEW:				raining Units	
Certification Ty	ype Category		Class	Re	equired	
OPERATOR	WASTEWATER COLLECTION		2	16	6	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	/ the Fa	cility owner	
I am currently not	operating any Facility	I p	I provide contractual services to the Facility			
Please provide the	e following information about each Facility/Plant that you operate. Use	e addti	onal pages as needed.			
Facility / Plant Na	me Cla	ass	PDWIS (Water) NPI	DES (W	/astewater)	



## **III. CONTINUING EDUCATION:**

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

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

## IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

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This is page one	of a two page form. Both pages must be completed and returned.	Operator Certifcation Number: 9981		
	Please enter you're current address on the lines below and, if necessary	ζ,	Certification(s) s below will exp	<b>U</b> /I//II//
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
		Failure to complete or requirements by the exp result in an addition described in Se		the expiration date will
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
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