

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.

This is page one o	of a two page form. Both pages must be completed and retur	ned. Open	rator Certifcation Nu	mber: 0356				
	lease enter you're current address on the lines below and, if necessities	essary,	Certification(s) sl below will expi					
Co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	X 1710				
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.				
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Type	pe Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
OPERATOR	WASTEWATER COLLECTION		2	16				
II. CURRENT E	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner				
I am currently not o	operating any Facility	I pro	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that you opera	te. Use addtion	al pages as needed.					
Facility / Plant Nan	ne	Class PD	OWIS (Water) NPD	DES (Wastewater)				
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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

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



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This is page one of a two pa	Operator Certification Number: 0383						
	you're current address on the lines below and, if nec	essary,	Certification(s) s below will expi				
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 5 11			
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.			
I. CERTIFICATES TO	O RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WASTEWATER COLLECTION		2	16			
II. CURRENT EMPLOY	MENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Plants	s) that you currently operate:		I am employed by	the Facility owner			
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	ease enter you're current address on the lines below and, if necessity		Certification(s) s below will expi	
co	prrect the City, state and ZIP Code. Please print legibly.	,	The fee to renew certification	150
			equirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:	I	am employed by	the Facility owner
I am currently not op	perating any Facility	I provide	e contractual serv	vices to the Facility
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Facility / Plant Name	e	Class PDWI	IS (Water) NPI	DES (Wastewater)
	(OVER)			



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•	you're current address on the lines below and, if necess	sary,	Certification(s) si below will expi			
correct the Ci	ity, state and ZIP Code. Please print legibly.		The fee to renew certification	(51)		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.		
I. CERTIFICATES TO	RENEW:			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		5	45		
TEMPORARY	WASTEWATER TREATMENT		Α	24		
II. CURRENT EMPLOYN	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants)) that you currently operate:		I am employed by	the Facility owner		
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_						
	(OVER)					



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This is page one of	of a two page form. Both pages must be completed and return	ed. Operator Certification Num	nber: 0655				
	Please enter you're current address on the lines below and, if neces	Certification(s) she ssary, below will expire					
c	correct the City, state and ZIP Code. Please print legibly.	The fee to renew the 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. CERTIFICA	ATES TO RENEW:		Training Units				
Certification Ty	pe Category	Class	Required				
OPERATOR	WATER DISTRIBUTION	1	16				
II. CURRENT E	EMPLOYMENT INFORMATION						
Employer's Name:		Phone #:					
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Please provide the	following information about each Facility/Plant that you operate	e. Use addtional pages as needed.	_				
Facility / Plant Nar	me	Class PDWIS (Water) NPDI	ES (Wastewater)				
	(OVER)						



III. CONTINUING EDUCATION:

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	ease enter you're current address on the lines below and		Certification(s) s below will exp					
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50				
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I. CERTIFICA	TES TO RENEW:		46561186	Training Units				
Certification Typ	e Category		Class	Required				
TEMPORARY	WATER TREATMENT		4	45				
II. CURRENT EN	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
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This is page one of a two	o page form. Both pages must be completed and returned	erator Certifcation N	umber: 0678					
	nter you're current address on the lines below and, if necessary	ary,	Certification(s) s below will exp	4/1//11/3				
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as ed in Section V.				
I. CERTIFICATES	TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
II. CURRENT EMPLO	OYMENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities (or P	lants) that you currently operate:	I am employed by the Facility owner						
I am currently not operating	ng any Facility	I provide contractual services to the Facility						
Please provide the followi	ing information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.					
Facility / Plant Name		Class PDWIS (Water) NPDES (Wastewater)						
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one	of a two page form. Both pages	perator Certification	Number: 0711					
	Please enter you're current addres		essary,	Certification(s below will ex				
C	correct the City, state and ZIP Co	de. Please print legibly.		The fee to rene certif	ew these ications: \$50			
				requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.			
I. CERTIFICA	ATES TO RENEW:				Training Units			
Certification Ty	pe Categ	ory		Class	Required			
OPERATOR	WAST	EWATER COLLECTION		2	16			
II. CURRENT I	EMPLOYMENT INFORMA	ATION						
Employer's Name:				Phone #:				
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		address on the lines below and, if nec	essary,	Certification(s below will ex				
со	rrect the City, state and Z	IP Code. Please print legibly.		The fee to reno certif	ew these fications: \$100			
				requirements b result in an	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.			
I. CERTIFICA	TES TO RENEW:				Training Units			
Certification Typ	e	Category		Class	Required			
OPERATOR	,	WASTEWATER COLLECTION		2	16			
OPERATOR	,	WATER DISTRIBUTION		1	16			
SUPERINTENDENT	•	WASTEWATER COLLECTION		2	7			
II. CURRENT EN	MPLOYMENT INFO	RMATION						
Employer's Name:				Phone #:				
Number of Facilities	(or Plants) that you curre	ently operate:	I am employed by the Facility owner					
I am currently not op	perating any Facility]	I provide contractual services to the Facility					
Please provide the fe	ollowing information abo	ut each Facility/Plant that you operc	ate. Use addtior	nal pages as neede	ed.			
Facility / Plant Name	e		Class PI	DWIS (Water) N	NPDES (Wastewater)			



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	Please enter you're current address on the lines b		Certification(below will	~ u/i//ii/3				
C	correct the City, state and ZIP Code. Please prin	t legibly.	The fee to rer	new these ifications: \$50				
			requirements result in an	mplete or submit renewal by the expiration date will additional late fees as bibed in Section V.				
I. CERTIFICA	ATES TO RENEW:		*****	Training Units				
Certification Ty	pe Category		Class	Required				
TEMPORARY	WASTEWATER COI	LECTION	2	24				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not	operating any Facility	I	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Pla	nt that you operate. Use add	ltional pages as need	led.				
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	enter you're current address on the lines below and, if	necessary,	Certification(s) sl below will expi					
correc	t the City, state and ZIP Code. Please print legibly.		The fee to renew certification					
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.				
I. CERTIFICATE	S TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
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Facility / Plant Name		Class I	PDWIS (Water) NPD	DES (Wastewater)				
				_				
	(OVER)							



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Page 2

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	Please enter you're current address		essary,	Certification(s) shown below will expire on: 9/1/202				
C	correct the City, state and ZIP Coo	le. Please print legibly.		The fee to ren	ew these fications:	\$50		
				requirements bresult in an	submit renewal iration date will al late fees as ction V.			
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Certification Ty	pe Categ	ory		Class		equired		
OPERATOR	WAST	EWATER TREATMENT		5	30)		
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one of	f a two page form. Both pa	perator Certification N	Number: 0988					
	ease enter you're current add	dress on the lines below and, if ne	cessary,	Certification(s) below will ex				
co	rrect the City, state and ZIP	Code. Please print legibly.		The fee to renev	w these cations: \$50			
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.				
I. CERTIFICA	TES TO RENEW:				Training Units			
Certification Typ	e Ca	tegory		Class	Required			
SUPERINTENDENT	W	ASTEWATER TREATMENT		3	7			
II. CURRENT E	MPLOYMENT INFOR	MATION						
Employer's Name:				Phone #:				
Number of Facilities	s (or Plants) that you current	ly operate:		I am employed b	by the Facility owner			
I am currently not of	perating any Facility		I provide contractual services to the Facility					
Please provide the f	ollowing information about	each Facility/Plant that you oper	ate. Use addti	onal pages as needea	<i></i>			
Facility / Plant Nam	e		Class	PDWIS (Water) NI	PDES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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

Name and 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 re-	perator Certification N	umber: 1002					
	ase enter you're current address on the lines below and, if r	necessary,	Certification(s) below will exp	4/1//11/3				
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
			Failure to complete or submit renewa requirements by the expiration date we result in an additional late fees as described in Section V.					
I. CERTIFICAT	TES TO RENEW:			Training Units				
Certification Type	e Category		Class	Required				
SUPERINTENDENT	WASTEWATER TREATMENT		5	7				
II. CURRENT EM	IPLOYMENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities	(or Plants) that you currently operate:	I am employed by the Facility owner						
I am currently not ope	erating any Facility	I provide contractual services to the Facility						
Please provide the fo	llowing information about each Facility/Plant that you op	erate. Use addtio	onal pages as needed.					
Facility / Plant Name		Class I	Class PDWIS (Water) NPDES (Wastewater)					
	(OVER)							



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This is page one o	of a two page form. Both pages must be completed and retur	ned. Opera	ntor Certifcation Nu	ımber: 10182			
	lease enter you're current address on the lines below and, if necessity	essary,	Certification(s) s below will expi				
CO	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	X 1 1 1 1 1 1			
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.			
I. CERTIFICA	TES TO RENEW:			Training Units			
Certification Typ	pe Category		Class	Required			
OPERATOR	WATER TREATMENT		4	30			
TEMPORARY	WASTEWATER TREATMENT		4	24			
II. CURRENT E	MPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not o	operating any Facility	I prov	I provide contractual services to the Facility				
Please provide the	following information about each Facility/Plant that you opera	te. Use addtiona	l pages as needed.				
Facility / Plant Nam	ne	Class PDV	WIS (Water) NPI	DES (Wastewater)			
	(OVER)						



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This is page of	ne of a two page form. Both pages must be completed and re	turned. Op	erator Certifcation Nu	umber: 10183				
ERIC TOY	Please enter you're current address on the lines below and, if i	necessary,	Certification(s) shown below will expire on: 9/1/20					
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50				
			Failure to complete or submit renormal requirements by the expiration date result in an additional late fees described in Section V.					
I. CERTIFI	<u>ICATES TO RENEW:</u>			Training Units				
Certification	Type Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
II. CURREN	T EMPLOYMENT INFORMATION							
Employer's Nar	me:		Phone #:					
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Please provide	the following information about each Facility/Plant that you op	erate. Use addtio	nal pages as needed.					
Facility / Plant	Name	Class P	DWIS (Water) NPI	DES (Wastewater)				
	(OVER)							



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Page 2

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This is page one	of a two page form. Both pages must be completed and retur	erator Certifcation N	umber: 10184					
	Please enter you're current address on the lines below and, if necessity	essary,	shown ire on: 9/1/2023					
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	«5n				
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.				
I. CERTIFICA	ATES TO RENEW:		describe	Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
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	se enter you're current address on the lines below and, if no	ecessary,	Certification(s) so below will expi					
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	(51)				
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.				
I. CERTIFICATE	ES TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	WASTEWATER TREATMENT		5	45				
TEMPORARY	WASTEWATER TREATMENT		Α	24				
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Employer's Name:			Phone #:					
Number of Facilities (o	or Plants) that you currently operate:		I am employed by	the Facility owner				
I am currently not opera	ating any Facility	I pro	I provide contractual services to the Facility					
Please provide the follo	owing information about each Facility/Plant that you oper	rate. Use addtion	al pages as needed.					
Facility / Plant Name		Class PI	OWIS (Water) NPI	DES (Wastewater)				
	(OVER)							



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

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This is page one	e of a two page form. Bot	perator Certifcation N	ımber: 10186					
BRANDON FO	Please enter you're curren	t address on the lines below and, if ne	ecessary,	Certification(s) s below will exp				
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certification	\$100			
		Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.						
I. CERTIFIC	ATES TO RENEW	<u>.</u>			Training Units			
Certification T	ype	Category		Class	Required			
OPERATOR		WASTEWATER TREATMENT		3	30			
TEMPORARY		WATER TREATMENT		4	45			
II. CURRENT	EMPLOYMENT INF	ORMATION						
Employer's Name	: :			Phone #:				
Number of Facili	ties (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner			
I am currently no	t operating any Facility	_	Ιį	I provide contractual services to the Facility				
Please provide th	e following information al	out each Facility/Plant that you oper	rate. Use addt	ional pages as needed.				
Facility / Plant Na	ame		Class	PDWIS (Water) NPI	DES (Wastewater)			
		(OVER)						



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Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one	e of a two page form. Both pa	ges must be completed and returi	ned. Op	perator Certification Nu	ımber: 10193				
KOLLIN KEIS	Please enter you're current add	ress on the lines below and, if nece	essary,	Certification(s) so below will expi	4/1//11/3				
	correct the City, state and ZIP	Code. Please print legibly.		The fee to renew certification	\$ 100				
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.						
I. CERTIFIC	ATES TO RENEW:				Training Units				
Certification T	ype Ca	tegory		Class	Required				
OPERATOR	WA	ASTEWATER TREATMENT		3	30				
TEMPORARY	INI	DUSTRIAL WASTEWATER		2	0				
II. CURRENT	EMPLOYMENT INFOR	MATION							
Employer's Name	::			Phone #:					
Number of Facili	ties (or Plants) that you current	y operate:		I am employed by	the Facility owner				
I am currently no	t operating any Facility		I p	rovide contractual serv	vices to the Facility				
Please provide th	e following information about	each Facility/Plant that you operat	e. Use addtio	onal pages as needed.					
Facility / Plant Na	ame		Class I	PDWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

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This is page one of	f a two page form. Both pages m	perator Certification	10198						
	lease enter you're current address		cessary,	Certification(s) shown below will expire on: 9/1/2023					
c	orrect the City, state and ZIP Code	. Please print legibly.		The fee to reno certif	ew these fications:	\$50			
			Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.						
I. CERTIFICA	TES TO RENEW:			400011		aining Units			
Certification Ty	pe Catego	ry		Class		quired			
OPERATOR	WASTE	WATER COLLECTION		2	16				
II. CURRENT E	MPLOYMENT INFORMAT	TION							
Employer's Name:				Phone #:					
Number of Facilitie	s (or Plants) that you currently ope	erate:		I am employed by the Facility owner					
I am currently not o	perating any Facility	<u> </u>	I provide contractual services to the Facility						
Please provide the	following information about each	Facility/Plant that you operd	ate. Use addti	onal pages as neede	ed.				
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	lease enter you're current address or	-	essary,	Certification(below will o	9/1/2023				
c	orrect the City, state and ZIP Code.	Please print legibly.		The fee to ren	new these ifications:	\$50			
				requirements l result in an	submit renewal oiration date will al late fees as oction V.				
I. CERTIFICA	TES TO RENEW:					raining Units			
Certification Ty	pe Categor	у		Class		equired			
OPERATOR	WASTEW	ATER COLLECTION		2	10	6			
II. CURRENT E	MPLOYMENT INFORMAT	ION							
Employer's Name:				Phone #:	·				
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	lease enter you're current addr	ess on the lines below and, if nec	cessary,	Certification(s) shown below will expire on: 9/1/202					
c	orrect the City, state and ZIP (Code. Please print legibly.		The fee to renev	w these cations: \$50				
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Certification Ty	pe Cat	egory		Class	Required				
OPERATOR	WA	STEWATER COLLECTION		2	16				
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	se enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	4/1//11/3
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	X50
			requirements by t	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant Name		Class P	DWIS (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.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one of a	two page form. Both pages must be completed and return	red. Op	erator Certifcation Nu	ımber: 10202			
	se enter you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 9/1/202				
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50			
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section				
I. CERTIFICAT	ES TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
TEMPORARY	WATER DISTRIBUTION		1	24			
II. CURRENT EM	PLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner					
I am currently not open	rating any Facility	I provide contractual services to the Facility					
Please provide the foll	owing information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	_			
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)			
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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

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

This is page one of	a two page form. Both pages must be completed and return	ed. Operator Certification Num	ber: 10406				
	ease enter you're current address on the lines below and, if neces	Certification(s) sho below will expire					
со	rrect the City, state and ZIP Code. Please print legibly.	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.				
I. CERTIFICA	TES TO RENEW:		Training Units				
Certification Typ	e Category	Class	Required				
TEMPORARY	WATER TREATMENT	2	24				
II. CURRENT EN	MPLOYMENT INFORMATION						
Employer's Name:		Phone #:					
Number of Facilities	(or Plants) that you currently operate:	I am employed by the Facility owner					
I am currently not op	perating any Facility	I provide contractual services to the Facility					
Please provide the fe	ollowing information about each Facility/Plant that you operate	e. Use addtional pages as needed.	_				
Facility / Plant Name	е	Class PDWIS (Water) NPDE	S (Wastewater)				
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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

This is page one of	a two page form. Both pages must be	Operator Certifcati	perator Certification Number: 10548					
	ease enter you're current address on the			Certification(s) shown below will expire on: 9/1/2023				
co	rrect the City, state and ZIP Code. Pleas	e print legibly.		renew these ertifications:	\$50			
			requirement result in	Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.				
I. CERTIFICA	TES TO RENEW:				raining Units			
Certification Typ	e Category		Class		equired			
OPERATOR	WASTEWATE	R COLLECTION	2	1	6			
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone	#:				
Number of Facilities	s (or Plants) that you currently operate:		I am emplo	yed by the Fa	acility owner			
I am currently not of	perating any Facility		I provide contractual services to the Facility					
Please provide the f	ollowing information about each Facilit	y/Plant that you operate. Use a	addtional pages as ne	eded.				
Facility / Plant Nam	e	Class	s PDWIS (Water)	NPDES (V	Vastewater)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two	page form. Both pages must be completed and retur	ned. Ope	rator Certifcation N	umber: 1056
	ter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	4/1//11/3
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certific	X100
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES 7	<u>ΓΟ RENEW:</u>			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:		I am employed b	y the Facility owner
I am currently not operating	any Facility	I pro	vide contractual ser	vices to the Facility
Please provide the following	g information about each Facility/Plant that you opera	te. Use addtion	al pages as needed.	
Facility / Plant Name		Class PE	OWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page	Operator Certifcation Nu	mber: 10579						
•	ou're current address on the lines below and, is	f necessary,	Certification(s) sl below will expi					
correct the Cit	y, state and ZIP Code. Please print legibly.		The fee to renew certifica	6.20				
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.				
I. CERTIFICATES TO	RENEW:			Training Units				
Certification Type	Category		Class	Required				
SUPERINTENDENT	WATER TREATMENT		1	7				
II. CURRENT EMPLOYM	ENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants)	that you currently operate:		I am employed by the Facility owner					
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Please provide the following info	ormation about each Facility/Plant that you o	perate. Use addt	tional pages as needed.					
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Page 2

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

This is page one of	f a two page form. Both pages must	Oper	erator Certification Number: 1064					
	ease enter you're current address on t	•		Certification(s) shown below will expire on: 9/1/202				
cc	prrect the City, state and ZIP Code. Pl	ease print legibly.		The fee to re	enew these rtifications:	\$50		
				requirements result in a	submit renewal biration date will al late fees as ection V.			
I. CERTIFICA	TES TO RENEW:					raining Units		
Certification Typ	e Category			Class		equired		
OPERATOR	WATER TR	EATMENT		3	3	0		
II. CURRENT E	MPLOYMENT INFORMATIO	N						
Employer's Name:				Phone 7	#:			
Number of Facilities	(or Plants) that you currently operat	e:	I am employed by the Facility owner					
I am currently not o	perating any Facility		I provide contractual services to the Facility					
Please provide the f	collowing information about each Fac	cility/Plant that you operate. Use	e addtion	al pages as nee	eded.			
Facility / Plant Nam	e	Cla	ass PD	WIS (Water)	NPDES (V	Vastewater)		



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Page 2

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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



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

This is page one of a	two page form. Both pages must be completed and return	rned. Or	erator Certifcation N	umber: 10854
	se enter you're current address on the lines below and, if nec	essary,	shown sire on: 9/1/2023	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renev	these sations: \$50
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATI	ES TO RENEW:		describe	Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (c	or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not oper	ating any Facility	I pr	rovide contractual ser	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed	
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

This is page one	of a two page form. Both pages must be completed and retu	erator Certifcation Nu	ımber: 10949				
	Please enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp				
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$5A			
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.			
I. CERTIFICA	ATES TO RENEW:			Training Units			
Certification Ty	/pe Category		Class	Required			
TEMPORARY	WATER TREATMENT		5	24			
II. CURRENT I	EMPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Faciliti	es (or Plants) that you currently operate:	I am employed by the Facility owner					
I am currently not	operating any Facility	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed.	_			
Facility / Plant Na	me	Class P	PDWIS (Water) NPI	DES (Wastewater)			
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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This is page one of	a two page form. Both pages must be completed and return	erator Certifcation N	ımber: 10990					
JESSE APPLETON			Certification(s) shown below will expire on: 9/1/202					
	ease enter you're current address on the lines below and, if nece rrect the City, state and ZIP Code. Please print legibly.	essary,	1	ire on:				
001	received the city, same and zir code. I leave print tegrory.		The fee to renew certification	~~~~ ¢50				
				ete or submit renewal				
			 requirements by the expiration dat result in an additional late fees described in Section V. 					
I. CERTIFICAT	ΓES TO RENEW:		- describe	Training Units				
Certification Type	e Category		Class	Required				
OPERATOR	WATER TREATMENT		1	16				
II. CURRENT EN	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	(or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not op	perating any Facility	I pr	I provide contractual services to the Facility					
Please provide the fo	ollowing information about each Facility/Plant that you operate	te. Use addtio	nal pages as needed.					
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)				



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This is page one of	a two page form. Both pages must be completed and retur	ned. Ope	erator Certification Nu	mber: 11299				
	ase enter you're current address on the lines below and, if nece	essary,	Certification(s) sl below will expi					
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	(51)				
			Failure to complete or submit re- requirements by the expiration d result in an additional late fee described in Section V.					
I. CERTIFICAT	ΓES TO RENEW:			Training Units				
Certification Type	e Category		Class	Required				
TEMPORARY	WASTEWATER TREATMENT		5	45				
TEMPORARY	WASTEWATER TREATMENT		Α	24				
II. CURRENT EM	IPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner				
I am currently not op	erating any Facility	I pro	provide contractual services to the Facility					
Please provide the fo	llowing information about each Facility/Plant that you opera	te. Use addtior	nal pages as needed.					
Facility / Plant Name		Class PI	OWIS (Water) NPD	DES (Wastewater)				
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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This is page one of	of a two page form. Both pages must be completed and retur	ned. Operator Certification	on Number: 11393				
	lease enter you're current address on the lines below and, if necessity	Certification essary, below will	n(s) shown I expire on: 9/1/2023				
С	orrect the City, state and ZIP Code. Please print legibly.	The fee to re	enew these rtifications: \$50				
		requirements	omplete or submit renewal by the expiration date will an additional late fees as				
			eribed in Section V.				
I. CERTIFICA	ATES TO RENEW:		Training Units				
Certification Ty	pe Category	Class	Required				
TEMPORARY	WATER TREATMENT	1	24				
TEMPORARY	WATER TREATMENT	5	24				
II. CURRENT E	EMPLOYMENT INFORMATION						
Employer's Name:		Phone #	# :				
Number of Facilities	es (or Plants) that you currently operate:	I am employ	ed by the Facility owner				
I am currently not o	operating any Facility	I provide contractua	I provide contractual services to the Facility				
Please provide the	following information about each Facility/Plant that you opera	te. Use addtional pages as nee	eded.				
Facility / Plant Nan	ne	Class PDWIS (Water)	NPDES (Wastewater)				
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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This is page on	e of a two page form. Both pages must be completed and returned	Operator Certification Number: 11400						
ALEXANDER	Please enter you're current address on the lines below and, if necessary	ary,	Certification(s) below will exp					
	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	v these sations: \$50				
			Failure to complete or submit ren- requirements by the expiration dat result in an additional late fees described in Section V.					
I. CERTIFIC	CATES TO RENEW:		4000110	Training Units				
Certification ⁻	Type Category		Class	Required				
TEMPORARY	WATER TREATMENT		4	45				
II. CURRENT	EMPLOYMENT INFORMATION							
Employer's Nam	e:		Phone #:					
Number of Facil	ities (or Plants) that you currently operate:	I am employed by the Facility owner						
I am currently no	ot operating any Facility	I provide contractual services to the Facility						
Please provide t	he following information about each Facility/Plant that you operate.	Use addtiona	al pages as needed					
Facility / Plant N	Jame	Class PD	WIS (Water) NP	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

V. LATE FEES AND REINSTATEMENT

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

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

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

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



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

This is page one	of a two page form. Both pages must be comp	Operator Certificatio	n Number: 11407					
	Please enter you're current address on the lines b		Certification below will					
C	correct the City, state and ZIP Code. Please prin	t legibly.	The fee to re	new these tifications: \$50				
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.				
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER TREATMEN	IT	3	30				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #	:				
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not	operating any Facility]	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plan	nt that you operate. Use add	ltional pages as need	ded.				
Facility / Plant Na	me	Class	PDWIS (Water)	NPDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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

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



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This is page one of a tv	wo page form. Both pages must be completed and re	perator Certifcation Nu	ımber: 11408					
	enter you're current address on the lines below and, if i	necessary,	hown ire on: 9/1/2023					
correc	t the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50				
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.				
I. CERTIFICATES	S TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
II. CURRENT EMP	LOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or	Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not operat	ting any Facility	Ιp	I provide contractual services to the Facility					
Please provide the follow	wing information about each Facility/Plant that you op	erate. Use addti	onal pages as needed.	_				
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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This is page one of	of a two page form. Both pages must be completed and returned	ed. Operator Certification	Number: 11409					
	lease enter you're current address on the lines below and, if necess	Certification(sary, below will e						
c	orrect the City, state and ZIP Code. Please print legibly.	The fee to ren certi	ew these fications: \$50					
		requirements b	nplete or submit renewal by the expiration date will additional late fees as abed in Section V.					
I. CERTIFICA	ATES TO RENEW:	ueseri	Training Units					
Certification Ty	pe Category	Class	Required					
OPERATOR	WATER TREATMENT	1	16					
II. CURRENT E	EMPLOYMENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilitie	es (or Plants) that you currently operate:	I am employed	I am employed by the Facility owner					
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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two pa	perator Certification Number: 11454							
	you're current address on the lines below and, if nece	essary,	Certification(s) s below will expi					
correct the (City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50				
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.				
I. CERTIFICATES TO	O RENEW:			Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	WATER DISTRIBUTION		1	24				
II. CURRENT EMPLOY	MENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plant	ts) that you currently operate:		I am employed by the Facility owner					
I am currently not operating a	ny Facility	I provide contractual services to the Facility						
Please provide the following	information about each Facility/Plant that you opera	te. Use addt	ional pages as needed.	_				
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one	of a two page form. Both pages must be completed and return	ned. Operator Certif	perator Certification Number: 11					
	Please enter you're current address on the lines below and, if nece		Certification(s) shown below will expire on:					
C	correct the City, state and ZIP Code. Please print legibly.	The fee	to renew these certifications:	\$50				
		requiren result	Failure to complete or sub- requirements by the expirate result in an additional la described in Sectio					
	ATES TO RENEW:		T	Training Units				
Certification Ty	pe Category	Cla	iss F	Required				
TEMPORARY	WASTEWATER TREATMENT	5	4	15				
TEMPORARY	WASTEWATER TREATMENT	А	2	24				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:		Ph	one #:					
Number of Faciliti	es (or Plants) that you currently operate:	I am em	I am employed by the Facility owner					
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Please provide the	following information about each Facility/Plant that you operat	te. Use addtional pages as	s needed.					
Facility / Plant Nar	me	Class PDWIS (Wat	er) NPDES (V	Wastewater)				
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two pa	ed. Operator Certification N	Number: 11457						
	r you're current address on the lines below and, if neces	Certification(s) below will ex						
correct the	City, state and ZIP Code. Please print legibly.	The fee to renev certific	w these cations: \$50					
		requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.					
I. CERTIFICATES TO	O RENEW:		Training Units					
Certification Type	Category	Class	Required					
TEMPORARY	WASTEWATER TREATMENT	5	45					
II. CURRENT EMPLOY	MENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities (or Plant	ts) that you currently operate:	I am employed b	I am employed by the Facility owner					
I am currently not operating a	ny Facility	I provide contractual se	I provide contractual services to the Facility					
Please provide the following	information about each Facility/Plant that you operate	e. Use addtional pages as needea	<u></u>					
Facility / Plant Name		Class PDWIS (Water) NI	DES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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



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

This is page one of a two pa	ed. Operator Certification	1 Number: 11460	
	r you're current address on the lines below and, if neces	Certification(below will of	~ u/i//ii/3
correct the	City, state and ZIP Code. Please print legibly.	The fee to rer	new these ifications: \$100
		requirements result in an	mplete or submit renewal by the expiration date will a additional late fees as ibed in Section V.
I. CERTIFICATES TO	O RENEW:		Training Units
Certification Type	Category	Class	Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24
II. CURRENT EMPLOY	MENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plant	ts) that you currently operate:	I am employe	d by the Facility owner
I am currently not operating a	nny Facility	I provide contractual	services to the Facility
Please provide the following	information about each Facility/Plant that you operate	e. Use addtional pages as need	ed.
Facility / Plant Name		Class PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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



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

This is page one of a two page	. Ope	Operator Certification Number: 11461							
•	u're current address on the lines below and, if necessar	ry,	Certification(s) shown below will expire on: 9/1/						
correct the City	, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$100					
			Failure to complete or subn requirements by the expirati result in an additional lat described in Section						
I. CERTIFICATES TO	RENEW:			Training Units					
Certification Type	Category		Class	Required					
TEMPORARY	WASTEWATER COLLECTION		2	24					
TEMPORARY	WATER DISTRIBUTION		1	24					
II. CURRENT EMPLOYM	ENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities (or Plants) t	hat you currently operate:		I am employed b	by the Facility owner					
I am currently not operating any	Facility	I pro	I provide contractual services to the Facility						
Please provide the following info	ormation about each Facility/Plant that you operate. U	Jse addtion	nal pages as needea	<u> </u>					
Facility / Plant Name		Class PI	OWIS (Water) NI	PDES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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

Name and 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 Er	nvironment, P.O. Box 2057,	Baltimore, Maryland 21203-1708						
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1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one of a two page	Operator Certification Nu	ımber: 11462						
•	ou're current address on the lines below and, if necessary,	Certification(s) s below will exp						
correct the Cit	y, state and ZIP Code. Please print legibly.	The fee to renew certification	£100					
		requirements by t	ete or submit renewal the expiration date will lditional late fees as d in Section V.					
I. CERTIFICATES TO	RENEW:		Training Units					
Certification Type	Category	Class	Required					
TEMPORARY	WATER DISTRIBUTION	1	24					
TEMPORARY	WASTEWATER COLLECTION	2	24					
II. CURRENT EMPLOYM	ENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities (or Plants)	that you currently operate:	I am employed by	I am employed by the Facility owner					
I am currently not operating any	Facility	I provide contractual serv	I provide contractual services to the Facility					
Please provide the following inf	ormation about each Facility/Plant that you operate. Use	e addtional pages as needed.						
Facility / Plant Name	Cla	ass PDWIS (Water) NPI	DES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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

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

This is page one of a tw	vo page form. Both pages must be completed and return	rned. Operator (Certification N	Tumber: 11463					
	enter you're current address on the lines below and, if nec		ertification(s) below will exp	4/1//11/3					
correct	the City, state and ZIP Code. Please print legibly.	Th	e fee to renev certific	v these cations: \$100					
		requ	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.						
I. CERTIFICATES	S TO RENEW:			Training Units					
Certification Type	Category		Class	Required					
TEMPORARY	WASTEWATER COLLECTION		2	24					
TEMPORARY	WATER DISTRIBUTION		1	24					
II. CURRENT EMPL	OYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities (or I	Plants) that you currently operate:	I ar	n employed b	y the Facility owner					
I am currently not operati	ing any Facility	I provide c	ontractual sei	rvices to the Facility					
Please provide the follow	ving information about each Facility/Plant that you opera	ate. Use addtional pag	ges as needed	<u> </u>					
Facility / Plant Name		Class PDWIS	(Water) NP	DES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page	Operator Certification N	Jumber: 11464						
•	ou're current address on the lines below and, if necessary,	Certification(s) below will ex						
correct the Cit	y, state and ZIP Code. Please print legibly.	The fee to renev	w these cations: \$100					
		requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.					
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Certification Type	Category	Class	Required					
TEMPORARY	WASTEWATER COLLECTION	2	24					
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Employer's Name:		Phone #:						
Number of Facilities (or Plants)	that you currently operate:	I am employed b	by the Facility owner					
I am currently not operating any	Facility	I provide contractual se	I provide contractual services to the Facility					
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III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address		
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This is page one	of a two page form. Both pages must be completed and retu	urned. Op	erator Certifcation Nu	mber: 11466				
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will expi					
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification					
			Failure to complete or submit reduced requirements by the expiration date result in an additional late fees described in Section V.					
	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
TEMPORARY	WASTEWATER TREATMENT		5	45				
TEMPORARY	WASTEWATER TREATMENT		Α	24				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	es (or Plants) that you currently operate:		I am employed by	the Facility owner				
I am currently not	operating any Facility	I pr	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that you open	rate. Use addtio	onal pages as needed.					
Facility / Plant Nar	me	Class P	PDWIS (Water) NPI	DES (Wastewater)				
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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

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



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	ease enter you're current address on the lines below an		Certification(s) s below will exp	4/1//11/3				
co	prrect the City, state and ZIP Code. Please print legibly		The fee to renew certific	\$50				
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.				
I. CERTIFICA	TES TO RENEW:		46561186	Training Units				
Certification Typ	e Category		Class	Required				
TEMPORARY	WATER TREATMENT		2	24				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	y the Facility owner				
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	ase enter you're current address on the lines below and, if nece	essary,	Certification(s) below will exp	4/1//11/3			
cor	rect 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 dditional late fees as ed in Section V.			
I. CERTIFICAT	TES TO RENEW:			Training Units			
Certification Type	e Category		Class	Required			
TEMPORARY	INDUSTRIAL WASTEWATER		1	0			
II. CURRENT EM	IPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities	(or Plants) that you currently operate:	I am employed by the Facility owner					
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	(OVER)						



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This is page one of a	two page form. Both pages must be completed an	perator Certifcation N	Tumber: 11470					
	se enter you're current address on the lines below and	•	Certification(s) shown below will expire on: 9/1/2023					
corr	ect the City, state and ZIP Code. Please print legibly		The fee to renev	v these cations: \$50				
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.				
I. CERTIFICAT	ES TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	INDUSTRIAL WASTEWATER	₹	1	0				
II. CURRENT EM	PLOYMENT INFORMATION							
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	Please enter you're current address o		sary,	Certification(s) shown below will expire on: 9/1/202					
C	correct the City, state and ZIP Code	Please print legibly.		The fee to rene certif	ew these fications:	\$50			
				Failure to com requirements by result in an descril	ration date will I late fees as				
I. CERTIFICA	ATES TO RENEW:			400011		aining Units			
Certification Ty	pe Catego	γ		Class		equired			
TEMPORARY	WASTEV	VATER COLLECTION		2	24	,			
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	you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp					
correct the C	ity, state and ZIP Code. Please print legibly.		The fee to renew certification	620				
			requirements by t	ete or submit renewal the expiration date will Iditional late fees as d in Section V.				
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Certification Type	Category		Class	Required				
TEMPORARY	INDUSTRIAL WASTEWATER		2	0				
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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 returned.	rator Certification	11474					
JAMES H KEL	Please enter you're current address on the lines below and, if necessar	y,	Certification(s below will ex		9/1/2023			
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$100			
			requirements b result in an	y the exp	submit renewal iration date will al late fees as ction V.			
I. CERTIFIC	CATES TO RENEW:			Т	raining Units			
Certification ⁻	Type Category		Class	R	equired			
TEMPORARY	WATER TREATMENT		3	4!	5			
TEMPORARY	WASTEWATER TREATMENT		Α	24	1			
TEMPORARY	WASTEWATER TREATMENT		5	4!	5			
TEMPORARY	WATER TREATMENT		5AS	24	1			
II. CURRENT	EMPLOYMENT INFORMATION							
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 provide contractual services to the Facility						
Please provide ti	he following information about each Facility/Plant that you operate. U	se addtion	al pages as neede	ed.	_			
Facility / Plant N	Name C	Class PE	OWIS (Water) N	IPDES (W	/astewater)			
	Ivaniani I							
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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



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This is page one of	a two page form. Both pages must be completed and retur	ned. Ope	erator Certification Nu	ımber: 11475
	ease enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will expi	
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	150
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICAT	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	perating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you opera	te. Use addtior	ıal pages as needed.	
Facility / Plant Name	2	Class PI	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one of a	a two page form. Both pages must be completed and	perator Certification Nu	ımber: 11476					
	ase enter you're current address on the lines below and, i	f necessary,	Certification(s) s below will exp	4/1//11/3				
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950				
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.				
I. CERTIFICAT	ES TO RENEW:		describe	Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	WATER TREATMENT		4	45				
II. CURRENT EM	IPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities ((or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not ope	erating any Facility	I p	I provide contractual services to the Facility					
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This is page one of a tw	vo page form. Both pages must be completed and retu	rned. Operator Certifica	ation Number: 11477
	enter you're current address on the lines below and, if nec		tion(s) shown will expire on: 9/1/2023
correct	the City, state and ZIP Code. Please print legibly.		o renew these certifications: \$50
		requireme result i	o complete or submit renewal nts by the expiration date will n an additional late fees as escribed in Section V.
I. CERTIFICATES	S TO RENEW:		Training Units
Certification Type	Category	Clas	s Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT EMPL	LOYMENT INFORMATION		
Employer's Name:		Phor	ne #:
Number of Facilities (or I	Plants) that you currently operate:	I am empl	loyed by the Facility owner
I am currently not operati	ing any Facility	I provide contract	tual services to the Facility
Please provide the follow	ving information about each Facility/Plant that you opera	ate. Use addtional pages as r	needed.
Facility / Plant Name		Class PDWIS (Water	r) NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of	f a two page form. Both pages must be cor	Operator Certification	on Number: 11478					
	lease enter you're current address on the lines		Certification(s) shown below will expire on: 9/1					
c	orrect the City, state and ZIP Code. Please pr	int legibly.	The fee to recer	enew these tifications: \$50				
			requirements result in a	omplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.				
I. CERTIFICA	TES TO RENEW:		4050	Training Units				
Certification Ty	pe Category		Class	Required				
TEMPORARY	WASTEWATER CO	DLLECTION	2	24				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #	# :				
Number of Facilitie	es (or Plants) that you currently operate:	_	I am employe	ed by the Facility owner				
I am currently not o	pperating any Facility	-	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Pl	ant that you operate. Use add	dtional pages as nee	ded.				
Facility / Plant Nan	ne	Class	PDWIS (Water)	NPDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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This is page one o	f a two page form. Both pa	perator Certification N	Number: 11479					
	lease enter you're current add	lress on the lines below and, if	necessary,	shown pire on: 9/1/2023				
Co	orrect the City, state and ZIP	Code. Please print legibly.		The fee to renev	w these cations: \$50			
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.			
I. CERTIFICA	TES TO RENEW:				Training Units			
Certification Typ	oe Ca	tegory		Class	Required			
TEMPORARY	WA	ATER TREATMENT		2	24			
II. CURRENT E	MPLOYMENT INFOR	MATION						
Employer's Name:				Phone #:				
Number of Facilitie	s (or Plants) that you current	ly operate:		I am employed b	by the Facility owner			
I am currently not o	perating any Facility		I provide contractual services to the Facility					
Please provide the	following information about	each Facility/Plant that you op	erate. Use addti	ional pages as needea	<u></u>			
Facility / Plant Nan	ne		Class	PDWIS (Water) NI	PDES (Wastewater)			



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Page 2

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

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



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

This is page one of a two pa	d. Operator Certification N	Number: 11480	
	you're current address on the lines below and, if necessary	Certification(s) below will ex	4/1//11/3
correct the (City, state and ZIP Code. Please print legibly.	The fee to rene certifi	w these cations: \$100
		requirements by	plete or submit renewal the expiration date will additional late fees as red in Section V.
I. CERTIFICATES TO	O RENEW:		Training Units
Certification Type	Category	Class	Required
TEMPORARY	WATER TREATMENT	3	45
TEMPORARY	WASTEWATER TREATMENT	5	45
II. CURRENT EMPLOY	MENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plant	ts) that you currently operate:	I am employed l	by the Facility owner
I am currently not operating as	ny Facility	I provide contractual se	rvices to the Facility
Please provide the following i	information about each Facility/Plant that you operate.	Use addtional pages as needed	<i>d.</i>
Facility / Plant Name		Class PDWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

This is page one of a two page	form. Both pages must be completed and retu	rned. O	Operator Certification Number: 1161						
	ou're current address on the lines below and, if ne	cessary,	Certification(s) s below will exp						
correct the Cit	y, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50					
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.						
I. CERTIFICATES TO	RENEW:			Training Units					
Certification Type	Category		Class	Required					
OPERATOR	INDUSTRIAL WASTEWATER		5	30					
II. CURRENT EMPLOYM	ENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities (or Plants)	that you currently operate:		I am employed by the Facility owner						
I am currently not operating any	Facility	Ιp	I provide contractual services to the Facility						
Please provide the following info	ormation about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	_					
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)					
	(OVER)								



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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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	erator Certification Number: 1164							
	Please enter you're current address	-	essary,	Certification(s below will ex	/1/2023				
	correct the City, state and ZIP Cod	de. Please print legibly.		The fee to rene certif	ew these fications:	50			
				Failure to com requirements b result in an descril	ation date will late fees as				
I. CERTIFIC	ATES TO RENEW:					ining Units			
Certification T	ype Categ	ory		Class		quired			
OPERATOR	INDUS	TRIAL WASTEWATER		6	16				
II. CURRENT	EMPLOYMENT INFORMA	ATION							
Employer's Name	:			Phone #:					
Number of Facilit	ies (or Plants) that you currently o	perate:		I am employed by the Facility owner					
I am currently not	operating any Facility		I provide contractual services to the Facility						
Please provide the	e following information about each	h Facility/Plant that you operat	te. Use addtio	nal pages as neede	ed.				
Facility / Plant Na	Facility / Plant Name			PDWIS (Water) N	IPDES (Wa	stewater)			



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Page 2

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Operator in Responsible Charge:

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

This is page one of a	two page form. Both pages must be completed and	d returned. Op	perator Certification Number: 1219					
	se enter you're current address on the lines below and	, if necessary,	Certification(s) shown below will expire on: 9/1/2023					
corr	eet the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
			Failure to complete or submit reneration date result in an additional late fees a described in Section V.					
I. CERTIFICAT	ES TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER TREATMENT		2	16				
II. CURRENT EM	PLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not ope	rating any Facility	I pr	I provide contractual services to the Facility					
Please provide the fol	lowing information about each Facility/Plant that you	ı operate. Use addtio	nal pages as needed.					
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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This is page one of	a two page form. Both pages m	erator Certifcation	1444						
	ease enter you're current address o		ssary,	9/1/2023					
co	rrect the City, state and ZIP Code	Please print legibly.		The fee to ren	ew these fications:	\$50			
				requirements bresult in an	submit renewal iration date will al late fees as ction V.				
I. CERTIFICA	TES TO RENEW:			ucsel i		raining Units			
Certification Typ	e Catego	ry		Class		equired			
TEMPORARY	WASTE	VATER TREATMENT		3	45	5			
II. CURRENT E	MPLOYMENT INFORMAT	ION							
Employer's Name:				Phone #:					
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Facility / Plant Nam		Class F	PDWIS (Water) N	NPDES (W	/astewater)				



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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This is page one of a two pa	perator Certification Number: 1457							
	you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 9/1/2					
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certification	620				
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.				
I. CERTIFICATES TO	O RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WASTEWATER COLLECTION		2	16				
II. CURRENT EMPLOY	MENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants	s) that you currently operate:		I am employed by the Facility owner					
I am currently not operating an	ny Facility	I provi	ide contractual ser	vices to the Facility				
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Facility / Plant Name		Class PDV	WIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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

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

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



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

This is page one o	f a two page form. Both pages must be completed and	erator Certification N	umber: 1462					
	lease enter you're current address on the lines below and,	if necessary,	Certification(s) below will exp					
Co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
			Failure to complete or submit renormal requirements by the expiration date result in an additional late fees described in Section V.					
I. CERTIFICA	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	s (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not o	pperating any Facility	I pı	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that you	operate. Use addtio	onal pages as needed.					
Facility / Plant Nan	ne	Class F	PDWIS (Water) NP	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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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.
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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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This is page one of	of a two page form. Both pages must be completed an	erator Certification N	umber: 1501					
	Please enter you're current address on the lines below and		Certification(s) s below will exp					
c	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
			Failure to complete or submit ren- requirements by the expiration dat result in an additional late fees described in Section V.					
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT E	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not o	operating any Facility	I pı	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that yo	u operate. Use addtid	onal pages as needed.					
Facility / Plant Nar	ne	Class F	PDWIS (Water) NP	DES (Wastewater)				



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Name and Certification Number of
Operator in Responsible Charge:

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

This is page one of a	two page form. Both pages must be completed and return	perator Certification Number: 1547							
	se enter you're current address on the lines below and, if neces	ssary,	nown e on: 9/1/2023						
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	\$50					
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.						
I. CERTIFICATI	ES TO RENEW:			Training Units					
Certification Type	Category		Class	Required					
TEMPORARY	WATER TREATMENT		3	45					
II. CURRENT EMI	PLOYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities (o	or Plants) that you currently operate:		I am employed by	the Facility owner					
I am currently not oper	ating any Facility	I p	provide contractual services to the Facility						
Please provide the follo	owing information about each Facility/Plant that you operate	e. Use addtio	onal pages as needed.						
Facility / Plant Name		Class I	PDWIS (Water) NPD	ES (Wastewater)					



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Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of	a two page form. Both pages must be complete	Operator Certification	Number: 1613					
	ase enter you're current address on the lines belo		Certification(below will					
cor	rect the City, state and ZIP Code. Please print leg	gibly.	The fee to rer	new these ifications: \$50				
			requirements result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.				
I. CERTIFICAT	TES TO RENEW:		40001	Training Units				
Certification Type	e Category		Class	Required				
TEMPORARY	WASTEWATER COLLEC	CTION	2	24				
II. CURRENT EN	IPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	(or Plants) that you currently operate:		I am employe	d by the Facility owner				
I am currently not op	erating any Facility		I provide contractual services to the Facility					
Please provide the fo	llowing information about each Facility/Plant th	at you operate. Use add	dtional pages as need	ed.				
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one	of a two page form. Both pages must be completed a	erator Certifcation Nu	ımber: 1685					
	Please enter you're current address on the lines below ar		Certification(s) s below will exp					
(correct the City, state and ZIP Code. Please print legibly	7.	The fee to renew certification	\$5A				
			Failure to complete or submit renerequirements by the expiration date result in an additional late fees a described in Section V.					
I. CERTIFICA	ATES TO RENEW:		46561186	Training Units				
Certification Ty	ype Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by the Facility owner					
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Please provide the	following information about each Facility/Plant that y	ou operate. Use addtio	nal pages as needed.	_				
Facility / Plant Na	me	Class P	DWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page	ed. Operator Certi	perator Certification Number: 1865				
•	ou're current address on the lines below and, if neces		cation(s) shown w will expire on			
correct the Ci	ty, state and ZIP Code. Please print legibly.	The fee	e to renew these certifications	6.20		
		require				
I. CERTIFICATES TO	RENEW:		-	Fraining Units		
Certification Type	Category	Cla		Required		
OPERATOR	INDUSTRIAL WASTEWATER	6	-	16		
II. CURRENT EMPLOYM	MENT INFORMATION					
Employer's Name:		Pł	none #:			
Number of Facilities (or Plants)	that you currently operate:	I am en	nployed by the F	Facility owner		
I am currently not operating any	Facility Facility	I provide contractual services to the Facility				
Please provide the following inj	formation about each Facility/Plant that you operate	e. Use addtional pages a	ıs needed.			
Facility / Plant Name		Class PDWIS (Wa	iter) NPDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

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



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This is page one of a tw	o page form. Both pages must be completed and retu	perator Certification Nu	ımber: 1935					
	enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will expi					
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certification					
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.					
I. CERTIFICATES	S TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WASTEWATER TREATMENT		5	30				
OPERATOR	WASTEWATER TREATMENT		Α	16				
II. CURRENT EMPL	OYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or I	Plants) that you currently operate:		I am employed by	the Facility owner				
I am currently not operati	ng any Facility	I pı	I provide contractual services to the Facility					
Please provide the follow	ing information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed.					
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)				
				_				
<u> </u>	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of	f a two page form. Both pages must be completed	perator Certification Nu	ımber: 1989					
	lease enter you're current address on the lines below		Certification(s) s below will exp	4/1//11/3				
C	orrect the City, state and ZIP Code. Please print legi	bly.	The fee to renew certification	\$50				
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.				
I. CERTIFICA	TES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
TEMPORARY	WATER TREATMENT		4	45				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not o	perating any Facility	I p	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant tha	t you operate. Use addti	onal pages as needed.					
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

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This is page one	of a two page form. Both pages must be completed and re	Operator Certifcation Nu	ımber: 1991					
	Please enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp					
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50				
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.				
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	rpe Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner				
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This is page one	of a two page form. Both pages must be completed and retur	rator Certifcation Nu	umber: 2106						
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp						
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50					
			Failure to complete or submit re requirements by the expiration d result in an additional late feed described in Section V.						
	ATES TO RENEW:			Training Units					
Certification Ty	pe Category		Class	Required					
SUPERINTENDEN	IT WATER TREATMENT		4	7					
SUPERINTENDEN	IT WATER TREATMENT		5DE	7					
II. CURRENT I	EMPLOYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner					
I am currently not	operating any Facility	I pro	vide contractual serv	vices to the Facility					
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Facility / Plant Nar	me	Class PI	OWIS (Water) NPI	DES (Wastewater)					
	(OVER)								



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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	se enter you're current address on the lines below and, if ne	cessary,	Certification(s) s below will exp				
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50			
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I. CERTIFICAT	ES TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
SUPERINTENDENT	WATER TREATMENT		1	7			
II. CURRENT EM	PLOYMENT INFORMATION						
Employer's Name:			Phone #:				
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Page 2

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This is page one	of a two page form. Both pages must be complet	Operator Certification	Number: 2134					
	Please enter you're current address on the lines belo		Certification(s below will e	4 4/1//11/3				
C	correct the City, state and ZIP Code. Please print le	gibly.	The fee to reno certif	ew these fications: \$50				
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I. CERTIFICA	ATES TO RENEW:		400011	Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER DISTRIBUTION	I	1	16				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	by the Facility owner				
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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one o	f a two page form. Both pages must be completed and return	erator Certifcation Nu	umber: 2166				
	lease enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	4/1//11/ ₹			
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950			
			requirements by t result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.			
I. CERTIFICA	TES TO RENEW:			Training Units			
Certification Typ	De Category		Class	Required			
OPERATOR	WATER TREATMENT		2	16			
II. CURRENT E	MPLOYMENT INFORMATION						
Employer's Name:		Phone #:					
Number of Facilitie	s (or Plants) that you currently operate:	I am employed by the Facility owner					
I am currently not o	perating any Facility	I provide contractual services to the Facility					
Please provide the j	following information about each Facility/Plant that you operat	te. Use addtio	onal pages as needed.	<u> </u>			
Facility / Plant Nam	ne	Class PDWIS (Water) NPDES (Wastewater)					
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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

This is page one of a two	perator Certification Number: 2178								
	ter you're current address on the lines below and, if necess	sary,	Certification(s) sl below will expi						
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50					
			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.						
I. CERTIFICATES	ΓΟ RENEW:			Training Units					
Certification Type	Category		Class	Required					
OPERATOR	INDUSTRIAL WASTEWATER		2	0					
II. CURRENT EMPLO	YMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by the Facility owner						
I am currently not operating	g any Facility	Ιp	provide contractual services to the Facility						
Please provide the following	g information about each Facility/Plant that you operate.	. Use addti	onal pages as needed.						
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)					



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This is page one o	f a two page form. Both pages must be completed	erator Certification Number: 2241						
	ease enter you're current address on the lines below	•	Certification(s) shown below will expire on: 9/1/20					
co	orrect the City, state and ZIP Code. Please print legib	oly.	The fee to renew certification	\$50				
			Failure to complete or subm requirements by the expiration result in an additional late described in Section					
I. CERTIFICA	TES TO RENEW:			Training Units				
Certification Typ	oe Category		Class	Required				
TEMPORARY	WATER TREATMENT		4	45				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not o	perating any Facility	I pi	I provide contractual services to the Facility					
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Facility / Plant Nam	e	Class I	PDWIS (Water) NPI	DES (Wastewater)				



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Page 2

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

This is page one of	a two page form. Both pages mus	perator Certification Number: 2333							
	ease enter you're current address on		ssary,	Certification(s) shown below will expire on: 9/1/2023					
со	rrect the City, state and ZIP Code. F	lease print legibly.		The fee to rene certifi	w these cations:	\$50			
				Failure to comp requirements by result in an a describ	ration date will I late fees as				
I. CERTIFICA	<u>ΓΕS ΤΟ RENEW:</u>					aining Units			
Certification Typ	e Category			Class		quired			
OPERATOR	INDUSTRIA	AL WASTEWATER		1	0				
II. CURRENT EN	MPLOYMENT INFORMATION	ON							
Employer's Name:				Phone #:					
Number of Facilities	(or Plants) that you currently opera	te:		I am employed by the Facility owner					
I am currently not op	perating any Facility		I provide contractual services to the Facility						
Please provide the fe	ollowing information about each Fa	cility/Plant that you operat	e. Use addtio	onal pages as needed	<i>d</i> .				
Facility / Plant Name	2		Class I	PDWIS (Water) NI	PDES (Wa	astewater)			



III. CONTINUING EDUCATION:

Page 2

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This is page one of a	two page form. Both pages must be completed and retur	ned. Operator Certi	ifcation Number: 2513	2513					
	se enter you're current address on the lines below and, if nec		fication(s) shown w will expire on: 9/1/2023						
corre	ect the City, state and ZIP Code. Please print legibly.	The fee	te to renew these certifications: \$100	\$100					
		requirer	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.						
I. CERTIFICATI	ES TO RENEW:		Training Unit	S					
Certification Type	Category	Cla	ass Required						
OPERATOR	WASTEWATER COLLECTION	2	16						
OPERATOR	WATER DISTRIBUTION	1	16						
II. CURRENT EMI	PLOYMENT INFORMATION								
Employer's Name:		Ph	hone #:						
Number of Facilities (o	or Plants) that you currently operate:	I am en	mployed by the Facility owner						
I am currently not oper	ating any Facility	I provide contra	ractual services to the Facility						
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Facility / Plant Name		Class PDWIS (Wa	ater) NPDES (Wastewater)						



III. CONTINUING EDUCATION:

Page 2

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This is page one	of a two page form. Both pages must be completed	Operator Certification	Number: 2548						
	Please enter you're current address on the lines below		Certification(s below will e						
(correct the City, state and ZIP Code. Please print legi	bly.	The fee to reno certif	ew these fications: \$50					
			requirements b result in an	uplete or submit renewal y the expiration date will additional late fees as bed in Section V.					
I. CERTIFICA	ATES TO RENEW:		ucsel1	Training Units					
Certification Ty	rpe Category		Class	Required					
OPERATOR	WATER DISTRIBUTION		1	16					
II. CURRENT I	EMPLOYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by the Facility owner						
I am currently not	operating any Facility	I	I provide contractual services to the Facility						
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Facility / Plant Na	me	Class	PDWIS (Water) N	IPDES (Wastewater)					



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

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



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This is page one of	a two page form. Both pag	perator Certification	Number: 2600						
	ease enter you're current add	ress on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 9/1/202					
со	rrect the City, state and ZIP	Code. Please print legibly.		The fee to rene certif	ew these fications: \$50				
				requirements by result in an	plete or submit renewal y the expiration date wi additional late fees as bed in Section V.	oiration date will al late fees as			
I. CERTIFICA	TES TO RENEW:				Training Units				
Certification Typ	e Cat	tegory		Class	Required				
OPERATOR	WA	STEWATER COLLECTION		2	16				
II. CURRENT EN	MPLOYMENT INFORM	MATION							
Employer's Name:				Phone #:					
Number of Facilities	(or Plants) that you currently	y operate:		I am employed by the Facility owner					
I am currently not op	perating any Facility		Ιp	I provide contractual services to the Facility					
Please provide the fe	ollowing information about e	each Facility/Plant that you opera	ıte. Use addti	onal pages as neede	ed.				
Facility / Plant Name	e		Class	PDWIS (Water) N	IPDES (Wastewater)				
						_			



III. CONTINUING EDUCATION:

Page 2

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Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one	of a two page form. Both	perator Certification Nu	ımber: 2676					
	Please enter you're current a	ddress on the lines below and, if nec	essary,	Certification(s) s below will expi				
C	correct the City, state and Z	IP Code. Please print legibly.		The fee to renew certification	4 1 / 1/1			
				requirements by t result in an ad	lete or submit renewal the expiration date wi lditional late fees as d in Section V.			
I. CERTIFICA	ATES TO RENEW:				Training Units			
Certification Ty	rpe (Category		Class	Required			
OPERATOR	I	NDUSTRIAL WASTEWATER		2	0			
SUPERINTENDEN	IT I	NDUSTRIAL WASTEWATER		2	0			
II. CURRENT I	EMPLOYMENT INFO	RMATION						
Employer's Name:				Phone #:				
Number of Faciliti	es (or Plants) that you curre	ntly operate:		I am employed by	y the Facility owner			
I am currently not	operating any Facility	<u>—</u>	Ιp	provide contractual services to the Facility				
Please provide the	following information abo	- ut each Facility/Plant that you operd	ate. Use addti	onal pages as needed.				
Facility / Plant Nat	me		Class]	PDWIS (Water) NPI	DES (Wastewater)			
		(OVER)						



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page	d. Operator Cert	erator Certification Number: 26						
	ou're current address on the lines below and, if necess		Certification(s) shown below will expire on: 9/1/					
correct the Ci	ty, state and ZIP Code. Please print legibly.	The fe	ee to renew these certifications	6.24				
		require	Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.					
I. CERTIFICATES TO	RENEW:			Training Units				
Certification Type	Category	Cl		Required				
OPERATOR	INDUSTRIAL WASTEWATER	6		16				
II. CURRENT EMPLOYM	IENT INFORMATION							
Employer's Name:		P	hone #:					
Number of Facilities (or Plants)	that you currently operate:	I am ei	I am employed by the Facility owner					
I am currently not operating any	Facility Facility	I provide contractual services to the Facility						
Please provide the following inf	formation about each Facility/Plant that you operate.	Use addtional pages	as needed.	_				
Facility / Plant Name		Class PDWIS (Wa	ater) NPDES	(Wastewater)				



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This is page or	ne of a two page form. Both pages m	erator Certification Number: 2878						
TRAVIS DOM	Please enter you're current address of	-	ary,	Certification(s) below will ex				
	correct the City, state and ZIP Code	. Please print legibly.		The fee to rene certifi	w these cations: \$100			
					plete or submit renewal			
				requirements by the expiration date result in an additional late fees a described in Section V.				
I. CERTIFI	CATES TO RENEW:			4000110	Training Units			
Certification	Type Catego	ry		Class	Required			
OPERATOR	WASTE	WATER COLLECTION		2	16			
OPERATOR	WATER	TREATMENT		2	16			
OPERATOR	WASTE	WATER TREATMENT		5	30			
OPERATOR	WASTE	WATER TREATMENT		Α	16			
II. CURREN	ΓEMPLOYMENT INFORMAT	TION						
Employer's Nan	ne:			Phone #:				
Number of Facil	ities (or Plants) that you currently ope	erate:	I am employed by the Facility owner					
I am currently n	ot operating any Facility		I pro	vide contractual se	ervices to the Facility			
Please provide i	the following information about each	Facility/Plant that you operate.	Use addtion	al pages as needed	d			
Facility / Plant N	Name		Class PD	OWIS (Water) N	PDES (Wastewater)			



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	er you're current address on the lines below and, if necess	sary,	shown ire on: 9/1/2023					
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certific	620				
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.				
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Certification Type	Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
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This is page on	e of a two page form. Both	perator Certification N	umber: 3232						
BRIAN KING	•	address on the lines below and, if no	ecessary,	Certification(s) s below will exp	4/1//11/3				
	correct the City, state and 2	ZIP Code. Please print legibly.		The fee to renew certific	\$50				
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.				
I. CERTIFIC	CATES TO RENEW:				Training Units				
Certification 7	Гуре	Category		Class	Required				
SUPERINTENDE	ENT	WASTEWATER COLLECTION		2	7				
II. CURRENT	EMPLOYMENT INFO	ORMATION							
Employer's Name	e:			Phone #:					
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employed by the Facility owner					
I am currently no	ot operating any Facility		ΙI	I provide contractual services to the Facility					
Please provide th	he following information ab	— out each Facility/Plant that you ope	rate. Use addt	ional pages as needed.					
Facility / Plant Name			Class	PDWIS (Water) NP	DES (Wastewater)				



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

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



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This is page one of	a two page form. Both pages must be completed and	erator Certifcation Nu	ımber: 3272					
	ase enter you're current address on the lines below and	, if necessary,	Certification(s) shown below will expire on: 9/1					
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50				
			Failure to complete or submit requirements by the expiration result in an additional late described in Section N					
I. CERTIFICAT	TES TO RENEW:		describe	Training Units				
Certification Type	e Category		Class	Required				
TEMPORARY	WATER TREATMENT		4	45				
II. CURRENT EM	IPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	(or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not op	erating any Facility	I pr	I provide contractual services to the Facility					
Please provide the fo	llowing information about each Facility/Plant that you	ı operate. Use addtio	nal pages as needed.					
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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This is page one	of a two page form. Both p	perator Certification	Number: 3427						
	Please enter you're current ac	dress on the lines below and, if nec	essary,	Certification(s below will ex	4 4/1//11/3				
(correct the City, state and ZII	P Code. Please print legibly.		The fee to rene certif	ew these fications: \$50				
				requirements by result in an	nplete or submit renewal y the expiration date wi additional late fees as bed in Section V.				
I. CERTIFICA	ATES TO RENEW:				Training Units				
Certification Ty	rpe C	ategory		Class	Required				
OPERATOR	W	ASTEWATER COLLECTION		2	16				
II. CURRENT I	EMPLOYMENT INFOR	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		I provide contractual services to the Facility						
Please provide the	following information abou	t each Facility/Plant that you opera	te. Use addti	onal pages as neede	ed.				
Facility / Plant Na	me		Class	PDWIS (Water) N	IPDES (Wastewater)				
						_			
						_			



III. CONTINUING EDUCATION:

Page 2

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	lease enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	4/1//11/3				
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
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I. CERTIFICA	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 #:						
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	(OVER)							



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This is page one of a two page	Operator Certification N	Operator Certification Number: 3680						
	you're current address on the lines below and, if necessary,	Certification(s) s below will exp						
correct the C	City, state and ZIP Code. Please print legibly.	The fee to renew certific	\$ 100					
		Failure to complete or submit renews requirements by the expiration date we result in an additional late fees as described in Section V.						
I. CERTIFICATES TO	<u> </u>		Training Units					
Certification Type	Category	Class	Required					
OPERATOR	WASTEWATER TREATMENT	А	16					
OPERATOR	WASTEWATER TREATMENT	5	30					
OPERATOR	WATER TREATMENT	4	30					
OPERATOR	WASTEWATER TREATMENT	1	16					
OPERATOR	WASTEWATER TREATMENT	3	30					
II. CURRENT EMPLOY	MENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities (or Plants	s) that you currently operate:	I am employed by	y the Facility owner					
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Please provide the following in	nformation about each Facility/Plant that you operate. Use a	addtional pages as needed.						
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Employer's Name:			Phone #:					
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II. CURRENT EM	PLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not ope	rating any Facility	Ιp	I provide contractual services to the Facility					
Please provide the fol	lowing information about each Facility/Plant that you o	perate. Use addti	onal pages as needed.	_				
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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



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

This is page one of	a two page form. Both pages must be complete	Operator Certification	Number: 3766					
	ease enter you're current address on the lines belo		Certification(below will					
co	rrect the City, state and ZIP Code. Please print le	egibly.	The fee to rer	new these ifications: \$50				
			requirements result in an	mplete or submit renewal by the expiration date will additional late fees as ibed in Section V.				
I. CERTIFICA	TES TO RENEW:			Training Units				
Certification Typ	e Category		Class	Required				
OPERATOR	WATER DISTRIBUTION	V	1	16				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	s (or Plants) that you currently operate:		I am employe	d by the Facility owner				
I am currently not of	perating any Facility]	I provide contractual services to the Facility					
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Facility / Plant Nam	e	Class	PDWIS (Water)	NPDES (Wastewater)				



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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one o	f a two page form. Both pages must be comple	perator Certification Number: 3767						
	lease enter you're current address on the lines bel		Certification(s) below will ex					
Co	orrect the City, state and ZIP Code. Please print le	egibly.	The fee to rene certifi	w these cations: \$50				
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ted in Section V.				
I. CERTIFICA	TES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by the Facility owner					
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This is page one	e of a two page form. Both pages mus	Operator Certification N	Number: 3919				
	Please enter you're current address on	•	Certification(s) below will ex				
	correct the City, state and ZIP Code. I	Please print legibly.	The fee to renecertifi	w these cations: \$100			
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.			
	ATES TO RENEW:			Training Units			
Certification T	ype Category		Class	Required			
OPERATOR	WASTEWA	ATER COLLECTION	2	16			
OPERATOR	WATER D	STRIBUTION	1	16			
II. CURRENT	EMPLOYMENT INFORMATION	ON					
Employer's Name): :		Phone #:				
Number of Facilit	ties (or Plants) that you currently opera	te:	I am employed l	by the Facility owner			
I am currently not	t operating any Facility		I provide contractual services to the Facility				
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Facility / Plant Na	ame	Clas	s PDWIS (Water) NI	PDES (Wastewater)			
		(OVER)					



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This is page one	of a two page form. Both pages must be completed and return	ned. Operator Certification Number	er: 4712					
	Please enter you're current address on the lines below and, if nece	Certification(s) show below will expire or						
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew thes certification	150					
		Failure to complete or requirements by the eresult in an addition described in	xpiration date will onal late fees as					
	ATES TO RENEW:		Training Units					
Certification Ty	ype Category	Class	Required					
OPERATOR	WASTEWATER TREATMENT	Α	16					
OPERATOR	WASTEWATER TREATMENT	5	30					
II. CURRENT	EMPLOYMENT INFORMATION							
Employer's Name:	:	Phone #:						
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	(OVER)							



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This is page one o	of a two page form. Both pages must be completed and	erator Certification Number: 5250						
	lease enter you're current address on the lines below and	, if necessary,	Certification(s) s below will exp	4/1//11/3				
Co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.					
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Certification Ty	pe Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
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This is page one of a two page	form. Both pages must be completed and returned.	Operator Certification Nu	ımber: 5724
FRANK T DANIELS, JR.	ou're current address on the lines below and, if necessary,	Certification(s) s below will exp	
correct the City	1		
·		The fee to renew certification	\$100
		requirements by to	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES TO I	RENEW:		Training Units
Certification Type	Category	Class	Required
SUPERINTENDENT	WATER TREATMENT	3	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	А	7
SUPERINTENDENT	WASTEWATER TREATMENT	4	7
SUPERINTENDENT	WATER TREATMENT	5	7
OPERATOR	WASTEWATER TREATMENT	А	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WATER TREATMENT	5RO	16
OPERATOR	INDUSTRIAL WASTEWATER	5	30
OPERATOR	WATER TREATMENT	3	30
II. CURRENT EMPLOYMI	ENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants) t	hat you currently operate:	I am employed by	y the Facility owner
I am currently not operating any l	Facility	I provide contractual serv	vices to the Facility
Please provide the following info	ormation about each Facility/Plant that you operate. Use	addtional pages as needed.	<u> </u>
Facility / Plant Name	Cla	ss PDWIS (Water) NPI	DES (Wastewater)
	(OVER)		_



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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



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

This is page one of	a two page form. Both pages must be	Operator Certifcat	perator Certification Number: 6251						
	ease enter you're current address on the li	•		Certification(s) shown below will expire on: 9/1/2023					
co	rrect the City, state and ZIP Code. Please	print legibly.		renew these ertifications:	\$50				
			requiremen result in	Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.					
I. CERTIFICA	TES TO RENEW:				raining Units				
Certification Typ	e Category		Class		equired				
OPERATOR	INDUSTRIAL W	ASTEWATER	1	0					
II. CURRENT E	MPLOYMENT INFORMATION								
Employer's Name:			Phone	: #: 					
Number of Facilities	(or Plants) that you currently operate:		I am emplo	yed by the Fa	cility owner				
I am currently not of	perating any Facility		I provide contractual services to the Facility						
Please provide the f	ollowing information about each Facility	Plant that you operate. Use a	uddtional pages as ne	eeded.					
Facility / Plant Nam	2	Class	s PDWIS (Water)	NPDES (W	/astewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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



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

This is page one of a two	o page form. Both pages must be completed and return	ned. Ope	erator Certification Nu	mber: 6379			
	enter you're current address on the lines below and, if nece	ssary,	Certification(s) sl below will expi				
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	X 1 1 1 1 1 1			
			requirements by t	ete or submit renewal he expiration date will ditional late fees as d in Section V.			
I. CERTIFICATES	TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WATER DISTRIBUTION		1	16			
OPERATOR	WASTEWATER COLLECTION		2	16			
II. CURRENT EMPL	OYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or P	Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not operating	ng any Facility	I pro	I provide contractual services to the Facility				
Please provide the followi	ing information about each Facility/Plant that you operat	e. Use addtion	nal pages as needed.				
Facility / Plant Name		Class PI	OWIS (Water) NPD	DES (Wastewater)			
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of
Operator in Responsible Charge:

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

This is page one of	a two page form. Both pages must be completed and return	erator Certification Number: 6615				
	ease enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp			
cor	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50		
			requirements by t	lete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFICAT	ΓES TO RENEW:			Training Units		
Certification Type	e Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT EN	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not op	perating any Facility	I prov	vide contractual ser	vices to the Facility		
Please provide the fo	ollowing information about each Facility/Plant that you opera	ite. Use addtiona	ıl pages as needed.			
Facility / Plant Name		Class PD	WIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page	form. Both pages must be completed and returne	d. Operator Certification Nu	mber: 6763
	ou're current address on the lines below and, if necess	Certification(s) sk sary, below will expir	
correct the Cir	y, state and ZIP Code. Please print legibly.	The fee to renew to certificate	150
		requirements by tl	te or submit renewal ne expiration date will litional late fees as
			in Section V.
I. CERTIFICATES TO	RENEW:		Training Units
Certification Type	Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
OPERATOR	WASTEWATER TREATMENT	S	16
II. CURRENT EMPLOYM	ENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants)	that you currently operate:	I am employed by	the Facility owner
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III. CONTINUING EDUCATION:

Page 2

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This is page one of	a two page form. Both pages must be completed and return	ned. Operator	Certification Nu	mber: 7303		
	ease enter you're current address on the lines below and, if nece		Certification(s) shown below will expire on: 9/1			
co	rrect the City, state and ZIP Code. Please print legibly.	Tl	he fee to renew to certificate	XIIII		
		req	uirements by tl result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
	TES TO RENEW:			Training Units		
Certification Typ	e Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		1	16		
SUPERINTENDENT	WATER TREATMENT		2	7		
II. CURRENT EN	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	(or Plants) that you currently operate:	I a	m employed by	the Facility owner		
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Facility / Plant Name	e	Class PDWIS	(Water) NPD	ES (Wastewater)		
	(OVER)					



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Page 2

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Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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



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

This is page one	of a two page form. Both	pages must be completed and return	red. Ope	erator Certification N	Number: 7393				
	Please enter you're current	address on the lines below and, if neces	ssary,	Certification(s) below will exp					
	correct the City, state and 2		The fee to renew certific	w these cations: \$100					
					olete or submit renewal the expiration date will				
				result in an a	dditional late fees as ed in Section V.				
I. CERTIFIC	ATES TO RENEW:			uesello	Training Units				
Certification T		Category		Class	Required				
SUPERINTENDE	NT	WASTEWATER COLLECTION		2	7				
SUPERINTENDE	NT	WATER DISTRIBUTION		1	7				
OPERATOR		WATER DISTRIBUTION		1	16				
OPERATOR		WASTEWATER COLLECTION		2	16				
II. CURRENT	EMPLOYMENT INFO	ORMATION							
Employer's Name	:			Phone #:					
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am employed by the Facility owner					
I am currently not	operating any Facility		I pro	ovide contractual ser	rvices to the Facility				
Please provide th	e following information ab	— out each Facility/Plant that you operate	e. Use addtior	ıal pages as needed	<u> </u>				
Facility / Plant Na	ame		Class PI	DWIS (Water) NP	PDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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

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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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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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	lease enter you're current address on the lines b		Certification(s) shown below will expire on: 9/1					
co	orrect the City, state and ZIP Code. Please print	t legibly.	The fee to ren	ew these fications: \$50				
			— requirements l result in an	nplete or submit renewal by the expiration date will additional late fees as abed in Section V.				
I. CERTIFICA	TES TO RENEW:			Training Units				
Certification Typ	oe Category		Class	Required				
OPERATOR	WATER TREATMEN	Т	4	30				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not o	perating any Facility	I	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plan	at that you operate. Use add	ltional pages as need	 ed.				
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	Please enter you're current address on the lines be		Certification(s below will ex					
C	correct the City, state and ZIP Code. Please print	legibly.	The fee to rene certif	ew these ications: \$50				
			requirements b	plete or submit renewal y the expiration date will additional late fees as bed in Section V.				
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER TREATMENT	Г	G	7				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not	operating any Facility]	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant	that you operate. Use add	ltional pages as neede	-d.				
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This is page one of a two page	Operator Certifcation Nu	mber: 8304						
	you're current address on the lines below and, if	necessary,	Certification(s) sl below will expir					
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certifica	620				
			requirements by the result in an add	olete or submit renewal the expiration date wil dditional late fees as ed in Section V.				
I. CERTIFICATES TO	RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER TREATMENT		G	7				
II. CURRENT EMPLOY	MENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants	that you currently operate:		I am employed by the Facility owner					
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	ase enter you're current address on the lines below and							
corr	rect 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 dditional late fees as ed in Section V.				
I. CERTIFICAT	ES TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WASTEWATER COLLECTION	N	2	16				
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				
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	r you're current address on the lines below and, if nec	essary,	Certification(s) s below will expi					
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			Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.					
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Certification Type	Category		Class	Required				
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

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

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



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

This is page one of	a two page form. Both pages must be completed and retu	ırned. Op	erator Certification N	umber: 8581				
	ease enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp					
coi	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$ 1100				
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.				
I. CERTIFICAT	<u> TES TO RENEW:</u>			Training Units				
Certification Type	e Category		Class	Required				
OPERATOR	INDUSTRIAL WASTEWATER		6	16				
SUPERINTENDENT	INDUSTRIAL WASTEWATER		6	7				
II. CURRENT EN	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	(or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not op	perating any Facility	I pr	I provide contractual services to the Facility					
Please provide the fo	ollowing information about each Facility/Plant that you oper	rate. Use addtio	nal pages as needed.					
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)				
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- 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		
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

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

This is page one of	a two page form. Both pages m	perator Certification Number: 8840						
	ase enter you're current address o		sary,	Certification(s) shown below will expire on: 9/1/20				
cor	rect the City, state and ZIP Code	. Please print legibly.		The fee to rene certifi	w these ications:	\$100		
				Failure to comprequirements by				
				result in an a		l late fees as		
I. CERTIFICAT	ES TO RENEW:			describ		aining Units		
Certification Type		ry		Class		equired		
OPERATOR	WASTE	WATER COLLECTION		2	16	;		
OPERATOR	WATER	DISTRIBUTION		1	16	;		
SUPERINTENDENT	WASTE	WATER COLLECTION		2	7			
SUPERINTENDENT	WATER	DISTRIBUTION		1	7			
II. CURRENT EM	IPLOYMENT INFORMAT	TION						
Employer's Name:				Phone #:				
Number of Facilities	(or Plants) that you currently ope	erate:	I am employed by the Facility owner					
I am currently not ope	erating any Facility		I pro	vide contractual se	ervices to	the Facility		
Please provide the fo	llowing information about each	Facility/Plant that you operate.	Use addtion	al pages as needed	d.			
Facility / Plant Name			Class PI	OWIS (Water) N	PDES (W	astewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one	e of a two page form. Both pages must be completed and retur	ned. Operator Certification Nu	mber: 9131					
	Please enter you're current address on the lines below and, if nec	Certification(s) s essary, below will expi						
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew certification	\$ 100					
			ete or submit renewal he expiration date will					
		result in an ad	ditional late fees as l in Section V.					
I. CERTIFIC	CATES TO RENEW:		Training Units					
Certification T	ype Category	Class	Required					
OPERATOR	WATER TREATMENT	4	30					
OPERATOR	WASTEWATER TREATMENT	А	16					
OPERATOR	WASTEWATER TREATMENT	5	30					
II. CURRENT	EMPLOYMENT INFORMATION							
Employer's Name	e:	Phone #:						
Number of Facilit	ties (or Plants) that you currently operate:	I am employed by	I am employed by the Facility owner					
I am currently not	t operating any Facility	I provide contractual serv	rices to the Facility					
Please provide th	e following information about each Facility/Plant that you opera	te. Use addtional pages as needed.						
Facility / Plant Na	ame	Class PDWIS (Water) NPI	DES (Wastewater)					
	(OVER)							
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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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 Er	nvironment, P.O. Box 2057,	Baltimore, Maryland 21203-1708							
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a	two page form. Both pages must be completed and	returned. Op	Operator Certification Number: 9200						
	ase enter you're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on: 9/1/2023						
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50					
			requirements by to result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.					
I. CERTIFICAT	ES TO RENEW:			Training Units					
Certification Type	Category		Class	Required					
TEMPORARY	WATER TREATMENT		4	45					
II. CURRENT EM	PLOYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner						
I am currently not ope	rating any Facility	I pr	I provide contractual services to the Facility						
Please provide the fol	lowing information about each Facility/Plant that you	operate. Use addtio	onal pages as needed.						
Facility / Plant Name		Class P	PDWIS (Water) NPI	DES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page one of a	two page form. Both pages must be completed and return	ned. Operator Certifcat	tion Number: 9207						
	se enter you're current address on the lines below and, if nece		on(s) shown rill expire on: 9/1/2023						
corre	ect the City, state and ZIP Code. Please print legibly.		renew these sertifications: \$100						
		requiremen result in	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.						
I. CERTIFICATI	ES TO RENEW:		Training Units						
Certification Type	Category	Class	Required						
OPERATOR	WASTEWATER COLLECTION	2	16						
OPERATOR	WATER DISTRIBUTION	1	16						
II. CURRENT EMI	PLOYMENT INFORMATION								
Employer's Name:		Phone	e #:						
Number of Facilities (c	or Plants) that you currently operate:	I am emplo	oyed by the Facility owner						
I am currently not oper	rating any Facility	I provide contracto	ual services to the Facility						
Please provide the follo	owing information about each Facility/Plant that you operat	e. Use addtional pages as n	eeded.						
Facility / Plant Name		Class PDWIS (Water)	NPDES (Wastewater)						



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two	ed. Operator Certifea	erator Certification Number: 921						
ALICE BOWDEN	4		Certification(s) shown below will expire on:					
	ter you're current address on the lines below and, if neces are City, state and ZIP Code. Please print legibly.	The fee to	o renew these certifications:	\$50				
		requireme result i	Failure to complete or submit reneware requirements by the expiration date we result in an additional late fees as described in Section V.					
I. CERTIFICATES	TO RENEW:		1T	raining Units				
Certification Type	Category	Clas		equired				
OPERATOR	WATER TREATMENT	G	7					
II. CURRENT EMPLO	DYMENT INFORMATION							
Employer's Name:		Phor	ne #:					
Number of Facilities (or Pla	ants) that you currently operate:	I am empl	I am employed by the Facility owner					
I am currently not operating	g any Facility	I provide contractual services to the Facility						
Please provide the followin	g information about each Facility/Plant that you operate	. Use addtional pages as r	needed.					
Facility / Plant Name		Class PDWIS (Water	e) NPDES (W	⁷ astewater)				



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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

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



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

This is page one	of a two page form. Both pages m	erator Certification Number: 9218						
TERRY ALLEN	Please enter you're current address of		ıry,	Certification(s below will e	9/1/2023			
	correct the City, state and ZIP Code	Please print legibly.		The fee to ren certi	new these fications:	\$100		
						submit renewal biration date will		
				result in an		al late fees as		
I. CERTIFIC	ATES TO RENEW:			descri		raining Units		
Certification T		ry		Class		equired		
OPERATOR	WASTEV	VATER COLLECTION		2	1	6		
OPERATOR	WATER	TREATMENT		3	3	0		
OPERATOR	WASTEV	VATER TREATMENT		5	3	0		
OPERATOR	WASTEV	VATER TREATMENT		Α	1	6		
II. CURRENT	EMPLOYMENT INFORMAT	ION						
Employer's Name	:			Phone #:				
Number of Facilit	ties (or Plants) that you currently ope	rate:	I am employed by the Facility owner					
I am currently not	operating any Facility		I pro	vide contractual s	services to	the Facility		
Please provide th	e following information about each l	Facility/Plant that you operate. \	Use addtion	al pages as need	ed.			
Facility / Plant Na	ame		Class PD	OWIS (Water) N	NPDES (V	Vastewater)		



III. CONTINUING EDUCATION:

Page 2

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

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

This is page one of a two	page form. Both pages must be complete	Operator Certification Number: 9581						
	ter you're current address on the lines below		Certification(s) shown below will expire on: 9/1/202					
correct th	ne City, state and ZIP Code. Please print legi	ibly.	The fee to renew certification	\$100				
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.					
I. CERTIFICATES	TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WASTEWATER TREATM	1ENT	3	30				
SUPERINTENDENT	WATER TREATMENT		4	7				
OPERATOR	WATER TREATMENT		5DE	16				
OPERATOR	WATER TREATMENT		4	30				
TEMPORARY	WASTEWATER TREATM	1ENT	5	45				
II. CURRENT EMPLO	DYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Pl	ants) that you currently operate:		I am employed by	the Facility owner				
I am currently not operating	g any Facility	ΙĮ	provide contractual serv	vices to the Facility				
Please provide the followin	ng information about each Facility/Plant tha	at you operate. Use addt	ional pages as needed.					
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one of	f a two page form. Both pages must be completed and returne	ed. Operator Certification Number	r: 9591
	ease enter you're current address on the lines below and, if necess	Certification(s) shows below will expire or	u/I//II/3
co	prrect the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	Q 1 / W 1
		Failure to complete o	
		result in an additio	nal late fees as
I. CERTIFICA	TES TO RENEW:		Training Units
Certification Typ	e Category		Required
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	Α	16
II. CURRENT E	MPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities	s (or Plants) that you currently operate:	I am employed by the	Facility owner
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Please provide the f	collowing information about each Facility/Plant that you operate.	Use addtional pages as needed.	_
Facility / Plant Nam	e	Class PDWIS (Water) NPDES ((Wastewater)
	(OVER)		



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Page 2

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	ase enter you're current address on the lines below and, if nec		Certification(s) below will exp	4/1//11/3					
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renev	v these cations: \$100					
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I. CERTIFICAT	<u>TES TO RENEW:</u>			Training Units					
Certification Type	e Category		Class	Required					
OPERATOR	WASTEWATER COLLECTION		2	16					
OPERATOR	WATER DISTRIBUTION		1	16					
II. CURRENT EM	IPLOYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities	(or Plants) that you currently operate:	I	am employed b	by the Facility owner					
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Facility / Plant Name		Class PDW	IS (Water) NP	PDES (Wastewater)					



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Page 2

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This is page one of a two page	perator Certification Number: 9663							
	ou're current address on the lines below and, if necessity	essary,	Certification(s) shown below will expire on: 9/1/202					
correct the Cit	ry, state and ZIP Code. Please print legibly.		The fee to renew certifica	620				
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.				
I. CERTIFICATES TO	RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
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Employer's Name:			Phone #:					
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I am currently not operating any	Facility	Ιp	I provide contractual services to the Facility					
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Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)				



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	er you're current address on the lines below and, if nec	eessary,	Certification(s) below will exp	4/1//11/3					
correct the	City, state and ZIP Code. Please print legibly.		The fee to renev	v these cations: \$100					
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I. CERTIFICATES T	O RENEW:			Training Units					
Certification Type	Category		Class	Required					
OPERATOR	WASTEWATER COLLECTION		2	16					
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Employer's Name:			Phone #:						
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I am currently not operating a	any Facility	I provid	le contractual ser	rvices to the Facility					
Please provide the following	information about each Facility/Plant that you operate	ate. Use addtional j	pages as needed	<u></u>					
Facility / Plant Name		Class PDW	IS (Water) NP	PDES (Wastewater)					



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Page 2

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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



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

This is page one of	f a two page form. Botl	perator Certifcation Nu	ımber: 9916					
	ease enter you're current	address on the lines below and, if ne	cessary,	Certification(s) s below will exp		23		
co	prrect the City, state and	ZIP Code. Please print legibly.		The fee to renew certification	450			
				Failure to compl requirements by t result in an ad described	ate will			
	TES TO RENEW:	-			Training l	Jnits		
Certification Typ	e	Category		Class	Required			
SUPERINTENDENT	-	WASTEWATER TREATMENT		5	7			
SUPERINTENDENT	-	WASTEWATER TREATMENT		Α	7			
II. CURRENT E	MPLOYMENT INFO	ORMATION						
Employer's Name:				Phone #:				
Number of Facilities	s (or Plants) that you cur	rently operate:		I am employed by	the Facility own	ier		
I am currently not of	perating any Facility		ΙĮ	rovide contractual services to the Facility				
Please provide the f	following information ab	out each Facility/Plant that you oper	ate. Use addt	ional pages as needed.				
Facility / Plant Nam	e		Class	PDWIS (Water) NPI	DES (Wastewater	.)		
		(OVER)						



III. CONTINUING EDUCATION:

Page 2

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This is page one of	a two page form. Both pages must be completed and returne	d. Operator Certifo	ation Number:	9946				
	ease enter you're current address on the lines below and, if necess		Certification(s) shown below will expire on: 9/1/2					
со	rrect the City, state and ZIP Code. Please print legibly.	The fee	to renew these certifications:	\$50				
		requireme result						
I. CERTIFICA	TES TO RENEW:		Т	raining Units				
Certification Typ	e Category	Clas		equired				
OPERATOR	WATER DISTRIBUTION	1	1	6				
II. CURRENT EN	MPLOYMENT INFORMATION							
Employer's Name:		Pho	ne #:					
Number of Facilities	(or Plants) that you currently operate:	I am emp	I am employed by the Facility owner					
I am currently not op	perating any Facility	I provide contrac	I provide contractual services to the Facility					
Please provide the fe	ollowing information about each Facility/Plant that you operate.	Use addtional pages as	needed.					
Facility / Plant Name	e	Class PDWIS (Water	er) NPDES (V	Vastewater)				



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