

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

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

This is page on	e of a two page form. Both pages must be completed and retu	rned. Op	erator Certifcation	n Number: <b>0066</b>
CORY BOYN	Please enter you're current address on the lines below and, if nee	cessary,	Certification(s) shown below will expire on: 9/1/2022	
	correct the City, state and ZIP Code. Please print legibly.		The fee to recept	new these tifications: \$100
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification T	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #	:
Number of Facili	ities (or Plants) that you currently operate:		I am employe	ed by the Facility owner
I am currently no	ot operating any Facility	I pr	ovide contractual	services to the Facility
Please provide th	he following information about each Facility/Plant that you opera	ate. Use addtio	onal pages as need	ded.
Facility / Plant N	fame	Class P	DWIS (Water)	NPDES (Wastewater)



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

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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

## VII. APPLICANT'S STATEMENT

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

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

	I consent	to receive n	y certificate(s,	) by emial	in lieu	of mail
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	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 9/1/2022		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	ATES TO RENEW:	***************************************	Training Units		
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you opera	ite. Use addtio	onal pages as needed.		
Facility / Plant Na	nme	Class P	DWIS (Water) NP	DES (Wastewater)	



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

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

Name and Certification Number of	1
Operator in Responsible Charge:	

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	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) below will exp	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:	4650115	Training Units	
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility	I pı	rovide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you open	rate. Use addtio	onal pages as needed	
Facility / Plant Nar	me	Class F	PDWIS (Water) NP	DES (Wastewater)



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Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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	ter you're current address on the lines below and, if nece	essary,	Certification(s) sl below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	X 1 (1)(1)
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES	ΓO RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	g any Facility	I p	rovide contractual serv	ices to the Facility
Please provide the following	g information about each Facility/Plant that you operat	e. Use addti	onal pages as needed.	
Facility / Plant Name		Class ]	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			



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

Page 2

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

Name and Certification Number of	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a two pag	. Operator Certificati	Operator Certification Number: 0643		
•	you're current address on the lines below and, if necessar		Certification(s) shown below will expire on: 9/1/2022	
correct the City, state and ZIP Code. Please print legibly.			renew these retifications: \$100	
		requirement result in	complete or submit renewal ts by the expiration date will an additional late fees as ecribed in Section V.	
I. CERTIFICATES TO	RENEW:		<b>Training Units</b>	
Certification Type	Category	Class	Required	
OPERATOR	WASTEWATER COLLECTION	2	16	
OPERATOR	WATER DISTRIBUTION	1	16	
II. CURRENT EMPLOYM	MENT INFORMATION			
Employer's Name:		Phone	#:	
Number of Facilities (or Plants	) that you currently operate:	I am emplo	yed by the Facility owner	
I am currently not operating an	y Facility	I provide contractu	al services to the Facility	
Please provide the following in	formation about each Facility/Plant that you operate. $U$	se addtional pages as ne	eded.	
Facility / Plant Name	C	Class PDWIS (Water)	NPDES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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	Please enter you're current address on the lines below and, if nee	cessary,	Certification(s) below will ex	
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I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
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Facility / Plant Na	ame	Class P	PDWIS (Water) NF	PDES (Wastewater)



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

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

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

This is page one	of a two page form. Both pages must be completed and retu	Operator Certification Number: 0674		
	Please enter you're current address on the lines below and, if neo	cessary,	Certification(s) below will ex	
(	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	v these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not	operating any Facility	I pr	rovide contractual se	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed	<u></u>
Facility / Plant Na	me	Class P	PDWIS (Water) NF	PDES (Wastewater)



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

Page 2

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

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Name and Certification Number of	1
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 a two page form. Both pages must be completed and returned. Open				on Number:	0829
	Please enter you're current address on the lin		Certificatio below wil	n(s) shown ll expire on:	9/1/2022
correct the City, state and ZIP Code. Please print legibly.			The fee to r	renew these	\$100
			requirement	s by the exp	submit renewal piration date will al late fees as ction V.
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	Re	equired
SUPERINTENDE	NT WATER DISTRIB	JTION	1	7	
SUPERINTENDE	NT WASTEWATER C	OLLECTION	2	7	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone	#:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employ	yed by the Fa	acility owner
I am currently not	operating any Facility	_	I provide contractua	al services to	the Facility
Please provide the	e following information about each Facility/H	Plant that you operate. Use ac	ddtional pages as ne	eded.	
Facility / Plant Na	ame	Class	PDWIS (Water)	NPDES (W	Vastewater)
		(			
		(OVER)			



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

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a	two page form. Both pages must be completed and ret	perator Certification Nu	ımber: <b>0838</b>		
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 9/1/2		
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER COLLECTION		2	7	
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not open	rating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide the foll	owing information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.		
Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and return	perator Certification Number: <b>0872</b>		
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) below will ex	
(	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual ser	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed	<u> </u>
Facility / Plant Na	me	Class P	DWIS (Water) NP	DES (Wastewater)



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

Page 2

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	lease enter you're current address on the lines below and, i	if necessary,	Certification(s) shown below will expire on: 9/1/2022		
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	450	
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I. CERTIFICA	TES TO RENEW:		Training Units		
Certification Type	oe Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	operating any Facility	Ιį	provide contractual ser	vices to the Facility	
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Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



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Certification Typ	oe Category		Class	Required	
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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	Į I	provide contractual serv	vices to the Facility	
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Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



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Operator in Responsible Charge:	

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

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

	I consent	to receive n	y 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 retur	perator Certification Number: 0920		
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly			The fee to renew certific	v these cations: \$50
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:			uesel is	Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		5	45
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the	r following information about each Facility/Plant that you operate	te. Use addtio	nal pages as needed	<u> </u>
Facility / Plant Na	me	Class P	DWIS (Water) NP	DES (Wastewater)



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

Page 2

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

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Name and Certification Number of	1
Operator in Responsible Charge:	

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GERARDO (	GERARDO GOMEZ  Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		y,	Certification(s) shown below will expire on:		9/1/2022
				The fee to renev	w these cations:	\$50
				requirements by result in an a	the exp	
I. CERTIFI	CATES TO RENEW:				T	raining Units
Certification	Type Category			Class		equired
OPERATOR	WASTEWA	ATER COLLECTION		2	16	6
II. CURREN	Γ EMPLOYMENT INFORMATIO	ON				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you currently opera	te:		I am employed l	by the Fa	acility owner
I am currently n	not operating any Facility	<del></del>	I pro	vide contractual se	rvices to	the Facility
Please provide	the following information about each Fa	cility/Plant that you operate. Us	se addtion	nal pages as needed	1.	
Facility / Plant	Name	Cl	lass PI	OWIS (Water) NI	PDES (W	Vastewater)



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of	f a two page form. Both pages must be completed and re	Operator Certification Number: 0978  Certification(s) shown below will expire on: 9/1/2022			
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.				
co			The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
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 of	perating any Facility	ΙĮ	provide contractual serv	vices to the Facility	
Please provide the fe	ollowing information about each Facility/Plant that you op	erate. Use addt	ional pages as needed.		
Facility / Plant Nam	e	Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of	of a two page form. Both pages must be completed and return	erator Certifcation N	Number: <b>1002</b>		
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) shown below will expire on: 9/1/2022		
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renever certifi	w these cations: \$50	
			requirements by result in an a	plete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICA	ATES TO RENEW:		4656118	Training Units	
Certification Ty	pe Category		Class	Required	
SUPERINTENDEN	T WATER TREATMENT		1	7	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed l	by the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual se	rvices to the Facility	
Please provide the	following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed	<i></i>	
Facility / Plant Nar	me	Class P	DWIS (Water) NI	PDES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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	lease enter you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 9/1/2022		
С	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICA	ATES TO RENEW:		Training Units		
Certification Ty	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 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 you opera	te. Use addtio	onal pages as needed.		
Facility / Plant Nan	ne	Class I	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 9/1/2022		
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
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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	y the Facility owner	
I am currently not	operating any Facility	Ιp	provide contractual serv	vices to the Facility	
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Facility / Plant Nar	me	Class	PDWIS (Water) NPI	DES (Wastewater)	



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- 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	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y 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	erator Certifcation N	umber: <b>10064</b>		
	ease enter you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on:  The fee to renew these certifications:  \$50		
correct the	correct the City, state and ZIP Code. Please print legibly.				
			requirements by 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	
<b>Certification Typ</b>	e Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not of	perating any Facility	I pro	ovide contractual ser	vices to the Facility	
Please provide the fe	ollowing information about each Facility/Plant that you operate	e. Use addtion	nal pages as needed.		
Facility / Plant Name	е	Class Pl	DWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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

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Name and Certification Number of	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	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. Open				erator Certification Number: 10119		
KEVIN ROBE	Please enter you're current address	you're current address on the lines below and, if necessary,	sary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legi		de. Please print legibly.		The fee to renew certification	620	
				requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification 7	Type Cate	gory		Class	Required	
OPERATOR	INDU	STRIAL WASTEWATER		7	16	
II. CURRENT	EMPLOYMENT INFORMA	ATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you currently	operate:		I am employed by	y the Facility owner	
I am currently no	ot operating any Facility	<del></del>	I pı	rovide contractual serv	vices to the Facility	
Please provide ti	he following information about eac	ch Facility/Plant that you operate.	. Use addtie	onal pages as needed.		
Facility / Plant N	Jame		Class I	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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

Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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This is page one	of a two page form. Both pages must be completed and ref	turned. O	perator Certifcation Nu	ımber: <b>10181</b>	
	Please enter you're current address on the lines below and, if n	necessary,	Certification(s) shown below will expire on: 9/1/2022		
(	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you ope	erate. Use addti	ional pages as needed.		
Facility / Plant Na	me	Class	PDWIS (Water) NPI	DES (Wastewater)	



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

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one o	f a two page form. Both pages must be completed and r	perator Certifcation Nu	ımber: <b>10203</b>		
	lease enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 9/1/2022		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICA	TES TO RENEW:		Training Units		
Certification Typ	oe Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	perating any Facility	Ij	provide contractual serv	vices to the Facility	
Please provide the j	following information about each Facility/Plant that you op	perate. Use addt	ional pages as needed.		
Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and return	erator Certifcation Nu	umber: 10347	
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) shown below will expire on: 9/1/2022	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	_
Facility / Plant Na	me	Class Pl	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a t	wo page form. Both pages must be completed and return	ned. Operator Certification Numb	er: 10348	
AARON SCHROYEI		Certification(s) show		
	e enter you're current address on the lines below and, if necest to the City, state and ZIP Code. Please print legibly.	essary, below will expire of	on: 3/1/2022	
correc	et the City, state and ZIP Code. Please print legiory.	The fee to renew the certification	621	
		Failure to complete requirements by the result in an additi described in	expiration date will onal late fees as	
I. CERTIFICATE	S TO RENEW:	described in	Training Units	
Certification Type	Category	Class	Required	
OPERATOR	WATER DISTRIBUTION	1	16	
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:		Phone #:		
Number of Facilities (or	r Plants) that you currently operate:	I am employed by the	Facility owner	
I am currently not opera	ating any Facility	I provide contractual service	s to the Facility	
Please provide the follo	wing information about each Facility/Plant that you operate	e. Use addtional pages as needed.		
Facility / Plant Name		Class PDWIS (Water) NPDES	(Wastewater)	



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

Page 2

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

	I consent	to receive n	y certificate(s,	) by emial	in lieu	of mail
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This is page one o	f a two page form. Both pages must be completed and re	perator Certification Number: 10365			
	lease enter you're current address on the lines below and, if i	necessary,	Certification(s) shown below will expire on: 9/1/2022		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	oe Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	perating any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the j	following information about each Facility/Plant that you ope	erate. Use addti	ional pages as needed.		
Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a two p	page form. Both pages must be completed and retu	perator Certifcation Nu	umber: 10388		
	er you're current address on the lines below and, if ne	ecessary,	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	450	
			requirements by to result in an ad	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES T	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPLO	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pla	nts) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating	any Facility	Ιp	provide contractual services to the Facility		
Please provide the following	g information 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	1
Operator in Responsible Charge:	

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This is page one of a two	page form. Both pages must be completed and return	ed. Ope	rator Certifcation Nu	ımber: <b>10468</b>
	ter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	
correct th	e City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES	TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		4	24
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	I pro	vide contractual serv	vices to the Facility
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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a two page	Operator Certification Nu	mber: 10532	
	ou're current address on the lines below and, if necessar	Certification(s) sly, below will expire	
correct the City	y, state and ZIP Code. Please print legibly.	The fee to renew to certificate	450
		requirements by the result in an add	te or submit renewal he expiration date will ditional late fees as in Section V.
I. CERTIFICATES TO	RENEW:		Training Units
Certification Type	Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
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 operate. Us	se addtional pages as needed.	_
Facility / Plant Name	C	lass PDWIS (Water) NPD	ES (Wastewater)



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

Page 2

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Operator in Responsible Charge:	

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This is page one of	a two page form. Both pages must be completed and return	erator Certifcation Nu	mber: 10546	
IAN S PFENNING Plea	ase enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICAT	TES TO RENEW:			Training Units
<b>Certification Type</b>	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)



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	Please enter you're current address on the lines below and, if necessity	essary,	Certification(s) shown below will expire on: 9/1/2022		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these cations: \$50	
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.	
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Certification Ty	pe Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT F	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 pr	provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed	<i>d</i> .	
Facility / Plant Nar	me	Class P	DWIS (Water) NI	PDES (Wastewater)	



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

Page 2

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

	I consent	to receive n	y 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 retu	rned. Oper	rator Certifcation Nu	mber: 10579
WILLIAM LESMERI			Certification(s) sl	
	e enter you're current address on the lines below and, if ne	cessary,	below will expi	re on: 3/1/2022
corre	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	620
			requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATE	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURRENT EMP	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (o	or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not opera	ating any Facility	I prov	vide contractual serv	rices to the Facility
Please provide the follo	owing information about each Facility/Plant that you oper	ate. Use addtion	al pages as needed.	
Facility / Plant Name		Class PD	OWIS (Water) NPD	DES (Wastewater)



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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	ease enter you're current address on the lines below and, if necessary	essary,	Certification(s) sl below will expi	
coi	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	620
			requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICAT	<u>ΓES TO RENEW:</u>			<b>Training Units</b>
Certification Type	e Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EN	APLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
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Page 2

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Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and ret	perator Certification Number: 10702		
	Please enter you're current address on the lines below and, if n	necessary,	Certification(s) s below will exp	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	(50)
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you ope	erate. Use addtion	nal pages as needed.	
Facility / Plant Nar	me	Class PI	OWIS (Water) NP	DES (Wastewater)
	(OVER)			



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a	two page form. Both pages must be completed and retu	rned. Op	erator Certifcation N	umber: 10865	
	e enter you're current address on the lines below and, if nec	cessary,	Certification(s) shown below will expire on: 9/1/2022		
correc	ct the City, state and ZIP Code. Please print legibly.		The fee to renev	v these sations: \$50	
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT EMP	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (o	or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not opera	ating any Facility	I pı	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 F	PDWIS (Water) NP	DES (Wastewater)	



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

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co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$50	
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I. CERTIFICA	TES TO RENEW:		describe	Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		5	45	
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This is page one of a two pag	ge form. Both pages must be completed and	returned.	perator Certifcation Nu	ımber: 11035	
BRIAN YOAKUM			Certification(s) s		
	ase enter you're current address on the lines below and, if necessary, rect the City, state and ZIP Code. Please print legibly.	if necessary,	below will exp	ire on:	
correct the Chy, state and 211 Code. I lease print regiony.			The fee to renew certification	620	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		1	24	
II. CURRENT EMPLOYN	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants	) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating an	y Facility	I	provide contractual serv	vices to the Facility	
Please provide the following in	formation about each Facility/Plant that you	operate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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

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

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

This is page one of	f a two page form. Both pages must be completed and ret	Operator Certification Number: 11036			
	ease enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 9/1/2022		
correct the City, state and ZIP C	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
<b>Certification Typ</b>	e Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
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 of	perating any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the f	ollowing information about each Facility/Plant that you oper	rate. Use addti	ional pages as needed.		
Facility / Plant Nam	e	Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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

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

	I consent	to receive n	y certificate(s,	) by emial	in lieu	of mail
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This is page one	e of a two page form. Both pages must be completed and retur	ned. Ope	Operator Certification Number: 11037		
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	(50)	
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
	CATES TO RENEW:			<b>Training Units</b>	
Certification T	ype Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		Α	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	t operating any Facility	I pro	ovide contractual ser	vices to the Facility	
Please provide th	e following information about each Facility/Plant that you opera	te. Use addtion	nal pages as needed.		
Facility / Plant Na	ame	Class PI	OWIS (Water) NPI	DES (Wastewater)	
	(OVER)				



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

Page 2

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Name and Certification Number of	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of	a two page form. Both pages must be completed and ret	perator Certifcation Nu	ımber: 11038		
	ase enter you're current address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: 9/1/2022		
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICAT	TES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not op	erating any Facility	Ιp	rovide contractual serv	vices to the Facility	
Please provide the fo	llowing information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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Mail to: Maryland Department of the En	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 tw	vo page form. Both pages must be completed and returned	d. Ope	erator Certifcation N	umber: 11039
JAMES C WILLIAMS Please	enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	450
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
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 am employed by	y the Facility owner
I am currently not operate	ing any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the follow	ving information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and retu	perator Certification Nu	ımber: <b>11040</b>	
	Please enter you're current address on the lines below and, if ne	ecessary,	Certification(s) shown below will expire on: 9/1/202	
C	correct 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. CERTIFICA	ATES TO RENEW:			<b>Training Units</b>
<b>Certification Ty</b>	pe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I p	rovide contractual serv	vices to the Facility
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Facility / Plant Na	me	Class I	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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

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

	I consent	to receive n	y certificate(s,	) by emial	in lieu	of mail
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This is page one of a two p	page form. Both pages must be completed and retur	ned. Op	perator Certification Nu	ımber: <b>11041</b>	
	er you're current address on the lines below and, if nece	essary,	Certification(s) sl below will expi		
correct the		The fee to renew certifica	450		
			requirements by t result in an ad-	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATES T	O RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EMPLOY	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating	any Facility	Ιp	I provide contractual services to the Facility		
Please provide the following	; information about each Facility/Plant that you operat	te. Use addti	onal pages as needed.		
Facility / Plant Name		Class 1	PDWIS (Water) NPD	DES (Wastewater)	
	la-				
	(OVER)				



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

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Last 4 digits of Social Security Number	Email Address	
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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a	two page form. Both pages must be completed and re	perator Certifcation Nu	mber: <b>11042</b>	
	se enter you're current address on the lines below and, if	necessary,	Certification(s) sh below will expin	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew to certificate	¥ 17111
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICATI	ES TO RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not oper	rating any Facility	Ιp	provide contractual serv	ices to the Facility
Please provide the follo	owing information about each Facility/Plant that you op	erate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of	f a two page form. Both pages must be completed and retu	rned. Op	perator Certification Nu	ımber: 11043
	ease enter you're current address on the lines below and, if neo	cessary,	Certification(s) shown below will expire on: 9/1/202	
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	TES TO RENEW:			<b>Training Units</b>
Certification Typ	e Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		5	45
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 of	perating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide the fe	ollowing information about each Facility/Plant that you opera	ate. Use addti	onal pages as needed.	
Facility / Plant Nam	e	Class I	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
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Mail to: Maryland Department of the En	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	f a two page form. Both pages must be completed and i	returned. Op	Operator Certification Number: 11044		
	ease enter you're current address on the lines below and, it	f necessary,	Certification(s) below will ex		
correct the City, state and ZIP Code. Please print legibly.			The fee to renecertifi	w these cations: \$50	
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		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 the Facility owner	
I am currently not o	perating any Facility	I pı	ovide contractual se	rvices to the Facility	
Please provide the f	following information about each Facility/Plant that you o	perate. Use addtio	onal pages as needed	<i></i>	
Facility / Plant Nam	e	Class F	PDWIS (Water) NI	PDES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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This is page one	of a two page form. Both pages must be completed and retu	perator Certification Nu	ımber: <b>11046</b>		
	Please enter you're current address on the lines below and, if ne	cessary,	Certification(s) shown below will expire on: 9/1/2022		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICA	ATES TO RENEW:		Training Units		
<b>Certification Ty</b>	pe Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	I p	I provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
Facility / Plant Na	me	Class	PDWIS (Water) NPI	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 pa	rator Certifcation Nu	umber: 11047		
	r you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by t	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
TEMPORARY	INDUSTRIAL WASTEWATER		6	24
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	ts) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating a	any Facility	I pro	vide contractual serv	vices to the Facility
Please provide the following	information about each Facility/Plant that you operate.	. Use addtion	al pages as needed.	
Facility / Plant Name		Class PD	OWIS (Water) NPI	DES (Wastewater)



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

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

## VII. APPLICANT'S STATEMENT

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

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

	I consent	to receive n	y 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	<b>ed.</b> Operator Certification 1	Operator Certification Number: 11048  Certification(s) shown below will expire on: 9/1/2022		
	ter you're current address on the lines below and, if neces				
correct th	ne City, state and ZIP Code. Please print legibly.	The fee to rene certifi	w these ications: \$50		
		requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ped in Section V.		
I. CERTIFICATES	TO RENEW:		<b>Training Units</b>		
Certification Type	Category	Class	Required		
TEMPORARY	WASTEWATER TREATMENT	5	45		
TEMPORARY	WASTEWATER TREATMENT	А	24		
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Pla	ants) that you currently operate:	I am employed	by the Facility owner		
I am currently not operating	g any Facility	I provide contractual se	provide contractual services to the Facility		
Please provide the following	g information about each Facility/Plant that you operate.	. Use addtional pages as neede	<i>d</i> .		
Facility / Plant Name		Class PDWIS (Water) N	PDES (Wastewater)		



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

Page 2

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

- 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	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature:	Date				
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	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	erator Certifcation N	Number: <b>11049</b>	
	ase enter you're current address on the lines below and, if necessary,	essary,	Certification(s) shown below will expire on: 9/1/2	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renecertifi	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	t operating any Facility	I pr	ovide contractual se	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed	<i></i>
Facility / Plant Na	ame	Class P	DWIS (Water) NI	PDES (Wastewater)



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

Page 2

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

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

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

Name and Certification Number of	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one	of a two page form. Both pages must be complet	ed and returned.	Operator Certification	Number: <b>11050</b>
	Please enter you're current address on the lines belo		Certification(s below will ex	
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.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER TREATM	ΛENT	5	45
TEMPORARY	WASTEWATER TREATM	ΛENT	А	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility		I provide contractual s	ervices to the Facility
Please provide the	e following information about each Facility/Plant th	at you operate. Use ad	dtional pages as neede	ed.
Facility / Plant Na	ime	Class	PDWIS (Water) N	PDES (Wastewater)
	(O'	VER)		



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

Page 2

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

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Name and Certification Number of	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one o	of a two page form. Both pages must be completed and retu	rned. Op	perator Certification Nu	ımber: 11051
	lease enter you're current address on the lines below and, if ne	cessary,	Certification(s) shown below will expire on: 9/1/2	
CO	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICA	ATES TO RENEW:			<b>Training Units</b>
Certification Typ	pe Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	operating any Facility	I provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant Nan	ne	Class 1	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one	of a two page form. Both pages must be completed and retu	erator Certifcation Nu	ımber: <b>11052</b>	
	Please enter you're current address on the lines below and, if ned	cessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	(51)
			requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facility	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operc	ate. Use addtio	onal pages as needed.	
Facility / Plant Na	ame	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date			
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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one of	a two page form. Both pages must be completed and re-	perator Certification Nu	mber: <b>11053</b>		
	ase enter you're current address on the lines below and, if r	necessary,	Certification(s) shown below will expire on: 9/1/2022		
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
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	Ιp	rovide contractual serv	rices to the Facility	
Please provide the fo	llowing information about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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

	I consent	to receive n	y certificate(s,	) by emial	in lieu	of mail
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This is page one of a two p	perator Certifcation Nu	mber: <b>11054</b>		
	er you're current address on the lines below and, if nece	essary,	Certification(s) sl below will expi	
correct the		The fee to renew certifica	4511	
			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 T	TO RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		Α	24
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURRENT EMPLOY	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	any Facility	I p	rovide contractual serv	ices to the Facility
Please provide the following	g information about each Facility/Plant that you operat	e. Use addti	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)	·		



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

Page 2

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

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

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

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

This is page one of a two pag	perator Certifcation Nu	ımber: 11055		
•	you're current address on the lines below and,	if necessary,	Certification(s) s below will exp	
correct the Ci	ty, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by 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	WATER TREATMENT		4	45
II. CURRENT EMPLOYM	IENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed by	the Facility owner
I am currently not operating any	y Facility	ΙI	provide contractual serv	vices to the Facility
Please provide the following in	formation about each Facility/Plant that 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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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Name and Certification Number of	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	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 o	f a two page form. Both pages must be completed and retur	ned. Op	erator Certifcation N	umber: 11056
	lease enter you're current address on the lines below and, if nece	essary,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:			describe	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 b	y the Facility owner
I am currently not o	operating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the j	following information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed	
Facility / Plant Nam	ne	Class P	DWIS (Water) NP	DES (Wastewater)



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

Page 2

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Name and Certification Number of	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	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	of a two page form. Both pages must be completed and ret	urned. Op	Operator Certification Number: 11057		
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		1	24	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not o	operating any Facility	I pr	ovide contractual ser	rvices to the Facility	
Please provide the	following information about each Facility/Plant that you open	rate. Use addtio	nal pages as needed	<u> </u>	
Facility / Plant Nan	me	Class P	DWIS (Water) NP	DES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
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This is page one of	f a two page form. Both pages must be completed and retu	perator Certification Nu	mber: <b>11058</b>		
	ease enter you're current address on the lines below and, if ne	ecessary,	Certification(s) shown below will expire on: 9/1/2022		
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICA	TES TO RENEW:		Training Units		
<b>Certification Typ</b>	e Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
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 of	perating any Facility	Ιp	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 needed.		
Facility / Plant Nam	e	Class I	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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

This is page one of a two p	page form. Both pages must be completed and returned	Operator (	Operator Certification Number: 11059		
	er you're current address on the lines below and, if necessar		Certification(s) shown below will expire on: 9/1		
correct the	Th	e fee to renew these certifications: \$50			
		requ	iirements by esult in an a	plete or submit renewal y the expiration date will additional late fees as sed in Section V.	
I. CERTIFICATES T	TO RENEW:			<b>Training Units</b>	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		Α	24	
II. CURRENT EMPLOY	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	nts) that you currently operate:	I ar	n employed	by the Facility owner	
I am currently not operating	any Facility	I provide c	ontractual se	ervices to the Facility	
Please provide the following	g information about each Facility/Plant that you operate. U	se addtional pag	zes as needed	d	
Facility / Plant Name	C	Class PDWIS	(Water) N	PDES (Wastewater)	



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

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- 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	1
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: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

	I consent	to receive n	y 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	erator Certifcation Nu	ımber: <b>11060</b>	
	se enter you're current address on the lines below and, if ned	cessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	(51)
			requirements by tresult in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICAT				Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (	or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not open	rating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the foll	lowing information about each Facility/Plant that you operc	ate. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			<u> </u>



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

Page 2

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

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

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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

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

This is page one of	f a two page form. Both pages must be completed and retu	Operator Certification Number: 11061			
	ease enter you're current address on the lines below and, if ne	cessary,	Certification(s) shown below will expire on: 9/1/2022		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	perating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide the f	following information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
Facility / Plant Nam	ne e	Class I	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Training requirements for 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	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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

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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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

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

This is page one	e of a two page form. Both pages must be completed and returne	ed. Ope	Operator Certification Number: 11062		
KENNETH W	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 9/1/2022		
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these cations: \$50	
			requirements by	plete or submit renewal the expiration date will additional late fees as ted in Section V.	
I. CERTIFIC	CATES TO RENEW:		describ	Training Units	
Certification T	Гуре Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently no	ot operating any Facility	I pro	vide contractual se	ervices to the Facility	
Please provide th	he following information about each Facility/Plant that you operate.	Use addtion	al pages as neede	<i>d</i> .	
Facility / Plant N	Jame	Class PI	OWIS (Water) N	PDES (Wastewater)	



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

Page 2

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

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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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

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

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

This is page one	of a two page form. Both pages must be completed and return	ned. Oper	ator Certification N	umber: <b>11063</b>
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	(51)
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		Α	24
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facility	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility	I prov	vide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtiond	al pages as needed.	
Facility / Plant Na	ame	Class PD	WIS (Water) NP	DES (Wastewater)
	(OVER)			



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

Page 2

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

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Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number	Email Address	
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Mail to: Maryland Department of the En	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 tw	o page form. Both pages must be completed and returne	d. Operator Certification	Number: <b>11064</b>
PETER HOLDER		Certification(s	s) shown 9/1/2022
	enter you're current address on the lines below and, if necess	sary, below will e	xpire on: 9/1/2022
correct	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 bed in Section V.
I. CERTIFICATES	S TO RENEW:		Training Units
Certification Type	Category	Class	Required
TEMPORARY	WATER TREATMENT	3	45
II. CURRENT EMPL	OYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or I	Plants) that you currently operate:	I am employed	l by the Facility owner
I am currently not operati	ing any Facility	I provide contractual s	services to the Facility
Please provide the follow	ring information about each Facility/Plant that you operate.	Use addtional pages as neede	гd.
Facility / Plant Name		Class PDWIS (Water) N	NPDES (Wastewater)



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

Page 2

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Name and Certification Number of	1
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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708		
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This is page one	e of a two page form. Both pages must be completed and retu	erator Certification N	umber: 11065	
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	
			requirements by result in an ac	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	::		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	ate. Use addtion	nal pages as needed.	
Facility / Plant Na	ame	Class Pl	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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

Page 2

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

Name and Certification Number of	1
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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708		
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *		

	I consent	to receive n	y certificate(s,	) by emial	in lieu	of mail
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This is page one	of a two page form. Both pages must be completed and return	erator Certification N	Number: <b>11066</b>		
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) below will ex		
correct the City, state and ZIP Code. Please print legibly.			The fee to renev	w these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICA	ATES TO RENEW:		deserio	Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not	operating any Facility	I pr	provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed	<i></i>	
Facility / Plant Na	me	Class P	DWIS (Water) NF	PDES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708		
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This is page one of	of a two page form. Both pages must be completed and retur	perator Certification Number: 1317		
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 9/1/20	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:		4656116	Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual se	rvices to the Facility
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Facility / Plant Nar	me	Class P	DWIS (Water) NF	PDES (Wastewater)



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
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This is page one	e of a two page form. Both pages must be completed and return	perator Certification Number: 1425		
	Please enter you're current address on the lines below and, if neces	sary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as d in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
SUPERINTENDE	NT WATER TREATMENT		4	7
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	);		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	t operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide th	e following information about each Facility/Plant that you operate	. Use addtion	ıal pages as needed.	
Facility / Plant Na	ame	Class PI	OWIS (Water) NP	DES (Wastewater)
	(OVER)			



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of	a two page form. Both pages must be completed and ret	erator Certifcation N	umber: <b>1467</b>	
	ase enter you're current address on the lines below and, if no	ecessary,	Certification(s) below will exp	
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$50
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I. CERTIFICATES TO RENEW:			describe	Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
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Employer's Name:			Phone #:	
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Facility / Plant Name	,	Class P	PDWIS (Water) NP	DES (Wastewater)



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

Page 2

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This is page one	erator Certification	Number: 1	1509			
	Please enter you're current address on the lines below and, if necess	Certification(s) shown below will expire on			/1/2022	
•	correct the City, state and ZIP Code. Please print legibly.		The fee to reno certif	ew these fications: \$!	50	
					tion date will ate fees as	
I. CERTIFICATES TO RENEW:				Trai	ining Units	
Certification Ty	ype Category		Class		uired	
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II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:	:		Phone #:			
Number of Facility	ies (or Plants) that you currently operate:		I am employed	by the Facil	ity owner	
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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: 1557		
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly			The fee to renecertifi	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:			4656118	Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual se	rvices to the Facility
Please provide the	following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed	<i></i>
Facility / Plant Na	me	Class P	DWIS (Water) NI	PDES (Wastewater)



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

Page 2

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

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

### V. LATE FEES AND REINSTATEMENT

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

	I consent	to receive n	y 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 return	erator Certifcation Nu	ımber: <b>1624</b>		
	enter you're current address on the lines below and, if neces	sary,	Certification(s) shown below will expire on: 9/1/2		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	4 5 11	
			requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or F	Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operation	ng any Facility	I pr	provide contractual services to the Facility		
Please provide the follows	ing information about each Facility/Plant that you operate.	. Use addtio	nal pages as needed.	_	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	
	(OVER)				



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

Page 2

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

Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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Mail to: Maryland Department of the En	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 ret	perator Certification Number: 1651			
	ase enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 9/1/2022		
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not ope	erating any Facility	I pı	rovide contractual ser	rvices to the Facility	
Please provide the fol	llowing information about each Facility/Plant that you open	rate. Use addtio	onal pages as needed	<u> </u>	
Facility / Plant Name		Class I	PDWIS (Water) NF	DES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a two page	This is page one of a two page form. Both pages must be completed and returned.				
•	ou're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 9/1/2		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	4 5 (1)	
			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	
II. CURRENT EMPLOYM	IENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any	Facility	I	provide contractual services to the Facility		
Please provide the following inf	formation about each Facility/Plant that you op	erate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)	
	(OVER)				



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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This is page one of a two	page form. Both pages must be completed and returne	ed. Op	Operator Certification Number: 2131		
	nter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp		
correct th		The fee to renew certification	4 1 / 1 / 1		
			requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES	TO RENEW:			<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pl	lants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating	g any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide the following	ng information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	_	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	
				_	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and retur	ned. Op	erator Certifcation Nu	ımber: <b>2169</b>
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) shown below will expire on: 9/1/20	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO RENEW:				<b>Training Units</b>
Certification Ty	pe Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual serv	vices to the Facility
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Facility / Plant Na	me	Class P	DWIS (Water) NPD	DES (Wastewater)
	(OVER)			



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

Page 2

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Operator in Responsible Charge:	

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

This is page one	e of a two page form. Both pages must be completed and retu	perator Certification Number: 2308		
	Please enter you're current 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 certific	(50)
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	);		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide th	e following information about each Facility/Plant that you oper	rate. Use addtio	nal pages as needed.	
Facility / Plant Na	ame	Class Pl	DWIS (Water) NP	DES (Wastewater)
	(OVER)			



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

Page 2

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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one	of a two page form. Both pages must be completed and return	ed. Opera	ator Certifcation Nu	ımber: 2317	
	ease enter you're current address on the lines below and, if necessary,		Certification(s) so below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 - 11	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		3	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	::		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	t operating any Facility	I prov	provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtiona	ıl pages as needed.	_	
Facility / Plant Na	ame	Class PD	WIS (Water) NPI	DES (Wastewater)	
	(OVER)				



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Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page of	one of a two page form. Both pages must be completed and return	erator Certifcation N	Number: <b>2335</b>	
DALMAR RU	RUSHING  Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) below will ex	
			The fee to renever certifi	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Fac	ilities (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently r	not operating any Facility	I pr	ovide contractual se	rvices to the Facility
Please provide	the following information about each Facility/Plant that you operate	ate. Use addtio	nal pages as needed	<i>d</i> .
Facility / Plant	Name	Class P	DWIS (Water) NI	PDES (Wastewater)
-				



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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	er you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES T	O RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT EMPLOY	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	any Facility	I pr	ovide contractual serv	vices to the Facility
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Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and retur	perator Certification Number: 2752			
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 9/1/2022		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICA	ATES TO RENEW:		Training Units		
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT F	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual ser	rvices to the Facility	
Please provide the	following information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed	<u> </u>	
Facility / Plant Nar	me	Class P	DWIS (Water) NP	DES (Wastewater)	



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

Page 2

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This is page of	one of a two page form. Both pages must be completed and return	ned. Operator Certi	feation Numb	er: <b>2840</b>
RACHAEL H	Please enter you're current address on the lines below and, if nece		cation(s) show w will expire o	
	correct the City, state and ZIP Code. Please print legibly.	The fee	e to renew thes certification	4511
		require	ments by the o	or submit renewal expiration date will onal late fees as Section V.
	ICATES TO RENEW:			<b>Training Units</b>
Certification	Type Category	Cla	ass	Required
OPERATOR	WASTEWATER TREATMENT	5		30
OPERATOR	WASTEWATER TREATMENT	А		16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:	Pł	none #:	
Number of Faci	ilities (or Plants) that you currently operate:	I am en	nployed by the	e Facility owner
I am currently r	not operating any Facility	I provide contr	actual services	s to the Facility
Please provide	the following information about each Facility/Plant that you operate	e. Use addtional pages o	ıs needed.	
Facility / Plant	Name	Class PDWIS (Wa	iter) NPDES	(Wastewater)
	(OVER)			



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Page 2

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

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

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

This is page on	ne of a two page form. Both pages must be completed and return	ned. Operator	Certification	Number:	2867
MARCELLUS	Please enter you're current address on the lines below and, if neces		Certification(s below will e		9/1/2022
	correct the City, state and ZIP Code. Please print legibly.		The fee to rend certif	ew these fications:	\$50
			quirements b result in an	y the exp	ubmit renewal iration date will Il late fees as ction V.
	CATES TO RENEW:				aining Units
Certification <sup>1</sup>	Type Category		Class	Re	equired
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		Α	24	
II. CURRENT	Γ EMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone #:		
Number of Facil	lities (or Plants) that you currently operate:	I	am employed	l by the Fa	cility owner
I am currently n	ot operating any Facility	I provide	contractual s	services to	the Facility
Please provide t	the following information about each Facility/Plant that you operat	e. Use addtional p	ages as neede	ed.	
Facility / Plant N	Name	Class PDWI	S (Water) N	NPDES (W	astewater)
	(OVER)				



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of	a two page form. Both pages must be completed and return	erator Certifcation Nu	mber: <b>2947</b>	
	ease enter you're current address on the lines below and, if necessary	essary,	Certification(s) sl below will expi	
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	620
			requirements by t	ete or submit renewal the expiration date will ditional late fees as in Section V.
I. CERTIFICAT	<u>ΓES TO RENEW:</u>			Training Units
Certification Type	e Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EM	APLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	perating any Facility	I pr	ovide contractual serv	ices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPD	ES (Wastewater)



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and return	erator Certifcation N	umber: 2952	
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) below will exp	
•	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:			ucsel is	Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual ser	vices to the Facility
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Facility / Plant Na	nme	Class P	DWIS (Water) NP	DES (Wastewater)



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Page 2

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Name and Certification Number of	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page or	ne of a two page form. Both pages must be completed and retur	ned. Ope	erator Certifcation N	Number: <b>3032</b>
DANIEL WA	Please enter you're current address on the lines below and, if necessity	essary,	Certification(s) below will ex	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$100
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
TEMPORARY	WASTEWATER TREATMENT		Α	24
TEMPORARY	WASTEWATER TREATMENT		3	45
TEMPORARY	WATER TREATMENT		5	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently n	not operating any Facility	I pro	ovide contractual se	rvices to the Facility
Please provide	the following information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed	<i>l</i> .
Facility / Plant 1	Name	Class Pl	DWIS (Water) NI	PDES (Wastewater)
				_



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be compl	eted and returned.	Operator Certification Number	ber: <b>3066</b>
DARA DORMA		Certification(s) show		
	Please enter you're current address on the lines be correct the City, state and ZIP Code. Please print		below will expire	on: 9/1/2022
correct the City, state and Zir Code. I lease print legiory.			The fee to renew the certification	6.20
			result in an addit	expiration date will
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by the	e Facility owner
I am currently not	operating any Facility		I provide contractual service	es to the Facility
Please provide the	following information about each Facility/Plant	that you operate. Use ad	dtional pages as needed.	
Facility / Plant Na	me	Class	PDWIS (Water) NPDE	S (Wastewater)
				_
				_



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

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This is page one of	a two page form. Both pages must be completed and re	perator Certification Number: 3084			
	ease enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 9/1/2022		
con	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	Ø. ⊏ \ \	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	e Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not op	perating any Facility	I p	rovide contractual ser	vices to the Facility	
Please provide the fo	ollowing information about each Facility/Plant that you op	erate. Use addtio	onal pages as needed		
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)	



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

Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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

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

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

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

This is page one	of a two page form. Both pages must be completed and retu	Operator Certification Number: 3085		
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) below will ex	
(	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently not	operating any Facility	I pı	rovide contractual se	rvices to the Facility
Please provide the	following information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed	<i></i>
Facility / Plant Na	me	Class F	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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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

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Name and Certification Number of	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	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 o	f a two page form. Both pages must be completed and re	perator Certifcation Nu	mber: <b>3094</b>		
	lease enter you're current address on the lines below and, if i	necessary,	Certification(s) shown below will expire on: 9/1/202		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WATER 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	
I am currently not o	perating any Facility	Ιp	I provide contractual services to the Facility		
Please provide the J	following information about each Facility/Plant that you ope	erate. Use addti	ional pages as needed.		
Facility / Plant Nam	ne	Class	PDWIS (Water) NPD	DES (Wastewater)	



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

Page 2

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

Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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Mail to: Maryland Department of the En	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	perator Certifcation Nu	ımber: 3097			
	ou're current address on the lines below and, if ne	cessary,	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	4 5 11	
			Failure to complete or submit renewate requirements by the expiration date we result in an additional late fees as described in Section V.		
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER COLLECTION		2	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	
I am currently not operating any	Facility	I	provide contractual services to the Facility		
Please provide the following info	ormation about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	
	(OVER)				



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
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This is page one of a t	wo page form. Both pages must be completed and retu	rned. Operat	Operator Certification Number: 3109		
	e enter you're current address on the lines below and, if ne	cessary,	Certification(s) below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	w these ications: \$50	
			equirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATE	S TO RENEW:			<b>Training Units</b>	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		Α	24	
II. CURRENT EMP	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not opera	ating any Facility	I provid	de contractual ser	rvices to the Facility	
Please provide the follo	wing information about each Facility/Plant that you opera	ate. Use addtional	pages as needed	<i>!</i> .	
Facility / Plant Name		Class PDW	/IS (Water) NP	PDES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

#### V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number	Email Address	
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This is page one of a two pa	ge form. Both pages must be completed and return	Operator Certification Number: 3124		
	you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 9/1/	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	620
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO	O RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		S	24
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plant	s) that you currently operate:		I am employed by	the Facility owner
I am currently not operating a	ny Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the following i	information about each Facility/Plant that you operate	e. Use addtion	nal pages as needed.	
Facility / Plant Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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This is page one of	a two page form. Both pages must be completed and re-	Operator Certification Number: 3168		
	ase enter you're current address on the lines below and, if r	necessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	d. E 11
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	e Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not op-	erating any Facility	I pı	rovide contractual ser	vices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed.	
Facility / Plant Name		Class F	PDWIS (Water) NP	DES (Wastewater)



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

Page 2

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- 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	1
Operator in Responsible Charge:	

#### V. LATE FEES AND REINSTATEMENT

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

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

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

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

This is page one of a two	page form. Both pages must be completed and returne	perator Certification Number: 3203		
	nter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	
correct th	ne City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES	TO RENEW:		Training Units	
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT EMPLO	DYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pl	ants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating	g any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the following	ng information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)



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

Page 2

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Name and Certification Number of	1
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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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	I consent	to receive n	y 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	perator Certification Nu	ımber: <b>3232</b>	
	Please enter you're current address on the lines below and, if ne	cessary,	Certification(s) si below will expi	
(	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	1511
			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:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant Na	nme	Class I	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			



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

Page 2

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

Name and Certification Number of	1
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 En	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	a two page form. Both pages must be completed and	perator Certification Number: 3730			
	ase enter you're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on: 9/1/2022		
cori	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not ope	erating any Facility	I	provide contractual ser	vices to the Facility	
Please provide the fol	llowing information about each Facility/Plant that you	operate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

#### V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a tw	vo page form. Both pages must be completed and returned.	rator Certifcation N	umber: <b>4591</b>	
	enter you're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp	
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	620
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or l	Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operati	ing any Facility	I pro	vide contractual ser	vices to the Facility
Please provide the follow	ving information about each Facility/Plant that you operate. U	Jse addtion	al pages as needed.	
Facility / Plant Name	C	Class PI	OWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
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This is page on	e of a two page form. Both pages must be comple	Operator Certification Nur	mber: <b>4612</b>	
CARLTON SI	Please enter you're current address on the lines below and, if necessary,		Certification(s) sh below will expir	
	correct the City, state and ZIP Code. Please print le	egibly.	The fee to renew to certificate	620
			— requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 1	Гуре Category		Class	Required
TEMPORARY	WATER DISTRIBUTION	V	1	24
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 servi	ices to the Facility
Please provide th	he following information about each Facility/Plant t	hat you operate. Use add	dtional pages as needed.	
Facility / Plant N	Tame	Class	PDWIS (Water) NPD	ES (Wastewater)
				_



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

Page 2

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Operator in Responsible Charge:	

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This is page o	one of a two page form. Both pages must be completed and re	Operator Certification Number: 4988		
KENNETH V	VAN DUSEN  Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
			The fee to renew certification	
				ete or submit renewal the expiration date will
				ditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:		- described	Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		4	30
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you op	perate. Use addtio	nal pages as needed.	
Facility / Plant	Name	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

#### V. LATE FEES AND REINSTATEMENT

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

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

This is page one of a two pag	Operator Certification Nu	Operator Certification Number: <b>5262</b>		
	you're current address on the lines below and, if necessary,	Certification(s) s below will exp		
correct the C	ity, state and ZIP Code. Please print legibly.	The fee to renew certification		
		requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO	RENEW:		<b>Training Units</b>	
Certification Type	Category	Class	Required	
OPERATOR	WASTEWATER TREATMENT	А	16	
OPERATOR	WASTEWATER TREATMENT	5	30	
II. CURRENT EMPLOYN	MENT INFORMATION			
Employer's Name:		Phone #:		
Number of Facilities (or Plants	) that you currently operate:	I am employed by	the Facility owner	
I am currently not operating an	y Facility	I provide contractual serv	vices to the Facility	
Please provide the following in	nformation 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	1
Operator in Responsible Charge:	

#### V. LATE FEES AND REINSTATEMENT

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Mail to: Maryland Department of the En	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 return	r <b>ned.</b> O <sub>j</sub>	perator Certifcation Nu	ımber: <b>5406</b>
	lease enter you're current address on the lines below and, if nec	essary,	Certification(s) sl below will expi	
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICA	TES TO RENEW:			<b>Training Units</b>
Certification Typ	oe Category		Class	Required
SUPERINTENDENT	WATER TREATMENT		3	7
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	perating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide the f	following information about each Facility/Plant that you opera	ite. Use addti	onal pages as needed.	
Facility / Plant Nam	ne	Class	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			



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

Page 2

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Name and Certification Number of	1
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	e of a two page form. Both pages must be completed and return	ned. Operate	Operator Certification Number: <b>547</b>		
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	450	
			equirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as d in Section V.	
	ATES TO RENEW:			<b>Training Units</b>	
Certification Ty	ype Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		Α	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	::		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	t operating any Facility	I provid	le contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtional	pages as needed.		
Facility / Plant Na	ame	Class PDW	IS (Water) NP	DES (Wastewater)	
	(OVER)				



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	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 completed and	perator Certification Number: <b>5551</b>			
	lease enter you're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on: 9/1/2022		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	perating any Facility	Ιį	provide contractual serv	vices to the Facility	
Please provide the J	following information about each Facility/Plant that you	operate. Use addt	ional pages as needed.		
Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and retur	erator Certifcation N	Number: <b>5925</b>	
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to renev	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facility	ies (or Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual se	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed	<i></i>
Facility / Plant Na	nme	Class P	DWIS (Water) NI	PDES (Wastewater)



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

Page 2

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This is page one	of a two page form. Both pages must be completed and returned	perator Certification Number: 5932		
CHRISTOPHER T FLANAGAN  Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.			Certification(s) below will ex	
			The fee to rene certifi	w these cations: \$100
			requirements by	plete or submit renewal the expiration date will additional late fees as red in Section V.
I. CERTIFIC	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
OPERATOR	WATER TREATMENT		3	30
OPERATOR	WATER TREATMENT		4	30
OPERATOR	WASTEWATER TREATMENT		5	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility	I pro	vide contractual se	ervices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Jse addtion	al pages as needed	d.
Facility / Plant Na	ame (	Class PI	OWIS (Water) NI	PDES (Wastewater)
				_
	(OVER)			



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

Page 2

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

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

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

Name and Certification Number of	1
Operator in Responsible Charge:	

#### V. LATE FEES AND REINSTATEMENT

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

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

	I consent	to receive n	y 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	perator Certification Nu	mber: <b>6090</b>	
	Please enter you're current address on the lines below and, if ne	ecessary,	Certification(s) shown below will expire on: 9/1/20	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICA	ATES TO RENEW:			<b>Training Units</b>
<b>Certification Ty</b>	pe Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
II. CURRENT F	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 p	rovide contractual serv	rices to the Facility
Please provide the	following information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant Nar	me	Class 1	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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

Page 2

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

Name and Certification Number of	1
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one of a tw	o page form. Both pages must be completed and retu	Operator Certification Number: 6092			
	enter you're current address on the lines below and, if ne	ecessary,	Certification(s) shown below will expire on: 9/1/2022		
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES	S TO RENEW:			<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		5	30	
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or I	Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not operati	ing any Facility	I	provide contractual ser	rvices to the Facility	
Please provide the follow	ving information about each Facility/Plant that you oper	ate. Use add	tional pages 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	1
Operator in Responsible Charge:	

#### V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number	Email Address				
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Mail to: Maryland Department of the En	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	erator Certification N	umber: <b>6193</b>	
	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	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATI	ES TO RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	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	rating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you oper	ate. Use addtior	ıal pages as needed.	
Facility / Plant Name		Class PI	OWIS (Water) NP	DES (Wastewater)



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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This is page one of a tv	wo page form. Both pages must be completed and return	ned. Operator Certification Nu	ımber: <b>6843</b>
	enter you're current address on the lines below and, if nece	Certification(s) s essary, below will exp	
correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
		requirements by	lete or submit renewal the expiration date will
			lditional late fees as d in Section V.
I. CERTIFICATES	S TO RENEW:	describe	
Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	3	30
II. CURRENT EMPI	LOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or	Plants) that you currently operate:	I am employed by	y the Facility owner
I am currently not operat	ting any Facility	I provide contractual serv	vices to the Facility
Please provide the follow	wing information about each Facility/Plant that you operate	e. Use addtional 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	1
Operator in Responsible Charge:	

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This is page one of a two page	ge form. Both pages must be completed and returned.	Operator Certification	Operator Certification Number: <b>7569</b>		
	you're current address on the lines below and, if necessar	Certification below will	n(s) shown expire on: 9/1/2022		
correct the C	ity, state and ZIP Code. Please print legibly.	The fee to re	enew these tifications: \$100		
		requirements result in a	omplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.		
I. CERTIFICATES TO		<b>Training Units</b>			
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER COLLECTION	2	16		
OPERATOR	WATER DISTRIBUTION	1	16		
II. CURRENT EMPLOYN	MENT INFORMATION				
Employer's Name:		Phone #	<i>t</i> :		
Number of Facilities (or Plants	s) that you currently operate:	I am employe	ed by the Facility owner		
I am currently not operating an	y Facility	I provide contractual	provide contractual services to the Facility		
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Facility / Plant Name	C	lass PDWIS (Water)	NPDES (Wastewater)		



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

Page 2

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	I consent	to receive n	y 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 retur	perator Certification N	umber: <b>7680</b>	
	ter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	
correct the		The fee to renew certific	450	
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES	<u>ΓΟ RENEW:</u>			<b>Training Units</b>
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
SUPERINTENDENT	WASTEWATER TREATMENT		Α	7
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating	g any Facility	I pı	rovide contractual ser	vices to the Facility
Please provide the following	g information about each Facility/Plant that you operat	te. Use addtio	onal pages as needed.	
Facility / Plant Name		Class P	PDWIS (Water) NP	DES (Wastewater)



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

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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

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

	I consent	to receive n	y certificate(s,	) by emial	in lieu	of mail
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This is page on	ne of a two page form. Both pages must be completed and retu	<b>irned.</b> Operator Certifo	ation Number: <b>7985</b>
CHARLES J. I	Please enter you're current address on the lines below and, if ne		tion(s) shown will expire on: 9/1/2022
	correct the City, state and ZIP Code. Please print legibly.	The fee t	o renew these certifications: \$100
			o complete or submit renewal ents by the expiration date will
		result	in an additional late fees as lescribed in Section V.
I. CERTIFIC	CATES TO RENEW:	· ·	Training Units
Certification <sup>-</sup>	Type Category	Clas	
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
OPERATOR	WATER TREATMENT	4	30
II. CURRENT	FEMPLOYMENT INFORMATION		
Employer's Nam	ne:	Pho	ne #:
Number of Facil	lities (or Plants) that you currently operate:	I am emp	loyed by the Facility owner
I am currently no	ot operating any Facility	I provide contrac	etual services to the Facility
Please provide t	the following information about each Facility/Plant that you oper	ate. Use addtional pages as	needed.
Facility / Plant N	Name	Class PDWIS (Water	r) NPDES (Wastewater)
	(OVER)		



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

Page 2

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Name and Certification Number of	1
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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a two pa	perator Certifcation Nu	mber: <b>8477</b>			
	you're current address on the lines below and, if nec	cessary,	Certification(s) shown below will expire on: 9/1/2		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	450	
			Failure to complete or submit renewal requirements by the expiration date wiresult in an additional late fees as described in Section V.		
I. CERTIFICATES TO	O RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plant	ts) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating a	ny Facility	Ιį	provide contractual services to the Facility		
Please provide the following i	information about each Facility/Plant that you operc	ite. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)	
	(OVER)				



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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This is page one	of a two page form. Both pages must be completed and ret	perator Certification Number: <b>8561</b>		
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
SUPERINTENDE	NT WASTEWATER COLLECTION		2	7
SUPERINTENDE	NT WATER DISTRIBUTION		1	7
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	t operating any Facility	Ιp	provide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed	
Facility / Plant Na	ame	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a two	page form. Both pages must be completed and retu	rned. Op	erator Certifcation N	umber: <b>8613</b>
	nter you're current address on the lines below and, if ne	cessary,	Certification(s) selow will exp	
correct th	he City, state and ZIP Code. Please print legibly.		The fee to renew certific	<b>\$100</b>
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES	TO RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
SUPERINTENDENT	WATER TREATMENT		1	7
SUPERINTENDENT	WASTEWATER TREATMENT		1	7
II. CURRENT EMPLO	DYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pl	lants) that you currently operate:		I am employed b	y the Facility owner
I am currently not operating	g any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the following	ng information about each Facility/Plant that you opera	ate. 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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Name and Certification Number of	1
Operator in Responsible Charge:	

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This is page one of a two	page form. Both pages must be completed and ret	perator Certification Number: <b>8724</b>		
	ter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 9/1/2022	
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES	<u>ΓΟ RENEW:</u>			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		6	16
SUPERINTENDENT	INDUSTRIAL WASTEWATER		6	7
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	g any Facility	Ιp	rovide contractual ser	vices to the Facility
Please provide the following	g information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed.	
Facility / Plant Name		Class 1	PDWIS (Water) NP	DES (Wastewater)



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

Page 2

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## VII. APPLICANT'S STATEMENT

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

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

	I consent	to receive n	y certificate(s,	) by emial	in lieu	of mail
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This is page one	e of a two page form. Both pages must be completed and retu	perator Certification Number: 8804		
DAN PATTON	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 9/1/2022	
correct the City, state and ZIP Code. Please print legibly.			The fee to renev	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will dditional late fees as ed in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently no	t operating any Facility	I pr	ovide contractual se	rvices to the Facility
Please provide th	ne following information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed	l.
Facility / Plant Na	ame	Class P	DWIS (Water) NI	PDES (Wastewater)
	(OVER)			



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

Page 2

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

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

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

Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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

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This is page one of a two pag	erator Certifcation N	umber: <b>8822</b>		
RICHARD O. HUMMER, II  Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) s below will exp	
			The fee to renew certific	4.17777
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES TO	RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
OPERATOR	WASTEWATER TREATMENT		5	30
SUPERINTENDENT	WATER TREATMENT		4	7
II. CURRENT EMPLOYM	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating an	y Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the following in	formation about each Facility/Plant that you operate. (	Use addtio	nal pages as needed.	
Facility / Plant Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	1
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 En	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	of a two page form. Both pages must be completed and ret	Operator Certification Number: <b>8824</b>		
	Please enter you're current address on the lines below and, if n	ecessary,	hown ire on: 9/1/2022	
С	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	operating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.	
Facility / Plant Nar	me	Class 1	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one of	of a two page form. Both pages must be completed and retu	Operator Certification Number: 8856			
	lease enter you're current address on the lines below and, if ne	ecessary,	Certification(s) shown below will expire on: 9/1/2022		
Co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	oe Category		Class	Required	
OPERATOR	WATER TREATMENT		G	7	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
Operator in Responsible Charge:	

### V. LATE FEES AND REINSTATEMENT

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This is page one of a	a two page form. Both pages must be completed and retu	perator Certification Nu	ımber: <b>8865</b>	
	ase enter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will exp	
corr	rect 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	ES TO RENEW:			<b>Training Units</b>
<b>Certification Type</b>	Category		Class	Required
SUPERINTENDENT	WASTEWATER COLLECTION		2	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 p	rovide contractual serv	vices to the Facility
Please provide the fol	llowing information about each Facility/Plant that you opera	ite. 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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Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and return	perator Certification Number: 9148			
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 9/1/2022		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC.	ATES TO RENEW:		40001100	Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ries (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	t operating any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtio	nal pages as needed.		
Facility / Plant Na	ame	Class P	DWIS (Water) NP	DES (Wastewater)	



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

Page 2

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Name and Certification Number of	1
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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

	I consent	to receive n	y certificate(s,	) by emial	in lieu	of mail
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This is page one of a two page	ge form. Both pages must be completed and return	perator Certifcation Nu	mber: <b>9173</b>		
	you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 9/1/20		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	450	
			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		6	16	
II. CURRENT EMPLOYM	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	Ιį	provide contractual services to the Facility		
Please provide the following in	nformation about each Facility/Plant that you opera	te. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)	
	Lie I				
	(OVER)				



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

Page 2

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

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Name and Certification Number of	1
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	o page form. Both pages must be completed and returned.	rator Certifcation N	umber: <b>9199</b>	
	enter you're current address on the lines below and, if necessar	Certification(s) shown below will expire on:		
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	450
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. 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	Plants) that you currently operate:		I am employed by	y the Facility owner
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Please provide the followi	ing information about each Facility/Plant that you operate. U.	Jse addtion	nal pages as needed.	
Facility / Plant Name	C	Class PI	OWIS (Water) NPI	DES (Wastewater)
				_



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Page 2

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This is page one of a two page	Operator Certification N	Operator Certification Number: 9801		
	r you're current address on the lines below and, if necessar	Certification(s) y, below will exp		
correct the	City, state and ZIP Code. Please print legibly.	The fee to renew certific	v these cations: \$50	
		requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO	O RENEW:		<b>Training Units</b>	
Certification Type	Category	Class	Required	
OPERATOR	WASTEWATER TREATMENT	А	16	
OPERATOR	WASTEWATER TREATMENT	5	30	
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Employer's Name:		Phone #:		
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