

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

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

| This is page one | of a two page form. Both pages must be completed and return | perator Certifcation Nu | mber: 0281 | | |
|---------------------------|---|-------------------------|---|--|--|
| BRIAN J. NICH | IOLS | | Certification(s) sl | | |
| | Please enter you're current address on the lines below and, if nece | essary, | below will expi | re on: 10/1/2023 | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification T | ype Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 5GW | 16 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | : | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed by the Facility owner | | |
| I am currently not | operating any Facility | Ιp | rovide contractual services to the Facility | | |
| Please provide the | e following information about each Facility/Plant that you operat | te. Use addti | onal pages as needed. | | |
| Facility / Plant Na | ame | Class | PDWIS (Water) NPD | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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| This is page one of | This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 0372 | | |
|---------------------------|---|--|--|--|--|--|
| | ease enter you're current address on the lines below and, if necessary | /, | Certification(s) s below will exp | | | |
| cc | prrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 | | |
| | | requirements by th result in an add | | ete or submit renewal he expiration date will ditional late fees as l in Section V. | | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | | |
| Certification Typ | De Category | | Class | Required | | |
| OPERATOR | WATER TREATMENT | | 2 | 16 | | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | _ | | |
| Number of Facilities | s (or Plants) that you currently operate: | | I am employed by the Facility owner | | | |
| I am currently not o | perating any Facility | I pro | provide contractual services to the Facility | | | |
| Please provide the f | following information about each Facility/Plant that you operate. Use | se addtior | nal pages as needed. | | | |
| Facility / Plant Nam | cl. | lass PI | DWIS (Water) NP | DES (Wastewater) | | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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| This is page one of a two page form. Both pages must be completed and returned. | Operator Certification Number: 0552 | | |
|--|--|---|--|
| ANTHONY B. CARLIN Please enter you're current address on the lines below and, if necessary, | Certification(s) s below will exp | | |
| correct the City, state and ZIP Code. Please print legibly. | The fee to renew certific | \$50 | |
| | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | Training Units | |
| Certification Type Category | Class | Required | |
| OPERATOR WASTEWATER COLLECTION | 2 | 16 | |
| II. CURRENT EMPLOYMENT INFORMATION | | | |
| Employer's Name: | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | I am employed by the Facility owner | | |
| I am currently not operating any Facility | provide contractual services to the Facility | | |
| Please provide the following information about each Facility/Plant that you operate. Use add | tional pages as needed. | | |
| Facility / Plant Name Class | PDWIS (Water) NP | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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| This is page one of a two p | age form. Both pages must be completed and retu | Operator Certification Number: 0577 | | | |
|--------------------------------|--|-------------------------------------|--|--|--|
| | enter you're current address on the lines below and, if necessary, | ecessary, | Certification(s) s below will exp | | |
| correct the | City, state and ZIP Code. Please print legibly. | | The fee to renew certification | \$50 | |
| | | | — requirements by t result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICATES T | | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| 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 a | any Facility | I | provide contractual services to the Facility | | |
| Please provide the following | information about each Facility/Plant that you open | rate. Use ada | ltional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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|---------------------------|---|-------------------------|--|---|--|--|
| | Please enter you're current address on the lines below and, i | f necessary, | Certification(s) below will ex | | | |
| C | correct the City, state and ZIP Code. Please print legibly. | | The fee to rene certifi | w these \$50 | | |
| | | | requirements by result in an a | plete or submit renewal y the expiration date will additional late fees as bed in Section V. | | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | | |
| Certification Ty | vpe Category | | Class | Required | | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 | | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed | I am employed by the Facility owner | | |
| I am currently not | operating any Facility | Ι | provide contractual services to the Facility | | | |
| Please provide the | following information about each Facility/Plant that you o | operate. Use addi | tional pages as needed | d | | |
| Facility / Plant Nat | me | Class | PDWIS (Water) N | PDES (Wastewater) | | |
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|---------------------------|---|-------------------------------------|--|---|--|
| I | ARD BIEDERMAN Please enter you're current address on the lines below and, if necess | sary, | Certification(s) s below will exp | 10/1/2023 | |
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| Certification Ty | vpe Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT H | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed by the Facility owner | | |
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| Please provide the | following information about each Facility/Plant that you operate. | Use addtic | onal pages as needed. | | |
| Facility / Plant Nar | me | Class F | PDWIS (Water) NPI | DES (Wastewater) | |
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

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Applicant's Signature

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| This is page one of a two page form. Both pages must be completed and returned. | | | | • Operator Certification Number: 0628 | | | |
|---|--------------------------------|---|---------------|---|---------------------------|--|--|
| KEVIN QUIN | Please enter you're current | address on the lines below and, if nece | essary, | Certificatior below will | | | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to rec | enew these tifications | \$50 | |
| | | | | Failure to complete or submit re- requirements by the expiration d result in an additional late fee described in Section V. | | piration date will nal late fees as | |
| I. CERTIFICATES TO RENEW: | | | | | - | Fraining Units | |
| Certification ⁻ | Гуре | Category | | Class | F | Required | |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 3 | 30 | |
| OPERATOR | | WASTEWATER TREATMENT | | А | - | 16 | |
| II. CURRENT | EMPLOYMENT INFO | ORMATION | | | | | |
| Employer's Nam | e: | | | Phone # | <i>‡</i> : | | |
| Number of Facil | ities (or Plants) that you cur | rently operate: | | I am employed by the Facility owner | | | |
| I am currently no | ot operating any Facility | | I pı | I provide contractual services to the Facility | | | |
| Please provide th | he following information ab | out each Facility/Plant that you operat | e. Use addtio | onal pages as nee | ded. | | |
| Facility / Plant N | lame | | Class F | PDWIS (Water) | NPDES (| Wastewater) | |
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| This is page on | e of a two page form. Both pages must be completed and re | perator Certifcation Nu | umber: 0669 | | |
|---------------------------|--|-------------------------|--|--|--|
| TENNYSON S | Please enter you're current address on the lines below and, if | necessary, | Certification(s) s below will exp | 10/1/10/3 | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification 7 | Гуре Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT | CEMPLOYMENT 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 | Ιı | provide contractual services to the Facility | | |
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| Facility / Plant N | lame | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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| This is page one of a two page form. Both pages must be completed and returned. | | | d. Ope | Operator Certification Number: 0682 | | |
|---|--------------------------------|--|-------------|---|-----------------------|--|
| STEPHEN E. A | Please enter you're curren | t address on the lines below and, if necessa | ary, | Certification(s) shown below will expire on: 10/1/2023 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | | The fee to renew these certifications: \$100 | | |
| | | | | Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. | | |
| | CATES TO RENEW | <u>.</u> | | | Training Units | |
| Certification | Туре | Category | | Class | Required | |
| SUPERINTEND | ENT | WASTEWATER COLLECTION | | 2 | 7 | |
| SUPERINTEND | ENT | WATER DISTRIBUTION | | 1 | 7 | |
| OPERATOR | | WATER DISTRIBUTION | | 1 | 16 | |
| OPERATOR | | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT | Г EMPLOYMENT INF | ORMATION | | | | |
| Employer's Nam | ne: | | | Phone #: | | |
| Number of Facil | lities (or Plants) that you cu | rrently operate: | | I am employed by | y the Facility owner | |
| I am currently no | ot operating any Facility | | I pro | I provide contractual services to the Facility | | |
| Please provide t | the following information al | bout each Facility/Plant that you operate. | Use addtion | al pages as needed. | | |
| Facility / Plant N | Name | | Class PI | OWIS (Water) NPI | DES (Wastewater) | |
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|---------------------------|---|-----------|--|--|--|
| PIRASSA F. HI | Please enter you're current address on the lines below and, if necessary | у, | Certification(s) s below will exp | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 | |
| | | | - requirements by result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification T | ype Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | : | | Phone #: | | |
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| Facility / Plant Na | ame | lass F | PDWIS (Water) NPI | DES (Wastewater) | |
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| This is page one of | | | | mber: 0789 | |
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| с | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | |
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| Certification Ty | pe Category | | Class | Required | |
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| This is page one | This is page one of a two page form. Both pages must be completed and returned. Ope | | | | umber: 0921 | |
|---------------------|---|--|---------------|---|--|--|
| MARK H. JUD | Please enter you're current | address on the lines below and, if new | cessary, | Certification(s) below will exp | | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to renew certific | \$100 | |
| | | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFIC | ATES TO RENEW: | | | | Training Units | |
| Certification T | уре | Category | | Class | Required | |
| OPERATOR | | WASTEWATER COLLECTION | | 2 | 16 | |
| OPERATOR | | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT | EMPLOYMENT INFO | ORMATION | | | | |
| Employer's Name | 2: | | | Phone #: | | |
| Number of Facili | ties (or Plants) that you cur | ently operate: | | I am employed b | y the Facility owner | |
| I am currently no | t operating any Facility |] | Ij | rovide contractual services to the Facility | | |
| Please provide th | e following information ab | out each Facility/Plant that you oper | ate. Use addt | ional pages as needed. | | |
| Facility / Plant Na | ame | | Class | PDWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

| This is page one | of a two page form. Both pages must be completed and return | Operator Certifcation Number: 0945 | | | |
|--|--|------------------------------------|--|---|--|
| RONALD SANDERS, JR. Please enter you're current address on the lines below and, if neces correct the City, state and ZIP Code. Please print legibly. | | | Certification(s) below will exp | | |
| | | | The fee to renew these certifications: \$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 | vpe Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT H | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed b | by the Facility owner | |
| I am currently not | operating any Facility | Ι | provide contractual se | rvices to the Facility | |
| Please provide the | following information about each Facility/Plant that you operate | e. Use addi | tional pages as needed | ! | |
| Facility / Plant Nar | me | Class | PDWIS (Water) NF | PDES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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| This is page one | e of a two page form. Both pages must be completed and returned. | perator Certifcation Number: 0951 | | | |
|---------------------|---|-----------------------------------|--|--|--|
| BRETT CREEC | ease enter you're current address on the lines below and, if necessar | ſy, | Certification(s) below will exp | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| | CATES TO RENEW: | | | Training Units | |
| Certification T | ype Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | :: | | Phone #: | | |
| Number of 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. U | Ise addtion | nal pages as needed | | |
| Facility / Plant Na | ame C | Class Pl | DWIS (Water) NP | DES (Wastewater) | |
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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

| This is page one of a two | Dperator Certifcation Number: 0986 | | | | |
|---|--|--------------|---|-------------|---|
| ARIS X. CURTIS Please enter you're current address on the lines below and, if necess | | | Certification(s) shown below will expire on: 10/1/202 | | 10/1/2022 |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew these certifications: \$100 | | |
| | | | Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V. | | xpiration date will nal late fees as |
| I. CERTIFICATES | TO RENEW: | | | | Training Units |
| Certification Type | Category | | Class | | Required |
| OPERATOR | WASTEWATER TREATMENT | | 3 | | 30 |
| TEMPORARY | WATER TREATMENT | | 3 | | 45 |
| II. CURRENT EMPL | OYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone # | #: | |
| Number of Facilities (or P | Plants) that you currently operate: | | I am employ | ed by the I | Facility owner |
| I am currently not operating any Facility | | | rovide contractua | l services | to the Facility |
| Please provide the followi | ing information about each Facility/Plant that you operate | . Use addtic | onal pages as nee | ded. | |
| Facility / Plant Name | | Class I | PDWIS (Water) | NPDES (| (Wastewater) |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

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| This is page on | e of a two page form. Both pages must be completed and returned | perator Certifcation Number: 1003 | | |
|--------------------|--|-----------------------------------|-----------------------------------|---|
| MATTHEW C | lease enter you're current address on the lines below and, if necessary, | ury, | Certification(s) below will ex | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renev certifi | w these \$50 cations: |
| | | | - requirements by result in an a | plete or submit renewal v the expiration date will additional late fees as yed in Section V. |
| I. CERTIFIC | CATES TO RENEW: | | | Training Units |
| Certification 7 | Type Category | | Class | Required |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT | CEMPLOYMENT INFORMATION | | | |
| Employer's Name | e: | | Phone #: | |
| Number of Facili | ities (or Plants) that you currently operate: | | I am employed l | by the Facility owner |
| I am currently no | ot operating any Facility | I p | rovide contractual se | ervices to the Facility |
| Please provide th | he following information about each Facility/Plant that you operate. U | Use addtio | onal pages as needed | <i>d.</i> |
| Facility / Plant N | Jame (| Class I | PDWIS (Water) NI | PDES (Wastewater) |
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| This is page on | ne of a two page form. Both pages must be completed and returned | d. Operato | perator Certifcation Number: 10041 | | |
|--------------------|--|-----------------|---|----------------------|--|
| STEPHANIE | TUCKER | | Certification(s) sh | 10/1/10/3 | |
| | Please enter you're current address on the lines below and, if necessary | ary, | below will expin | re on: 10/1/2025 | |
| | correct the City, state and ZIP Code. Please print legibly. | - - | The fee to renew to certifica | \$50 | |
| | | | Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V. | | |
| I. CERTIFI | CATES TO RENEW: | | | Training Units | |
| Certification | Type Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT | FEMPLOYMENT INFORMATION | | | | |
| Employer's Nam | ne: | | Phone #: | | |
| Number of Facil | lities (or Plants) that you currently operate: | Ι | am employed by | the Facility owner | |
| I am currently n | ot operating any Facility | I provide | e contractual serv | ices to the Facility | |
| Please provide t | the following information about each Facility/Plant that you operate. | Use addtional p | vages as needed. | | |
| Facility / Plant N | Name | Class PDWI | IS (Water) NPD | ES (Wastewater) | |
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

| This is page one of a | two page form. Both pages must be completed and returned | erator Certifcation Number: 1006 | | | |
|---|---|----------------------------------|--|--|--|
| LYNDELL BROWN | | | Certification(s) shown 10/1/202 | | |
| | se enter you're current address on the lines below and, if necess | ary, | below will exp | ire on: 10/1/2025 | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew these certifications: \$50 | | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICAT | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 5 | 30 | |
| 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 pro | ovide contractual serv | vices to the Facility | |
| Please provide the foll | lowing information about each Facility/Plant that you operate. | Use addtion | nal pages as needed. | | |
| Facility / Plant Name | | Class Pl | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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Applicant's Signature

Date

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Email Address

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

| This is page one | of a two page form. Both pages must be completed and returned. | . Op | erator Certifcation | Number: | 10209 | |
|---|---|------------|--------------------------------|---|---------------|--|
| TONY ACETO | | | Certification(s) shown | | 10/1/2022 | |
| | Please enter you're current address on the lines below and, if necessar | ry, | below will ex | xpire on: | 10/1/2023 | |
| correct the City, state and ZIF Code. Flease print legioly. | correct the City, state and ZIP Code. Please print legibly. | | The fee to rene certif | ew these ications: | \$50 | |
| | | | requirements b result in an | omplete or submit rene s by the expiration date an additional late fees a cribed in Section V. | | |
| I. CERTIFIC | ATES TO RENEW: | | | Т | raining Units | |
| Certification Ty | ype Category | | Class | Re | equired | |
| OPERATOR | WATER TREATMENT | | 4 | 30 |) | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | | |
| Employer's Name: | : | | Phone #: | | | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed | by the Fa | cility owner | |
| I am currently not | operating any Facility | I pr | ovide contractual s | ervices to | the Facility | |
| Please provide the | e following information about each Facility/Plant that you operate. U | Use addtio | nal pages as neede | ed. | | |
| Facility / Plant Na | me C | Class P | DWIS (Water) N | PDES (W | astewater) | |
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Applicant's Signature

Date

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Email Address

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

| This is page one of a two page form. Both pages must be completed and returned. | | | | Operator Certifcation Number: 10210 | | | |
|---|-------------------------------|--|---------------|--|-------------|---|--|
| JOSHUA MARY Please enter you're current a | | t address on the lines below and, if necessary | ssary, | Certification(s) she below will expire | | | |
| correct the City, state and ZIP C | P Code. Please print legibly. | | The fee to re | enew these rtifications | \$50 | | |
| | | | | Failure to complete or sub requirements by the expirat result in an additional la described in Sectio | | xpiration date will nal late fees as | |
| I. CERTIFICA | ATES TO RENEW: | | | | | Training Units | |
| Certification Ty | vpe C | Category | | Class | | Required | |
| TEMPORARY | V | VASTEWATER TREATMENT | | А | | 24 | |
| TEMPORARY | V | VASTEWATER TREATMENT | | 5 | | 45 | |
| II. CURRENT I | EMPLOYMENT INFO | RMATION | | | | | |
| Employer's Name: | | | | Phone # | #: | | |
| Number of Faciliti | es (or Plants) that you curre | ntly operate: | | I am employ | ed by the 1 | Facility owner | |
| I am currently not | operating any Facility | | Ιp | provide contractual services to the Facility | | | |
| Please provide the | following information about | t each Facility/Plant that you operate | e. Use addtio | onal pages as nee | eded. | | |
| Facility / Plant Nat | me | | Class I | PDWIS (Water) | NPDES (| (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| This is page one | of a two page form. Both pages must be completed and returned | d. Op | erator Certifcation N | lumber: 10230 |
|---------------------|--|------------|------------------------------------|--|
| | Please enter you're current address on the lines below and, if necessa | ary, | Certification(s) below will exp | |
| correct t | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these \$50 |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 4 | 30 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed b | by the Facility owner |
| I am currently not | operating any Facility | I pr | ovide contractual ser | rvices to the Facility |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certifcation Number: 10235 | | | |
|---|--|-----------------|---|--|--|--|
| | ase enter you're current address on the lines below and, if ne | ecessary, | Certification(s) s below will exp | 101/1/201/3 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certifica | \$50 | | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as d in Section V. | | |
| I. CERTIFICAT | TES TO RENEW: | | | Training Units | | |
| Certification Type | e Category | | Class | Required | | |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 5 | 45 | | |
| II. CURRENT EN | IPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | the Facility owner | | |
| I am currently not op | erating any Facility | I p | rovide contractual serv | vices to the Facility | | |
| Please provide the fo | llowing information about each Facility/Plant that you oper | rate. Use addti | onal pages as needed. | | | |
| Facility / Plant Name | | Class] | PDWIS (Water) NPI | DES (Wastewater) | | |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certifcation Number: 10237 | | |
|---|--|--------------------|--|-----------------------|--|
| | ease enter you're current address on the lines below and, if neces | | Certification(s) shown below will expire on: 10/1/20 | | |
| со | prrect the City, state and ZIP Code. Please print legibly. |] | The fee to renew certifica | \$50 | |
| | | | Failure to complete or sub requirements by the expirat result in an additional la described in Sectio | | |
| I. CERTIFICA | TES 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: | Ι | am employed by | the Facility owner | |
| I am currently not op | perating any Facility | I provide | contractual serv | vices to the Facility | |
| Please provide the f | following information about each Facility/Plant that you operate | e. Use addtional p | ages as needed. | | |
| Facility / Plant Nam | e | Class PDWI | S (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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| JOSHUA A MONEY Please enter you're current address on the lines below and, if necessary, | | | perator Certifcation Number: 10240 | | |
|---|---|--------------------|---|--|--|
| | | | Certification(s) s below will expi | 111/1/11/3 | |
| correct the City, state and ZIP Code. Please | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFIC | ATES TO RENEW: | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not | operating any Facility | Ιŗ | provide contractual serv | vices to the Facility | |
| Please provide the | e following information about each Facility/Plant that you | operate. Use addti | ional pages as needed. | | |
| Facility / Plant Na | me | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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Date

Last 4 digits of Social Security Number

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| This is page one of a two page form. Both pages must be completed and returned. Op | | | perator Certifcation Number: 10244 | | | | |
|--|-------------------------------|--|------------------------------------|---------------------------------|---|--|--|
| | | nt address on the lines below and, if necessary, | ecessary, | Certification(s below will e | | | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to rend certif | ew these \$50 fications: | | |
| | | | | requirements b result in an | plete or submit renewal y the expiration date will additional late fees as bed in Section V. | | |
| I. CERTIFIC | ATES TO RENEW: | - | | | Training Units | | |
| Certification T | уре | Category | | Class | Required | | |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 30 | | |
| OPERATOR | | WASTEWATER TREATMENT | | А | 16 | | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | | |
| Employer's Name | : | | | Phone #: | | | |
| Number of Facilit | ties (or Plants) that you cur | rently operate: | | I am employed | by the Facility owner | | |
| I am currently not | t operating any Facility | | Ι | provide contractual s | rovide contractual services to the Facility | | |
| Please provide th | e following information ab | out each Facility/Plant that you open | rate. Use addi | ional pages as neede | ed. | | |
| Facility / Plant Na | ame | | Class | PDWIS (Water) N | IPDES (Wastewater) | | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

| This is page one of a two page form. Both pages must be completed and returned. Op | | | Operator Certifcation Number: 1026 | | |
|--|---|--|---|-------------------|--|
| ALAN L. PLUTSCHAR Please of | | rtification(s) sho elow will expire | | | |
| correct | The | e fee to renew th certificati | \$50 | | |
| | | requ | Failure to complete or sub requirements by the expirat result in an additional la described in Section | | |
| I. CERTIFICATES | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 | |
| TEMPORARY | WASTEWATER TREATMENT | | А | 24 | |
| II. CURRENT EMPL | OYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or I | Plants) that you currently operate: | I an | n employed by the | he Facility owner | |
| I am currently not operati | ng any Facility | I provide co | provide contractual services to the Facility | | |
| Please provide the follow | ing information about each Facility/Plant that you operate. | Use addtional pag | es as needed. | | |
| Facility / Plant Name | | Class PDWIS (| Water) NPDE | ES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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| CHRISTOPHER F. MORAWSKI Please enter you're current address on the lines below and, if necessary, | | | perator Certifcation Number: 1027 | | |
|--|---|---------------------------------------|--------------------------------------|--|--|
| | | | Certification(s) s below will exp | 10/1/10/3 | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | \$50 | |
| | | requirements by the result in an addi | | ete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 4 | 45 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
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| Please provide the | e following information about each Facility/Plant that you operate. U | Jse addtio | nal pages as needed. | | |
| Facility / Plant Na | me | Class P | DWIS (Water) NPI | DES (Wastewater) | |
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|---|------------------------------|---|-------------------------------------|---|--------------|--|
| | Please enter you're current | nt address on the lines below and, if necessary | essary, | Certification(s) sho below will expire | | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to rec | \$50 | |
| | | | | Failure to complete or submit requirements by the expiration result in an additional late f described in Section V | | piration date will nal late fees as |
| I. CERTIFIC | ATES TO RENEW: | - - | | | ٦ | Fraining Units |
| Certification Ty | /pe | Category | | Class | | Required |
| TEMPORARY | | WASTEWATER TREATMENT | | А | 2 | 24 |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | Z | 15 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Name: | | | | Phone # | <i>‡</i> : | |
| Number of Faciliti | ies (or Plants) that you cur | rently operate: | | I am employ | ed by the F | Facility owner |
| I am currently not | operating any Facility | | I p | rovide contractua | l services t | o the Facility |
| Please provide the | e following information ab | out each Facility/Plant that you opera | te. Use addtio | onal pages as nee | ded. | |
| Facility / Plant Na | me | | Class I | PDWIS (Water) | NPDES (| Wastewater) |
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

| This is page on | e of a two page form. Both pages must be completed and returned | l. Ope | erator Certifcation N | umber: 10733 | |
|--------------------|---|--------------------|--|--|--|
| ROMUALD T | AGHEU | | Certification(s) | | |
| | Please enter you're current address on the lines below and, if necessar | ıry, | below will exp | bire on: 10/1/2025 | |
| CC | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 | |
| | | requirem result | | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFIC | CATES TO RENEW: | | | Training Units | |
| Certification 1 | Type Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 2 | 16 | |
| II. CURRENT | CEMPLOYMENT INFORMATION | | | | |
| Employer's Name | e: | | Phone #: | | |
| Number of Facili | ities (or Plants) that you currently operate: | | I am employed b | y the Facility owner | |
| I am currently no | ot operating any Facility | I pro | provide contractual services to the Facility | | |
| Please provide th | he following information about each Facility/Plant that you operate. U | Use addtior | nal pages as needed | | |
| Facility / Plant N | lame (| Class PI | OWIS (Water) NP | DES (Wastewater) | |
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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Applicant's Signature

Date

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Email Address

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certifcation Number: 10838 | | |
|---|---|-------------|-------------------------------------|--|--|
| TIMOTHY GARDNER | | | Certification(s) s | hown 10/1/2023 | |
| | ase enter you're current address on the lines below and, if necessa | ary, | below will exp | ire on: 10/1/2025 | |
| cor | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 | |
| | | | requirements by result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICA | TES TO RENEW: | | | Training Units | |
| Certification Type | e Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT EN | 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 pro | ovide contractual serv | vices to the Facility | |
| Please provide the fo | llowing information about each Facility/Plant that you operate. | Use addtion | nal pages as needed. | | |
| Facility / Plant Name | ; | Class Pl | DWIS (Water) NPI | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

| This is page one of a two page form. Both pages must be completed and returned.OpeSCOTT JAMES NIPPS | | | Operator Certification Number: 10863 Certification(s) shown | | |
|---|--|--|---|----------------|--|
| | | | | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew these certifications: \$50 | | |
| | | | Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. | | |
| I. CERTIFICA | TES TO RENEW: | | | Training Units | |
| Certification Typ | De Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 4 | 45 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | | | I am employed by the Facility owner | | |
| I am currently not operating any Facility I pr | | | provide contractual services to the Facility | | |
| Please provide the f | following information about each Facility/Plant that you operate. Us | se addtion | nal pages as needed. | | |
| Facility / Plant Name | | Class PDWIS (Water) NPDES (Wastewater) | | | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

| This is page one of a two page form. Both pages must be completed and returned. | | | perator Certifcation Number: 10864 | | |
|---|---|-----------------|--|--|--|
| | se enter you're current address on the lines below and, if necessary, | cessary, | Certification(s) below will exp | 10/1/2073 | |
| | 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 dditional late fees as ed in Section V. | |
| I. CERTIFIC | CATES TO RENEW: | | | Training Units | |
| Certification T | Type Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | 2: | | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | | I am employed b | I am employed by the Facility owner | | |
| I am currently not operating any Facility I p | | | provide contractual services to the Facility | | |
| Please provide th | ne following information about each Facility/Plant that you oper | rate. Use add | dtional pages as needed. | | |
| Facility / Plant Name | | Class | Class PDWIS (Water) NPDES (Wastewater) | | |
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|--|---|-----------------------------------|---|-----------------------|--|
| CHRIS MLINARIC Please enter you're current address on the lines below and, if neces | | | Certification(s) below will exp | | |
| со | prrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these \$50 | |
| | | | Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. | | |
| | TES TO RENEW: | | | Training Units | |
| Certification Typ | e Category | | Class | Required | |
| SUPERINTENDENT | WATER TREATMENT | | 3 | 7 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | | | I am employed by the Facility owner | | |
| I am currently not operating any Facility | | | rovide contractual services to the Facility | | |
| Please provide the f | ollowing information about each Facility/Plant that you operate. Us | se addtio | nal pages as needed | | |
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|---|---|------------|--|-----------------------|--|
| | se enter you're current address on the lines below and, if necessary, | у, | Certification(s) below will exp | | |
| c | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. | | |
| | ATES TO RENEW: | | | Training Units | |
| Certification Ty | vpe Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT H | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed b | y the Facility owner | |
| I am currently not operating any Facility | | | provide contractual services to the Facility | | |
| Please provide the | following information about each Facility/Plant that you operate. Us | se addtior | nal pages as needed. | | |
| Facility / Plant Nar | me Cl | lass PI | OWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certifcation Number: 11483 | | |
|---|--|-------------|---|------------------|--|
| | se enter you're current address on the lines below and, if necessa | ary, | Certification(s) s below will exp | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew these certifications: \$50 | | |
| | | | Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. | | |
| I. CERTIFICAT | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT EM | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | | | I am employed by the Facility owner | | |
| I am currently not operating any Facility | | | I provide contractual services to the Facility | | |
| Please provide the foll | lowing information about each Facility/Plant that you operate. | Use addtion | nal pages as needed. | | |
| Facility / Plant Name | | Class PI | OWIS (Water) NPI | DES (Wastewater) | |
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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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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.OpROBERT WILKENSON IIIPlease enter you're current address on the lines below and, if necessary, | | | Operator Certifcation Number: 11484 | | |
|--|--|-------------------------------------|---|-----------------------|--|
| | | | Certification(s) s below will exp | 10/1/10/3 | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certifica | \$50 | |
| | | | Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. | | |
| I. CERTIFICATES TO RE | INEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT EMPLOYMEN | T INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | | I am employed by the Facility owner | | | |
| I am currently not operating any Facility | | | provide contractual services to the Facility | | |
| Please provide the following inform | ation about each Facility/Plant that you ope | rate. Use add | tional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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| This is page one of a two | page form. Both pages must be completed and returned. | erator Certifcation Number: 11485 | | |
|---|---|-----------------------------------|--------------------------------------|--|
| | nter you're current address on the lines below and, if necessary, | , | Certification(s) s below will exp | |
| correct th | he City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$100 |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. |
| I. CERTIFICATES | TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT EMPLO | OYMENT 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 operatin | g any Facility | I pro | ovide contractual serv | vices to the Facility |
| Please provide the following the second se | ng information about each Facility/Plant that you operate. Use | e addtio | nal pages as needed. | |
| Facility / Plant Name | Cla | ass Pl | DWIS (Water) NPI | DES (Wastewater) |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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|--|---|---------------------------------------|----------------|--|--|--------------------------------------|--|
| | Please enter you're current address on the lines below and, if necessar | | cessary, | | Certification(s) shown below will expire on: 10/1/2 | | |
| с | correct the City, state and Z | ZIP Code. Please print legibly. | | | The fee to renew these certifications: \$100 | | |
| | | | | Failure to complete or submit requirements by the expiration result in an additional late f described in Section V | | iration date will al late fees as | |
| I. CERTIFICATES TO RENEW: | | | | т | raining Units | | |
| Certification Ty | ре | Category | | Class | | equired | |
| TEMPORARY | | WASTEWATER COLLECTION | | 2 | 24 | 4 | |
| TEMPORARY | | WATER DISTRIBUTION | | 1 | 24 | 4 | |
| II. CURRENT F | EMPLOYMENT INFO | ORMATION | | | | | |
| Employer's Name: | | | | Phone # | : | | |
| Number of Facilitie | es (or Plants) that you cur | ently operate: | | I am employe | ed by the Fa | acility owner | |
| I am currently not o | operating any Facility |] | I p | provide contractual | services to | the Facility | |
| Please provide the | following information ab | out each Facility/Plant that you oper | ate. Use addti | onal pages as need | ded. | | |
| Facility / Plant Nar | ne | | Class | PDWIS (Water) | NPDES (W | Vastewater) | |
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|---------------------------|--|-----------------------------------|---|-----------------------|--|
| | Please enter you're current address on the lines below and, if necessa | ary, | Certification(s) s below will exp | | |
| C | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 | |
| | | | Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V. | | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | /pe Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
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| Facility / Plant Nat | me | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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| This is page one of a two page form. Both pages must be completed and returned. Oper | | | | erator Certifcation Number: 11489 | | | |
|--|-------------------------------|---|--------------|---|-------------|---------------------------------------|--|
| CALVIN B GII | Please enter you're curren | t address on the lines below and, if nece | ssary, | Certification below will | | 10/1/2023 | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to re cer | \$100 | | |
| | | | | Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V. | | piration date will al late fees as | |
| I. CERTIFIC | CATES TO RENEW | <u>.</u> | | | г | Training Units | |
| Certification 7 | Гуре | Category | | Class | | Required | |
| TEMPORARY | | WATER DISTRIBUTION | | 1 | 2 | 4 | |
| TEMPORARY | | WASTEWATER COLLECTION | | 2 | 2 | 4 | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | | |
| Employer's Name | e: | | | Phone # | £: | | |
| Number of Facili | ities (or Plants) that you cu | rrently operate: | | I am employe | ed by the F | acility owner | |
| I am currently no | ot operating any Facility | | Ιp | provide contractual | services to | o the Facility | |
| Please provide th | he following information al | pout each Facility/Plant that you operate | e. Use addti | onal pages as nee | ded. | | |
| Facility / Plant N | ame | | Class | PDWIS (Water) | NPDES (V | Wastewater) | |
| | | | | | | | |
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III. CONTINUING EDUCATION:

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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 Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

| This is page one of a two page form. Both pages must be completed and returned. Open | | | | erator Certifcation Number: 11490 | | | |
|--|---|-----------------------|--|-----------------------------------|---------------|--|--|
| BLAKE ZERBE | Please enter you're current address on the lines below and, if nece | | | n(s) shown l expire on: | 10/1/2023 | | |
| | correct the City, state and ZIP Code. Please print legibly. | The | | enew these rtifications: | \$100 | | |
| | | requi | Failure to complete or submit r requirements by the expiration result in an additional late fe described in Section V. | | | | |
| | ATES TO RENEW: | | | Т | raining Units | | |
| Certification T | ype Category | | Class | R | equired | | |
| TEMPORARY | WATER TREATMENT | | 4 | 45 | 5 | | |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 | 5 | | |
| TEMPORARY | WASTEWATER TREATMENT | | A | 24 | 4 | | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | | | |
| Employer's Name | x | | Phone # | #: | | | |
| Number of Facilit | ties (or Plants) that you currently operate: | I am | employ | red by the Fa | cility owner | | |
| I am currently not | t operating any Facility | I provide co | ntractua | l services to | the Facility | | |
| Please provide th | e following information about each Facility/Plant that you operat | e. Use addtional page | s as nee | eded. | | | |
| Facility / Plant Na | ame | Class PDWIS (V | Nater) | NPDES (W | /astewater) | | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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

| This is page one o | erator Certifcation Number: 11493 | | | | | |
|---------------------------|---|-------------|---|-----------------------|--------------|--|
| RANDY H BRAD | DSHAW | | Certification(s | 10/1/2023 | | |
| | Please enter you're current address on the lines below and, if necessar | ury, | below will ex | xpire on: | 10/1/2023 | |
| c | orrect the City, state and ZIP Code. Please print legibly. | | The fee to rene certif | ew these ications: | \$50 | |
| | | | Failure to complete or submit rem requirements by the expiration dat result in an additional late fees described in Section V. | | | |
| I. CERTIFICATES TO RENEW: | | | | Tr | aining Units | |
| Certification Ty | pe Category | | Class | | quired | |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 6 | 24 | | |
| II. CURRENT E | CMPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed | by the Fac | cility owner | |
| I am currently not o | operating any Facility | I pro | ovide contractual so | ervices to | the Facility | |
| Please provide the | following information about each Facility/Plant that you operate. U | Use addtior | nal pages as neede | d. | | |
| Facility / Plant Nan | ne | Class PI | OWIS (Water) N | PDES (W | astewater) | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 11494 | | | |
|---|--------------------------------|--|--------------------------------------|--|--|--|
| RYAN KEENI | Please enter you're currer | nt address on the lines below and, if necessary, | essary, | Certification(s) shown below will expire on: 10/1/20 2 | | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to renew certification | \$100 | |
| | | | | requirements by tresult in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| | CATES TO RENEW | <u>:</u> | | | Training Units | |
| Certification | Туре | Category | | Class | Required | |
| TEMPORARY | | WATER TREATMENT | | 4 | 45 | |
| TEMPORARY | | WATER TREATMENT | | 5 | 24 | |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | 45 | |
| TEMPORARY | | WASTEWATER TREATMENT | | А | 24 | |
| II. CURRENT | Г EMPLOYMENT INF | ORMATION | | | | |
| Employer's Nam | ne: | | | Phone #: | | |
| Number of Facil | lities (or Plants) that you cu | rrently operate: | | I am employed by | y the Facility owner | |
| I am currently no | ot operating any Facility | | I p | rovide contractual serv | vices to the Facility | |
| Please provide t | the following information a | bout each Facility/Plant that you operat | e. Use addti | onal pages as needed. | | |
| Facility / Plant N | Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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| This is page one | of a two page form. Both pages must be completed and returned. | perator Certifcation Number: 11495 | | | |
|---------------------------|---|------------------------------------|---|-----------------------|--|
| | Please enter you're current address on the lines below and, if necessary, | , | Certification(s) below will exp | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. | | |
| | | | | | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 4 | 45 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | : | | Phone #: | | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed b | y the Facility owner | |
| I am currently not | t operating any Facility | I pr | ovide contractual ser | vices to the Facility | |
| Please provide the | e following information about each Facility/Plant that you operate. Use | e addtio | onal pages as needed. | | |
| Facility / Plant Na | ame Cla | lass P | PDWIS (Water) NP | DES (Wastewater) | |
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| This is page one of a two page form. Both pages must be completed and returned. | | | | Operator Certification Number: 11496 | | | |
|---|--------------------------------|--|-----------------|--------------------------------------|--|--|--|
| ABRAHAM M | Please enter you're curren | nt address on the lines below and, if necessar | essary, | Certification(s) below will exp | | | |
| correct the City, state and ZIP Code. Please print legibly. | | | | The fee to renew certific | v these \$100 | | |
| | | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | | |
| I. CERTIFIC | CATES TO RENEW | <u>.</u> | | | Training Units | | |
| Certification ⁻ | Туре | Category | | Class | Required | | |
| TEMPORARY | | WATER TREATMENT | | 4 | 45 | | |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | 45 | | |
| TEMPORARY | | WASTEWATER TREATMENT | | А | 24 | | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | | |
| Employer's Nam | e: | | | Phone #: | | | |
| Number of Facil | ities (or Plants) that you cur | rently operate: | | I am employed b | by the Facility owner | | |
| I am currently no | ot operating any Facility | | I pro | ovide contractual ser | vices to the Facility | | |
| Please provide t | he following information al | pout each Facility/Plant that you operation | te. Use addtion | nal pages as needed | • | | |
| Facility / Plant N | Jame | | Class Pl | OWIS (Water) NP | DES (Wastewater) | | |
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Applicant's Signature

Date

Last 4 digits of Social Security Number

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| This is page one of a two page form. Both pages must be completed and returned. Operation | | | | perator Certifcation Num | per: 11497 | |
|---|-----------------------------------|---|------------|--|--|--|
| SHERRI LYNN | DUVALL | | | Certification(s) show | | |
| | 5 | ddress on the lines below and, if neces | sary, | below will expire | on: 10/1/2023 | |
| | correct the City, state and ZI | P Code. Please print legibly. | | The fee to renew these certifications: \$100 | | |
| | | | | Failure to complete requirements by the result in an addit described in | expiration date will ional late fees as | |
| | ATES TO RENEW: | | | | Training Units | |
| Certification T | ype C | ategory | | Class | Required | |
| TEMPORARY | V | ATER TREATMENT | | 4 | 45 | |
| TEMPORARY | W | ASTEWATER TREATMENT | | 5 | 45 | |
| II. CURRENT | EMPLOYMENT INFO | RMATION | | | | |
| Employer's Name | : | | | Phone #: | | |
| Number of Facili | ties (or Plants) that you current | ntly operate: | | I am employed by th | e Facility owner | |
| I am currently no | t operating any Facility | | ΙI | provide contractual service | es to the Facility | |
| Please provide th | e following information abou | t each Facility/Plant that you operate | . Use addt | ional pages as needed. | | |
| Facility / Plant Na | ame | | Class | PDWIS (Water) NPDE | S (Wastewater) | |
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| This is page one of a two page form. Both pages must be completed and returned. Operation | | | | erator Certifcation Number: 11498 | | |
|---|--|--|----------------------|---|---------------|--|
| ROBERT D'AL | FONSO | | Certificatio | | 10/1/2023 | |
| | Please enter you're current address on the l | | below wil | ll expire on: | 10/1/2023 | |
| | correct the City, state and ZIP Code. Please | e print legibly. | The fee to r ce | renew these crtifications: | \$50 | |
| | | Failure to complete o requirements by the e result in an additio described in | | ation date will late fees as | | |
| I. CERTIFICATES TO RENEW: | | | | Tra | raining Units | |
| Certification T | ype Category | | Class | | quired | |
| TEMPORARY | WASTEWATER | TREATMENT | 2 | 24 | | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | | |
| Employer's Name | : | | Phone | #: | | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employ | yed by the Fac | ility owner | |
| I am currently not | operating any Facility | | I provide contractua | rovide contractual services to the Facility | | |
| Please provide th | e following information about each Facility | v/Plant that you operate. Use a | ddtional pages as ne | eded. | | |
| Facility / Plant Na | me | Class | PDWIS (Water) | NPDES (Wa | istewater) | |
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|---|---------------------------------|---|--------------|--|---|-----------------|--|
| JACOB WAL | Please enter you're current | ease enter you're current address on the lines below and, if necess | | Certification below will | | | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to re cer | new thes tification | × 1 0 0 | |
| | | | | requirements result in a | or submit renewal xpiration date will onal late fees as Section V. | | |
| <u>I. CERTIFIC</u> | CATES TO RENEW: | | | | | Training Units | |
| Certification ⁻ | Туре | Category | | Class | | Required | |
| TEMPORARY | | WATER TREATMENT | | 2 | | 24 | |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | | 45 | |
| TEMPORARY | | WASTEWATER TREATMENT | | A | | 24 | |
| II. CURRENT | FEMPLOYMENT INF | ORMATION | | | | | |
| Employer's Nam | ne: | | | Phone # | : | | |
| Number of Facil | lities (or Plants) that you cur | rently operate: | | I am employe | ed by the | Facility owner | |
| I am currently no | ot operating any Facility | | Ιŗ | provide contractual | services | to the Facility | |
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| Facility / Plant N | Name | | Class | PDWIS (Water) | NPDES | (Wastewater) | |
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|--|---|---------------------|--|---|--|
| | | | Certification(s) | shown 10/1/2023 | |
| | ease enter you're current address on the lines below an | · · · · | below will exp | ire on: 10/1/2023 | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | \$50 | |
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| I. CERTIFICA | TES TO RENEW: | | | Training Units | |
| Certification Typ | e Category | | Class | Required | |
| TEMPORARY | WASTEWATER TREATMEN | IT | 5 | 45 | |
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| This is page one | Oper | perator Certifcation Number: 11501 | | | | |
|---|--|------------------------------------|--|--------------|--|--|
| JASON DURA | Please enter you're current address on the lines below and, if necessary | у, | Certification below will | | 10/1/2023 | |
| correct the Cit | correct the City, state and ZIP Code. Please print legibly. | | The fee to ren certi | | ew these fications: \$50 | |
| | | | requirements result in an | by the exp | submit renewal piration date will al late fees as ection V. | |
| I. CERTIFIC | CATES TO RENEW: | | | т | raining Units | |
| Certification T | Type Category | | Class | R | equired | |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 2 | 0 | | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | | |
| Employer's Name | e: | | Phone # | : | | |
| Number of Facili | ties (or Plants) that you currently operate: | | I am employe | ed by the Fa | acility owner | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

| This is page one of a two page form. Both pages must be completed and returned. Ope | | | Operator Certification N | Number: 11502 |
|---|---|---------------------------------|-----------------------------------|---|
| | Please enter you're current address on the lines be | | Certification(s) below will ex | |
| | correct the City, state and ZIP Code. Please print | ZIP Code. Please print legibly. | The fee to rene certifi | w these \$50 |
| | | | requirements by result in an a | plete or submit renewal v the expiration date will additional late fees as bed in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| TEMPORARY | WATER DISTRIBUTIO | DN . | 1 | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | | | Phone #: | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed | by the Facility owner |
| I am currently not | operating any Facility | | I provide contractual se | ervices to the Facility |
| Please provide the | e following information about each Facility/Plant | that you operate. Use ad | dtional pages as needed | d. |
| Facility / Plant Na | me | Class | PDWIS (Water) NI | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Applicant's Signature

Date

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Email Address

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

| This is page one of a two page form. Both pages must be completed and returned. Op | | | perator Certifcation Number: 11503 | | |
|--|---|-----------|---|------------------------------------|--|
| | Please enter you're current address on the lines below and, if necessary, | ., | Certification(s) below will ex | | |
| C | correct the City, state and ZIP Code. Please print legibly. | | The fee to rene certif | ew these \$50 fications: | |
| | | | Failure to complete or submit requirements by the expiration result in an additional late f described in Section V | | |
| | ATES TO RENEW: | | | Training Units | |
| Certification Ty | vpe Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed | by the Facility owner | |
| I am currently not operating any Facility I pr | | | provide contractual services to the Facility | | |
| Please provide the | following information about each Facility/Plant that you operate. Use | e addtior | nal pages as neede | ed. | |
| Facility / Plant Nat | me Cla | ass PI | OWIS (Water) N | IPDES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

| This is page one of a two page form. Both pages must be completed and returned. Operation | perator Certifcation Number: 11504 | | |
|---|--|-----------------------|--|
| DANIEL TAYLOR Please enter you're current address on the lines below and, if necessary, | Certification(s) s below will exp | | |
| correct the City, state and ZIP Code. Please print legibly. | The fee to renew certifica | \$50 | |
| | Failure to complete or submit re requirements by the expiration date result in an additional late fee described in Section V. | | |
| I. CERTIFICATES TO RENEW: | | Training Units | |
| Certification Type Category | Class | Required | |
| TEMPORARY WATER TREATMENT | 4 | 45 | |
| II. CURRENT EMPLOYMENT INFORMATION | | | |
| Employer's Name: | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | I am employed by | y the Facility owner | |
| I am currently not operating any Facility I prov | provide contractual services to the Facility | | |
| Please provide the following information about each Facility/Plant that you operate. Use addtiona | l pages as needed. | | |
| Facility / Plant Name Class PDV | WIS (Water) NPI | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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|--|-----------------------------------|--|------------------------------------|--|---|
| | | | essary, | Certification(s) below will ex | |
| correct the City, state and ZIP Code. Please print legibly. | | de. Please print legibly. | | The fee to renew these certifications: \$50 | |
| | | | | requirements by result in an a | plete or submit renewal y the expiration date will additional late fees as red in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | | | Training Units |
| Certification Ty | pe Cate | Jory | | Class | Required |
| TEMPORARY | INDU | STRIAL WASTEWATER | | 1 | 0 |
| II. CURRENT H | EMPLOYMENT INFORM | ATION | | | |
| Employer's Name: | | | | Phone #: | |
| Number of Faciliti | es (or Plants) that you currently | operate: | | I am employed l | by the Facility owner |
| I am currently not operating any Facility | | provide contractual services to the Facility | | | |
| Please provide the | following information about each | ch Facility/Plant that you operat | te. Use addi | tional pages as needed | <i>l.</i> |
| Facility / Plant Nar | ne | | Class | PDWIS (Water) NI | PDES (Wastewater) |
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|---|---|-----------|------------------------------------|---|
| | Please enter you're current address on the lines below and, if necessary, | | Certification(s) below will exp | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | \$50 |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | vpe Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 3 | 45 |
| II. CURRENT H | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed b | y the Facility owner |
| I am currently not | operating any Facility | I pr | ovide contractual ser | vices to the Facility |
| Please provide the | following information about each Facility/Plant that you operate. Us | se addtio | onal pages as needed. | |
| Facility / Plant Nar | me C | Class P | DWIS (Water) NP | DES (Wastewater) |
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| This is page one | of a two page form. Both pa | ges must be completed and return | ned. C | perator Certifcation Nu | umber: 11508 |
|----------------------|---------------------------------|---------------------------------------|---------------------------------|--|-----------------------|
| DAVID A CITRONI JR | | | Certification(s) s | | |
| | • | tress on the lines below and, if nece | essary, | below will exp | ire on: 10/1/2025 |
| (| correct the City, state and ZIP | Code. Please print legibly. | | The fee to renew certific | \$50 |
| | | | requirements by result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | | Training Units |
| Certification Ty | vpe Ca | tegory | | Class | Required |
| TEMPORARY | W | ASTEWATER COLLECTION | | 2 | 24 |
| II. CURRENT I | EMPLOYMENT INFOR | MATION | | | |
| Employer's Name: | | | | Phone #: | |
| Number of Faciliti | es (or Plants) that you current | ly operate: | | I am employed by | y the Facility owner |
| I am currently not | operating any Facility | | Ij | provide contractual ser- | vices to the Facility |
| Please provide the | following information about | each Facility/Plant that you operat | te. Use addt | ional pages as needed. | |
| Facility / Plant Nat | me | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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



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

| This is page on | e of a two page form. Both | pages must be completed and retur | ned. O | perator Certifcation Nu | umber: 11509 |
|---|---------------------------------|--|---|--|-----------------------|
| ELIZABETH KING Please enter you're o | | rent address on the lines below and, if necessary, | essary, | Certification(s) s below will exp | |
| correct the City, state and | ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFIC | CATES TO RENEW: | | | | Training Units |
| Certification ⁷ | Туре | Category | | Class | Required |
| TEMPORARY | | WASTEWATER TREATMENT | | 1 | 24 |
| II. CURRENT | EMPLOYMENT INFO | ORMATION | | | |
| Employer's Nam | le: | | | Phone #: | |
| Number of Facil | ities (or Plants) that you cur | rently operate: | | I am employed by | y the Facility owner |
| I am currently no | ot operating any Facility | | Ιp | provide contractual serv | vices to the Facility |
| Please provide t | he following information ab | out each Facility/Plant that you opera | te. Use addti | onal pages as needed. | |
| Facility / Plant N | Jame | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 11510 | | |
|---|---|---------------------------------|--|--|--|
| | ase enter you're current address on the lin | | Certification(s) shown below will expire on: 10/1/2023 | | |
| CO | rrect the City, state and ZIP Code. Please | print legibly. | The fee to re | enew these \$100 | |
| | | | | omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V. | |
| I. CERTIFICA | <u>FES TO RENEW:</u> | | | Training Units | |
| Certification Typ | e Category | | Class | Required | |
| TEMPORARY | WASTEWATER | COLLECTION | 2 | 24 | |
| TEMPORARY | WATER DISTRIE | BUTION | 1 | 24 | |
| II. CURRENT EN | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone | #: | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employ | ed by the Facility owner | |
| I am currently not op | erating any Facility | | I provide contractua | l services to the Facility | |
| Please provide the fo | llowing information about each Facility/ | Plant that you operate. Use add | dtional pages as nee | eded. | |
| Facility / Plant Name | | Class | PDWIS (Water) | NPDES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

| This is page one o | f a two page form. Both pages must be completed and returned | l. Op | erator Certifcation N | Number: 11511 |
|--------------------------------------|--|------------|---|------------------------------|
| | lease enter you're current address on the lines below and, if necessar | ury, | Certification(s) below will ex | |
| correct the City, state and ZIP Code | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certifi | w these \$50 cations: |
| | | | Failure to complete or submit requirements by the expiration result in an additional late described in Section V | |
| I. CERTIFICA | TES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 4 | 45 |
| II. CURRENT E | MPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | _ |
| Number of Facilitie | 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 se | rvices to the Facility |
| Please provide the | following information about each Facility/Plant that you operate. U | Use addtio | nal pages as needea | !. |
| Facility / Plant Nan | ne | Class P | DWIS (Water) NI | PDES (Wastewater) |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Date

Last 4 digits of Social Security Number

Email Address

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| This is page one of a two pag | ge form. Both pages must be completed and returned. | Operator Certification Number: 11512 | | | |
|-------------------------------------|--|---|---|--|--|
| | you're current address on the lines below and, if necessary, | Certification(s) sh below will expir | | | |
| correct the City, state and ZIP Coc | ity, state and ZIP Code. Please print legibly. | The fee to renew t certificat | \$100 | | |
| | | requirements by th result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. | | |
| I. CERTIFICATES TO | RENEW: | | Training Units | | |
| Certification Type | Category | Class | Required | | |
| TEMPORARY | INDUSTRIAL WASTEWATER | 2 | 0 | | |
| TEMPORARY | WATER TREATMENT | 4 | 45 | | |
| TEMPORARY | WASTEWATER TREATMENT | 5 | 45 | | |
| TEMPORARY | WASTEWATER TREATMENT | А | 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 servi | ices to the Facility | | |
| Please provide the following in | formation about each Facility/Plant that you operate. Use a | uddtional pages as needed. | | | |
| Facility / Plant Name | Class | s PDWIS (Water) NPD | ES (Wastewater) | | |
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| This is page one of a two page form. Both pages must be completed and returned. Ope | | | | Operator Certifcation Number: 11513 | | | |
|---|-------------------------------|---|----------------|---|---------------------------|--|--|
| RYAN FOSTER Please enter you're current ad | | address on the lines below and, if necessary, | cessary, | Certification below will | n(s) shown l expire on | 10/1/2022 | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to rec | enew these | \$100 | |
| | | | | Failure to complete or sul requirements by the expira result in an additional l described in Secti | | piration date will nal late fees as | |
| I. CERTIFIC | ATES TO RENEW: | <u>.</u> | | | ٦ | Fraining Units | |
| Certification T | уре | Category | | Class | | Required | |
| TEMPORARY | | WASTEWATER TREATMENT | | 3 | 2 | 15 | |
| TEMPORARY | | WATER TREATMENT | | 4 | 2 | 15 | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | | |
| Employer's Name | : | | | Phone # | #: | | |
| Number of Facilit | ties (or Plants) that you cur | rently operate: | | I am employ | ed by the F | Facility owner | |
| I am currently not | t operating any Facility | | I p | rovide contractua | l services t | to the Facility | |
| Please provide th | e following information ab | out each Facility/Plant that you oper | ate. Use addti | onal pages as nee | eded. | | |
| Facility / Plant Na | ame | | Class | PDWIS (Water) | NPDES (| Wastewater) | |
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V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

| This is page one | of a two page form. Both pages must be completed and returned. | . Op | erator Certifcation | Number: | 11514 |
|-----------------------|---|------------|---------------------------------------|---------------------|--|
| | Please enter you're current address on the lines below and, if necessar | ry, | Certification(below will e | | 10/1/2023 |
| correct the City, sta | correct the City, state and ZIP Code. Please print legibly. | | The fee to ren certi | ew these fications: | \$50 |
| | | | requirements k result in an | by the exp | submit renewal biration date will al late fees as ection V. |
| I. CERTIFICA | ATES TO RENEW: | | | т | raining Units |
| Certification Ty | vpe Category | | Class | R | equired |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed | l by the Fa | acility owner |
| I am currently not | operating any Facility | I pr | ovide contractual | services to | the Facility |
| Please provide the | following information about each Facility/Plant that you operate. U | Use addtio | nal pages as need | ed. | |
| Facility / Plant Nat | me | Class P | DWIS (Water) N | NPDES (W | Vastewater) |
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III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Date

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Email Address

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

| This is page one | of a two page form. Both pages must be completed | and returned. | Operator Certifcation N | Number: 11561 |
|---------------------|---|----------------------|-------------------------------------|--|
| CHRISTOPHER ROY | | | Certification(s) | |
| | Please enter you're current address on the lines below a correct the City, state and ZIP Code. Please print legib | | below will ex | pire on: 10/1/2023 |
| | | ıy. | The fee to renev certifi | w these \$50 cations: |
| | | | — requirements by result in an a | plete or submit renewal the expiration date will additional late fees as ed in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| TEMPORARY | WASTEWATER COLLECTI | ON | 2 | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | : | | Phone #: | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed l | by the Facility owner |
| I am currently not | operating any Facility |] | provide contractual se | rvices to the Facility |
| Please provide the | e following information about each Facility/Plant that | you operate. Use add | ltional pages as needed | <i>l.</i> |
| Facility / Plant Na | ame | Class | PDWIS (Water) NI | PDES (Wastewater) |
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

| This is page one | of a two page form. Both pages must be completed and returned. | . Op | perator Certifcation N | Number: 1173 |
|---------------------|---|------------|---|------------------------------|
| | Please enter you're current address on the lines below and, if necessar | ry, | Certification(s) below will ex | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to rene certifi | w these \$50 cations: |
| | | | Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. | |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | · | | Phone #: | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed | by the Facility owner |
| I am currently not | operating any Facility | I pı | rovide contractual se | rvices to the Facility |
| Please provide the | e following information about each Facility/Plant that you operate. U | Jse addtio | onal pages as needed | <i>l.</i> |
| Facility / Plant Na | me C | Class F | PDWIS (Water) N | PDES (Wastewater) |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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| This is page on | e of a two page form. Both | n pages must be completed and retu | rned. O | perator Certifcation | Number: 1287 |
|--------------------|--------------------------------|---|----------------|---|---|
| | | e current address on the lines below and, if necessary, | cessary, | Certification(s below will e | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to ren certi | ew these fications: \$50 |
| | | | | requirements b result in an | nplete or submit renewal by the expiration date will additional late fees as bed in Section V. |
| I. CERTIFIC | CATES TO RENEW: | 1 - | | | Training Units |
| Certification 7 | Гуре | Category | | Class | Required |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | | WASTEWATER TREATMENT | | А | 16 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | |
| Employer's Nam | e: | | | Phone #: | |
| Number of Facil | ities (or Plants) that you cur | rently operate: | | I am employed | l by the Facility owner |
| I am currently no | ot operating any Facility | | Ιp | provide contractual s | services to the Facility |
| Please provide th | he following information ab | oout each Facility/Plant that you oper | ate. Use addti | onal pages as neede | ed. |
| Facility / Plant N | lame | | Class | PDWIS (Water) N | NPDES (Wastewater) |
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| This is page or | ne of a two page form. Both pages must be completed and returned. | Ope | erator Certifcation N | lumber: 1318 |
|--------------------|--|------------|------------------------------------|--|
| DERRICK GI | Please enter you're current address on the lines below and, if necessary | у, | Certification(s) below will exp | |
| correct the City, | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these \$50 |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFI | CATES TO RENEW: | | | Training Units |
| Certification | Type Category | | Class | Required |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| II. CURREN | T EMPLOYMENT INFORMATION | | | |
| Employer's Nan | ne: | | Phone #: | |
| Number of Faci | lities (or Plants) that you currently operate: | | I am employed b | by the Facility owner |
| I am currently n | ot operating any Facility | I pro | ovide contractual ser | rvices to the Facility |
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| Facility / Plant N | Name Cl | lass Pl | DWIS (Water) NP | DES (Wastewater) |
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| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 1525 | | | |
|---|--|-------------|---|-----------------------|--|--|
| | u're current address on the lines below and, if neco | essary, | Certification(s) s below will exp | | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew these certifications: \$50 | | | |
| | | | Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. | | | |
| I. CERTIFICATES TO F | <u>RENEW:</u> | | | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | | |
| II. CURRENT EMPLOYME | ENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or Plants) th | hat you currently operate: | | I am employed by | y the Facility owner | | |
| I am currently not operating any F | Facility | | I provide contractual service | vices to the Facility | | |
| Please provide the following info | rmation about each Facility/Plant that you opera | te. Use add | dtional pages as needed. | | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | | |
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III. CONTINUING EDUCATION:

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

| This is page one of a two page form. Both pages must be completed and returned. | | | ed. O _f | Operator Certification Number: 1604 | | |
|--|----------------------------------|--|--|---|--|--|
| JOSEPH F CONAWAY Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly. | | sary, | Certification(s) shown below will expire on: 10/1/2023 | | | |
| | | ZIP Code. Please print legibly. | | The fee to renew these certifications: \$100 | | |
| | | | Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V. | | he expiration date will ditional late fees as | |
| I. CERTIFIC | CATES TO RENEW | <u>.</u> | | | Training Units | |
| Certification 1 | Гуре | Category | | Class | Required | |
| OPERATOR | | WASTEWATER COLLECTION | | 2 | 16 | |
| OPERATOR | | WATER DISTRIBUTION | | 1 | 16 | |
| SUPERINTENDE | ENT | WASTEWATER COLLECTION | | 2 | 7 | |
| SUPERINTENDE | INT | WATER DISTRIBUTION | | 1 | 7 | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Name | e: | | | Phone #: | | |
| Number of Facili | ities (or Plants) that you cu | rently operate: | | I am employed by | the Facility owner | |
| I am currently no | ot operating any Facility | | I pi | rovide contractual serv | ices to the Facility | |
| Please provide th | - he following information al | pout each Facility/Plant that you operate. | Use addtio | onal pages as needed. | | |
| Facility / Plant N | ame | | Class I | PDWIS (Water) NPD | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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Date

Last 4 digits of Social Security Number

Email Address

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 1702 | | | |
|---|--|------------|---|----------------------|--|--|
| | Please enter you're current address on the lines below and, if necessa | ıry, | Certification(s) sl below will expi | 10/1/2073 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certifica | \$50 | | |
| | | | Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V. | | | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | | |
| Certification Ty | /pe Category | | Class | Required | | |
| TEMPORARY | WATER TREATMENT | | 5 | 24 | | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed by | the Facility owner | | |
| I am currently not | operating any Facility | I pi | rovide contractual serv | ices to the Facility | | |
| Please provide the | e following information about each Facility/Plant that you operate. U | Use addtio | onal pages as needed. | | | |
| Facility / Plant Nat | me | Class I | PDWIS (Water) NPD | DES (Wastewater) | | |
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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

| This is page one | of a two page form. Both pages must be completed and returned | ed. Ope | rator Certifcation | on Number: | 2126 |
|---|---|---------------|---|----------------------------|----------------|
| | Please enter you're current address on the lines below and, if necess | sary, | Certificatio below wil | n(s) shown l expire on: | 10/1/2023 |
| correct the City, state and ZIP Code. Please prin | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V. | | |
| | | | | | |
| I. CERTIFIC | ATES TO RENEW: | | | г | raining Units |
| Certification T | ype Category | | Class | | Required |
| OPERATOR | WASTEWATER TREATMENT | | А | 1 | .6 |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 3 | 0 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | : | | Phone | #: | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employ | red by the F | acility owner |
| I am currently not | operating any Facility | I pro | vide contractua | al services to | o the Facility |
| Please provide the | e following information about each Facility/Plant that you operate. | . Use addtion | al pages as nee | eded. | |
| Facility / Plant Na | ame | Class PI | OWIS (Water) | NPDES (V | Wastewater) |
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Name and Certification Number of Operator in Responsible Charge:

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| This is page one | of a two page form. Both pages must be completed and returned | I. Op | perator Certifcation N | umber: 2164 |
|----------------------|---|------------|--|-----------------------|
| MARK SELLER | S Please enter you're current address on the lines below and, if necessa | ıry, | Certification(s) below will exp | |
| (| correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | 65N |
| | | | Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | /pe Category | | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed b | y the Facility owner |
| I am currently not | operating any Facility | I pi | rovide contractual ser | vices to the Facility |
| Please provide the | e following information about each Facility/Plant that you operate. U | Use addtio | onal pages as needed | |
| Facility / Plant Nat | me | Class I | PDWIS (Water) NP | DES (Wastewater) |
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| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certifcation Number: 2196 | | |
|---|--|----------|--|-----------------------|--|
| | lease enter you're current address on the lines below and, if necess | sary, | Certification(s) s below will expi | 10/1/10/3 | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew these certifications: \$50 | | |
| | | | Failure to complete or submit renews requirements by the expiration date w result in an additional late fees as described in Section V. | | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 2 | 16 | |
| II. CURRENT E | CMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not o | operating any Facility | Ιŗ | provide contractual serv | vices to the Facility | |
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| Facility / Plant Nan | ne | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

| This is page or | ne of a two page form. Both pages must be completed and retur | med. Operator Certifcat | tion Number: 2274 |
|--------------------|---|------------------------------|--|
| GREGORY M | Please enter you're current address on the lines below and, if necessary, | | on(s) shown rill expire on: 10/1/2023 |
| | correct the City, state and ZIP Code. Please print legibly. | | renew these sertifications: \$50 |
| | | requiremen result in | complete or submit renewal ats by the expiration date will an additional late fees as scribed in Section V. |
| I. CERTIFI | CATES TO RENEW: | | Training Units |
| Certification | Type Category | Class | Required |
| OPERATOR | INDUSTRIAL WASTEWATER | 6 | 16 |
| II. CURREN | T EMPLOYMENT INFORMATION | | |
| Employer's Nan | ne: | Phone | e #: |
| Number of Faci | lities (or Plants) that you currently operate: | I am emplo | oyed by the Facility owner |
| I am currently n | not operating any Facility | I provide contractu | ual services to the Facility |
| Please provide i | the following information about each Facility/Plant that you opera | te. Use addtional pages as n | eeded. |
| Facility / Plant N | Name | Class PDWIS (Water) | NPDES (Wastewater) |
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III. CONTINUING EDUCATION:

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- No course can be used more than one time for any three-year renewal period.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

V. LATE FEES AND REINSTATEMENT

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Date

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

| This is page one | e of a two page form. Both pages must be completed and returned. | rator Certifcation 1 | Number: 2292 | | | |
|---|---|----------------------|--|---|--|--|
| DOUGLAS W. | HAASIS | | Certification(s) | | 10/1/2023 | |
| | Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly. | ry, | below will ex | xpire on: 10/1/2023 | on: 10/1/2025 | |
| Concer and City, state and Zir Code. I lease print regiony. | | | The fee to rene certifi | ew these \$50 fications: | | |
| | | | requirements by result in an a | plete or submit renewal y the expiration date wi additional late fees as bed in Section V. | the expiration date will Iditional late fees as | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | Training Units | |
| Certification T | Гуре Category | | Class | Required | | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 4 | 16 | | |
| 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 | provide contractual services to the Facility | | | |
| Please provide th | he following information about each Facility/Plant that you operate. U | Use addtion | al pages as needed | ed. | | |
| Facility / Plant N | lame C | Class PD | OWIS (Water) N | IPDES (Wastewater) | | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

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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. Ope | | | Derator Certifcation Number: 2369 | | |
|---|---|----------------|--|--|--|
| | 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 | \$50 | |
| | | | 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 Ty | /pe Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed b | y the Facility owner | |
| I am currently not | operating any Facility | Ι | provide contractual services to the Facility | | |
| Please provide the | following information about each Facility/Plant that you ope | rate. Use addi | tional pages as needed. | | |
| Facility / Plant Nat | me | Class | PDWIS (Water) NP | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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| This is page one of a two page form. Both pages must be completed and returned. Ope | | | Operator Certification | Number: 2392 | |
|---|---|--------------------------|--------------------------------|--|--|
| | lease enter you're current address on the lines be | | Certification(below will e | | |
| C | prrect the City, state and ZIP Code. Please print l | egibly. | The fee to ren certi | fications: \$50 | |
| | | | requirements l result in an | nplete or submit renewal by the expiration date will additional late fees as ibed in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | De Category | | Class | Required | |
| SUPERINTENDEN | T INDUSTRIAL WASTEN | WATER | 2 | 0 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | s (or Plants) that you currently operate: | | I am employed | d by the Facility owner | |
| I am currently not o | perating any Facility | | I provide contractual | services to the Facility | |
| Please provide the | following information about each Facility/Plant | that you operate. Use ad | dtional pages as need | ed. | |
| Facility / Plant Nan | le | Class | PDWIS (Water) | NPDES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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| This is page one | This is page one of a two page form. Both pages must be completed and returned. Open | | | umber: 2466 | |
|---------------------------|--|------------|---|--|--|
| | Please 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 certifica | \$50 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | /pe Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed by the Facility owner | | |
| I am currently not | operating any Facility | Ιp | provide contractual services to the Facility | | |
| Please provide the | e following information about each Facility/Plant that you operate. U | Use addtio | onal pages as needed. | | |
| Facility / Plant Na | me | Class I | PDWIS (Water) NPI | DES (Wastewater) | |
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|---|--|-----------------|--|---|--|
| | Please enter you're current address on the lines below and, if | necessary, | Certification(s below will ex | | |
| C | correct the City, state and ZIP Code. Please print legibly. | | The fee to rene certif | w these \$50 | |
| | | | requirements by result in an | plete or submit renewal y the expiration date will additional late fees as bed in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | vpe Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed | by the Facility owner | |
| I am currently not | operating any Facility | Ι | provide contractual services to the Facility | | |
| Please provide the | following information about each Facility/Plant that you o | perate. Use ada | ltional pages as neede | <i>d</i> . | |
| Facility / Plant Nat | me | Class | PDWIS (Water) N | PDES (Wastewater) | |
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III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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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. ${ m Op}$ | | | Operator Certifcation Number: 2560 | | |
|---|---|------------|--|------------------------|--|
| | ase enter you're current address on the lines below and, if necessa | ary, | Certification(s) below will exp | 10/1/20/3 | |
| cor | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these \$50 | |
| | | | Failure to complete or submit representation of the expiration date from the expiration of the expirat | | |
| 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 pr | ovide contractual ser | rvices to the Facility | |
| Please provide the fo | llowing information about each Facility/Plant that you operate. | Use addtio | nal pages as needed | | |
| Facility / Plant Name | | Class P | DWIS (Water) NP | PDES (Wastewater) | |
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| This is page one of a two page form. Both pages must be completed and returned. Oper | | | erator Certifcation Nu | mber: 2800 | |
|--|---|-------------|---|--------------------|--|
| ROYCE LINDE | | | Certification(s) s | 111/1/11/3 | |
| | Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly. | ry, | The fee to renew these certifications: \$50 | | |
| | | | Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. | | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | /pe Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not | operating any Facility | I pro | provide contractual services to the Facility | | |
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| Facility / Plant Nat | me | Class Pl | DWIS (Water) NPI | DES (Wastewater) | |
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| This is page one o | This is page one of a two page form. Both pages must be completed and returned. Open | | | lumber: 2855 | |
|---------------------------|--|------------|--|--|--|
| | Please enter you're current address on the lines below and, if necessary | у, | Certification(s) below will exp | 10/1/2073 | |
| C | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these \$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 Ty | pe Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
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| Facility / Plant Nan | ne Cl | lass PI | OWIS (Water) NP | DES (Wastewater) | |
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| This is page one | `his is page one of a two page form. Both pages must be completed and returned. Op | | | | umber: 2914 |
|---|--|-----------------------------------|--------------------------------------|--|-----------------------|
| BRANDON CO | Please enter you're current address on the lines below and, if necessary, | cessary, | Certification(s) s below will exp | | |
| correct the City, state and ZIP Code. Please print legibly. | | Code. Please print legibly. | | The fee to renew certific | \$50 |
| | | | requirements by result in an ac | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | | Training Units |
| Certification T | ype Ca | tegory | | Class | Required |
| OPERATOR | W | ATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT | EMPLOYMENT INFOR | MATION | | | |
| Employer's Name | | | | Phone #: | |
| Number of Facili | ties (or Plants) that you current | ly operate: | | I am employed by | y the Facility owner |
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| Facility / Plant Na | ame | | Class | PDWIS (Water) NP | DES (Wastewater) |
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|---------------------------|---|------------------------------------|--|---|--|
| | Please 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 | \$50 | |
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| Certification T | ype Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 1 | 16 | |
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

| This is page one of a two page form. Both pages must be completed and returned. Op | | | Operator Certifcation Number: 2962 | | |
|--|--|-----------------|--------------------------------------|--|--|
| TYLER WING | Please enter you're current address on the lines below and, if | necessary, | Certification(s) below will exp | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 | |
| | | | — requirements by result in an ac | lete or submit renewal the expiration date will Iditional late fees as ed in Section V. | |
| I. CERTIFIC | CATES TO RENEW: | | | Training Units | |
| Certification 7 | Type Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 4 | 16 | |
| II. CURRENT | CEMPLOYMENT INFORMATION | | | | |
| Employer's Nam | e: | | Phone #: | | |
| Number of Facil | ities (or Plants) that you currently operate: | | I am employed b | y the Facility owner | |
| I am currently no | ot operating any Facility | Ι | provide contractual ser | vices to the Facility | |
| Please provide th | he following information about each Facility/Plant that you of | perate. Use add | tional pages as needed. | | |
| Facility / Plant N | lame | Class | PDWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certifcation Number: 3042 | | | |
|---|--------------------------------------|---|---|---|------------|------------------------------------|
| | Please enter you're current address | dress on the lines below and, if necessary, | essary, | Certification(s below will e | 10/1/2023 | |
| correct the City, state and ZIP Code. Please print legibly. | | | | The fee to renew these certifications: \$50 | | |
| | | | | Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V. | | ration date will l late fees as |
| I. CERTIFICA | ATES TO RENEW: | | | | | aining Units |
| Certification Ty | pe Catego | ory | | Class | Re | quired |
| SUPERINTENDEN | IT INDUST | RIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT I | EMPLOYMENT INFORMA | ΓΙΟΝ | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently op | erate: | | I am employed | by the Fa | cility owner |
| I am currently not | operating any Facility | | I | provide contractual s | ervices to | the Facility |
| Please provide the | following information about each | Facility/Plant that you operated | te. Use addt | ional pages as neede | ed. | |
| Facility / Plant Nat | ne | | Class | PDWIS (Water) N | IPDES (W | astewater) |
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III. CONTINUING EDUCATION:

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

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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

| This is page one of | of a two page form. Both pages must be completed and returned. | perator Certifcation Number: 3043 | | | |
|----------------------|---|--|--------------------------------------|--|--|
| JESSIE P BURNESTON | | | Certification(s) shown $10/1/2$ | | |
| | Please enter you're current address on the lines below and, if necessar | у, | below will expi | re on: 10/1/2025 | |
| c | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | renew these \$50 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICA | 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 by | the Facility owner | |
| I am currently not o | operating any Facility | I pro | ovide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you operate. U | se addtion | nal pages as needed. | | |
| Facility / Plant Nar | ne C | Class Pl | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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

| This is page one of a two page form. Both pages must be completed and returned. O DONALD JAMES RICHARDSON Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | | Operator Certification Number: 3097 | | | |
|---|--|----------|--|---|--|--|
| | | | Certification(s) below will ex | 10/1/20/3 | | |
| | | | The fee to renew certifie | v these \$50 cations: | | |
| | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. | | |
| | TES TO RENEW: | | | Training Units | | |
| Certification Typ | e Category | | Class | Required | | |
| SUPERINTENDENT | WATER TREATMENT | | 2 | 7 | | |
| II. CURRENT EN | APLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed b | by the Facility owner | | |
| I am currently not op | perating any Facility | Ι | provide contractual se | rvices to the Facility | | |
| Please provide the fo | ollowing information about each Facility/Plant that you operate. U | lse addi | tional pages as needea | ! | | |
| Facility / Plant Name | | Class | PDWIS (Water) NI | PDES (Wastewater) | | |
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III. CONTINUING EDUCATION:

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Date

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| This is page one of | of a two page form. Both pages must be completed and returned. | perator Certification Number: 3154 | | | |
|----------------------|---|------------------------------------|--|-----------------------|--|
| ETHAN S. DELUDE | | | Certification(s) shown 10/1/202 | | |
| | Please enter you're current address on the lines below and, if necessar | ry, | below will exp | ire on: 10/1/2023 | |
| с | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 | |
| | | | Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V. | | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 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 | y the Facility owner | |
| I am currently not o | operating any Facility | I pro | ovide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you operate. U | Use addtion | nal pages as needed. | | |
| Facility / Plant Nar | ne | Class P | DWIS (Water) NPI | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| This is page one | of a two page form. Both pages must be completed and returned. | Operator Certification Number: 3232 Certification(s) shown below will expire on: 10/1/2023 | | |
|---------------------|---|--|--|---|
| | Please enter you're current address on the lines below and, if necessary, | | | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 |
| | | | - requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| | ATES TO RENEW: | | _ | Training Units |
| Certification T | ype Category | | Class | Required |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | : | | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not | operating any Facility | I pi | rovide contractual serv | vices to the Facility |
| Please provide th | e following information about each Facility/Plant that you operate. Us | se addtio | onal pages as needed. | |
| Facility / Plant Na | ame Cl | lass I | PDWIS (Water) NPI | DES (Wastewater) |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

| This is page one of a | two page form. Both pages must be completed and returned | d. Operator | Certifcation Nu | umber: 3283 |
|------------------------|--|--------------------------------------|---|-----------------------|
| ANGELO T. MEOL Plea | | Certification(s) s below will exp | | |
| corr | correct the City, state and ZIP Code. Please print legibly. | | he fee to renew certifica | \$50 |
| | | req | Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. | |
| I. CERTIFICAT | ES TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 |
| II. CURRENT EM | PLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (| or Plants) that you currently operate: | Ιa | am employed by | y the Facility owner |
| I am currently not ope | rating any Facility | I provide | contractual serv | vices to the Facility |
| Please provide the fol | lowing information about each Facility/Plant that you operate. | Use addtional pa | iges as needed. | |
| Facility / Plant Name | | Class PDWIS | G (Water) NPI | DES (Wastewater) |
| | | | | |
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Please verify your information shown on this application and make any corrections as needed.

| DANIEL R FISSEL Please enter you're current address on the lines below and, if necessary, | | | Operator Certifcation Number: 3551 | | | |
|--|------------------------------|---------------------------------------|------------------------------------|--|---|---------------|
| | | | ecessary, | Certification below will | n(s) shown expire on: | 10/1/2023 |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to re cer | enew these tifications: | \$50 | |
| | | | | requirements result in a | Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. | |
| I. CERTIFIC | ATES TO RENEW: | | | | т | raining Units |
| Certification Ty | уре | Category | | Class | | equired |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 3 | 0 |
| OPERATOR | | WASTEWATER TREATMENT | | А | 1 | 6 |
| II. CURRENT | EMPLOYMENT INFO | ORMATION | | | | |
| Employer's Name: | : | | | Phone # | : | |
| Number of Facilit | ies (or Plants) that you cur | rently operate: | | I am employed by the Facility owner | | |
| I am currently not | operating any Facility | | Ι | provide contractual services to the Facility | | |
| Please provide the | e following information ab | out each Facility/Plant that you oper | rate. Use addi | tional pages as nee | ded. | |
| Facility / Plant Na | me | | Class | PDWIS (Water) | NPDES (W | Wastewater) |
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| This is page one of a two page form. Both pages must be completed and returned. | | | ed. Op | Operator Certifcation Number: 3585 | | |
|--|------------------------------|--|---------------|--|---------------------------|--|
| BYRON E BECKHAM Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly. | | | ssary, | Certification below will | n(s) shown l expire on | |
| | | | | The fee to re | enew these | \$50 |
| | | | | Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V. | | piration date will nal late fees as |
| I. CERTIFIC | ATES TO RENEW: | - - | | | - | Fraining Units |
| Certification Ty | /pe | Category | | Class | | Required |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 3 | 30 |
| OPERATOR | | WASTEWATER TREATMENT | | А | 1 | L6 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Name: | | | | Phone # | #: | |
| Number of Faciliti | ies (or Plants) that you cur | rently operate: | | I am employ | ed by the F | Sacility owner |
| I am currently not | operating any Facility | | I pi | I provide contractual services to the Facility | | |
| Please provide the | e following information ab | out each Facility/Plant that you operate | e. Use addtio | onal pages as nee | eded. | |
| Facility / Plant Na | me | | Class I | PDWIS (Water) | NPDES (| Wastewater) |
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| This is page one of a two page form. Both pages must be completed and returned. MICHAEL R KOWALCZIK Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | | Operator Certifcation Number: 3650 | | |
|---|--|---------------|---|--|--|
| | | | Certification below will | n(s) shown expire on: 10/1/2023 | |
| | | | The fee to re cer | enew these \$50 | |
| | | | requirements result in a | omplete or submit renewal by the expiration date will n additional late fees as ribed in Section V. | |
| I. CERTIFICATES | S TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | |
| II. CURRENT EMPI | LOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone # | <i>t</i> : | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed by the Facility owner | | |
| I am currently not operat | ing any Facility | I pro | ovide contractual | l services to the Facility | |
| Please provide the follow | wing information about each Facility/Plant that you operate. | . Use addtion | nal pages as need | ded. | |
| Facility / Plant Name | | Class P | DWIS (Water) | NPDES (Wastewater) | |
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|---|--|-------------|---|------------------|--|
| | lease enter you're current address on the lines below and, if necess | sary, | Certification(s) s below will expi | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certifica | × 1 0 0 | |
| | | | Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. | | |
| I. CERTIFICA | TES TO RENEW: | | | Training Units | |
| Certification Typ | pe Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by the Facility owner | | |
| I am currently not o | operating any Facility | I pro | provide contractual services to the Facility | | |
| Please provide the | following information about each Facility/Plant that you operate. | Use addtion | al pages as needed. | | |
| Facility / Plant Nan | ne | Class PD | WIS (Water) NPI | DES (Wastewater) | |
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Email Address

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

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

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



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

| DAVID E. BAILEY | | | Operator Certification Number: 3883 Certification(s) shown below will expire on: 10/1/2023 | | |
|----------------------|---|------------|--|--|--|
| | | | | | |
| | | | - requirements by result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | /pe Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 1 | 16 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not | operating any Facility | I p | provide contractual services to the Facility | | |
| Please provide the | following information about each Facility/Plant that you operate. U | Use addtio | onal pages as needed. | | |
| Facility / Plant Nat | me | Class I | PDWIS (Water) NPI | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

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| This is page one of a two page form. Both pages must be completed and returned. Operative ROBERT G. HINDT Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | | perator Certifcation Number: 4082 | | |
|---|---|------------------|--|---|--|
| | | | Certification(s) below will exp | | |
| | | | The fee to renew | L | |
| | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| | ATES TO RENEW: | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| SUPERINTENDE | NT WASTEWATER TREATMENT | | 5 | 7 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed b | by the Facility owner | |
| I am currently not | operating any Facility | I | provide contractual services to the Facility | | |
| Please provide the | e following information about each Facility/Plant that you op | oerate. Use addt | ional pages as needed | | |
| Facility / Plant Na | me | Class | PDWIS (Water) NF | PDES (Wastewater) | |
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| This is page one of a two page form. Both pages must be completed and returned. | | | | Operator Certifcation Number: 4132 | | | |
|---|-------------------------------|---|---------------|---|---|--|--|
| RONALD SIMS Please enter you're current address on the lines below and, if necessary | | | essary, | | Certification(s) shown below will expire on: 10/1/20 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to re | enew these rtifications | \$50 | | |
| | | | | Failure to complete or submit remember of the expiration dat result in an additional late fees described in Section V. | | piration date will nal late fees as | |
| I. CERTIFIC | ATES TO RENEW | <u>.</u> | | | - | Training Units | |
| Certification T | уре | Category | | Class | | Required | |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | : | 30 | |
| OPERATOR | | WASTEWATER TREATMENT | | А | : | 16 | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | | |
| Employer's Name | : | | | Phone # | #: | | |
| Number of Facili | ties (or Plants) that you cur | rrently operate: | | I am employed by the Facility owner | | | |
| I am currently not | t operating any Facility | | I p | I provide contractual services to the Facility | | | |
| Please provide th | e following information al | bout each Facility/Plant that you opera | te. Use addti | onal pages as nee | eded. | | |
| Facility / Plant Na | ame | | Class | PDWIS (Water) | NPDES (| Wastewater) | |
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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 returned. | . Op | erator Certifcation | Number: | 4527 |
|--|--|------------|---|---------------------|---------------------------------------|
| TRAVIS MITCHELL 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 e | | 10/1/2023 |
| | | | The fee to rend certif | ew these fications: | \$50 |
| | | | Failure to complete or submit requirements by the expiration result in an additional late described in Section V | | oiration date will al late fees as |
| I. CERTIFIC | CATES TO RENEW: | | | т | raining Units |
| Certification T | Type Category | | Class | R | equired |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 1 | 6 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | e: | | Phone #: | | |
| Number of Facili | ties (or Plants) that you currently operate: | | I am employed | by the Fa | acility owner |
| I am currently no | t operating any Facility | I pı | provide contractual services to the Facility | | |
| Please provide th | he following information about each Facility/Plant that you operate. U | Use addtio | onal pages as neede | ed. | |
| Facility / Plant Na | ame | Class F | PDWIS (Water) N | NPDES (V | Vastewater) |
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| This is page on | e of a two page form. Both pages must be completed and re | turned. O | perator Certifcation Nu | mber: 4583 | |
|--|---|-----------------|--|---|--|
| CALEB BRAD | SHAW Please enter you're current address on the lines below and, if r correct the City, state and ZIP Code. Please print legibly. | necessary, | Certification(s) sh below will expire | | |
| correct the City, state and Zir Code. I lease print legiory. | | | The fee to renew the certification of the fee to renew the certification of the certification | \$50 | |
| | | | requirements by the result in an additional content of the result in the resul | te or submit renewal ne expiration date will ditional late fees as in Section V. | |
| I. CERTIFIC | CATES TO RENEW: | | | Training Units | |
| Certification 7 | Type Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | |
| II. CURRENT | CEMPLOYMENT INFORMATION | | | | |
| Employer's Name | e: | | Phone #: | | |
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| This is page on | e of a two page form. Both pages must be completed and return | ned. O | perator Certifcation Nur | mber: 4630 | |
|---|---|---------------|--|---|--|
| DONALD TA | Please enter you're current address on the lines below and, if nece | essary, | Certification(s) sh below will expir | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew t certificat | \$50 | |
| | | | requirements by the result in an additional content of the result in the result in | te or submit renewal le expiration date will litional late fees as in Section V. | |
| I. CERTIFIC | CATES TO RENEW: | | | Training Units | |
| Certification ⁻ | Type Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | |
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certifcation Number: 4728 | | |
|---|---|--------------|---|--------------------------|--|
| | ter you're current address on the lines below and, if neces | sary, | Certification(s) shown below will expire on: 10/1/202 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to rer cert | new these \$100 | |
| | | | Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. | | |
| I. CERTIFICATES | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| SUPERINTENDENT | WATER DISTRIBUTION | | 1 | 7 | |
| 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 pr | ovide contractual | services to the Facility | |
| Please provide the following | g information about each Facility/Plant that you operate | . Use addtio | nal pages as need | led. | |
| Facility / Plant Name | | Class P | DWIS (Water) | NPDES (Wastewater) | |
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| This is page one of a two page form. Both pages must be completed and returned. Optimizer REGINA T. SHIELDS Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | | perator Certifcation Number: 4745 | | |
|---|--|------------------|--|---|--|
| | | | Certification(s) sh below will expir | | |
| | | | The fee to renew t certificat | \$50 | |
| | | | requirements by the result in an additional content of the result in a set of the result | te or submit renewal le expiration date will litional late fees as in Section V. | |
| I. CERTIFIC | ATES TO RENEW: | | | Training Units | |
| Certification T | ype Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | : | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed by the Facility owner | | |
| I am currently not | operating any Facility | Ι | provide contractual services to the Facility | | |
| Please provide th | e following information about each Facility/Plant that you | operate. Use add | ltional pages as needed. | | |
| Facility / Plant Na | ame | Class | PDWIS (Water) NPD | ES (Wastewater) | |
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Date

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| This is page one of a two page form. Both pages must be completed and returned. O JAMES MELVIN BELL, SR. Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. O | | | Derator Certifcation Number: 4752 | | | |
|--|---|------------|---|-----------------------|--|--|
| | | | Certification(s) s below will exp | | | |
| | | | The fee to renew these certifications: \$50 | | | |
| | | | Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. | | | |
| I. CERTIFICATES TO | RENEW: | | | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | | |
| II. CURRENT EMPLOYM | IENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or Plants) | that you currently operate: | | I am employed by | y the Facility owner | | |
| I am currently not operating any | Facility | I pro | ovide contractual ser | vices to the Facility | | |
| Please provide the following info | ormation about each Facility/Plant that you operate. Us | se addtior | nal pages as needed. | | | |
| Facility / Plant Name | С | Class PI | OWIS (Water) NP | DES (Wastewater) | | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| This is page one of a two page form. Both pages must be completed and returned. Ope | | | perator Certifcation Number: 4768 | | |
|---|--|------------|---|------------------------------|--|
| | lease enter you're current address on the lines below and, if necess | sary, | Certification(s) shown below will expire on: 10/1/202 | | |
| c | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these \$50 cations: | |
| | | | Failure to complete or submit ren requirements by the expiration day result in an additional late fees described in Section V. | | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | pe 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 b | by the Facility owner | |
| I am currently not o | operating any Facility | I pr | ovide contractual set | rvices to the Facility | |
| Please provide the | following information about each Facility/Plant that you operate. | Use addtio | nal pages as needed | ! | |
| Facility / Plant Nan | ne | Class P | DWIS (Water) NF | PDES (Wastewater) | |
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| JOHN M BUNKER Please enter you're current address on the lines below and, if necessary, | | | perator Certifcation Number: 5152 | | | |
|--|--|------------|---|-----------------------|--|--|
| | | | Certification(s) s below will exp | | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certifica | \$100 | | |
| | | | Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. | | | |
| I. CERTIFICATES TO |) RENEW: | | | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| SUPERINTENDENT | WASTEWATER COLLECTION | | 2 | 7 | | |
| SUPERINTENDENT | WATER DISTRIBUTION | | 1 | 7 | | |
| II. CURRENT EMPLOY | MENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or Plants | s) that you currently operate: | | I am employed by | the Facility owner | | |
| I am currently not operating an | ny Facility | I pr | ovide contractual serv | vices to the Facility | | |
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| Facility / Plant Name | (| Class P | DWIS (Water) NPI | DES (Wastewater) | | |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page form. Both pages must be completed and returned. Op GEORGE SHANKLE Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. Op | | | Operator Certification | perator Certifcation Number: 5252 | | |
|--|--|--------------------------------|----------------------------------|---|--|--|
| | | | Certification(s below will ex | | | |
| | | | The fee to rene certif | w these \$50 | | |
| | | | requirements b result in an | plete or submit renewal y the expiration date will additional late fees as bed in Section V. | | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | | |
| Certification Typ | De Category | | Class | Required | | |
| SUPERINTENDEN | T WASTEWATER | COLLECTION | 2 | 7 | | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilitie | s (or Plants) that you currently operate: | | I am employed | by the Facility owner | | |
| I am currently not o | perating any Facility | | I provide contractual s | ervices to the Facility | | |
| Please provide the j | following information about each Facility/ | Plant that you operate. Use ad | dtional pages as neede | <i>d</i> . | | |
| Facility / Plant Nam | le | Class | PDWIS (Water) N | PDES (Wastewater) | | |
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III. CONTINUING EDUCATION:

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

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

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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

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

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| | verify your information shown on this application and mak | 5 | | | | |
|--|---|---|--|--|--|--|
| | e form. Both pages must be completed and returned. | Operator Certification Number: 5290 | | | | |
| ROBERT F STAHL, JR. Please enter you're current address on the lines below and, if n correct the City, state and ZIP Code. Please print legibly. | | | Certification(s) shown below will expire on: 10/1/2023 | | | |
| | | | The fee to renew these certifications: \$100 | | | |
| | | Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V. | | | | |
| I. CERTIFICATES TO | <u>RENEW:</u> | | Training Units | | | |
| Certification Type | Category | Class | Required | | | |
| OPERATOR | WATER DISTRIBUTION | 1 | 16 | | | |
| OPERATOR | WASTEWATER TREATMENT | А | 16 | | | |
| OPERATOR | WASTEWATER COLLECTION | 2 | 16 | | | |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 | | | |
| OPERATOR | WATER TREATMENT | 1 | 16 | | | |
| II. CURRENT EMPLOYN | 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 inj | formation about each Facility/Plant that you operate. Use | addtional pages as needed. | | | | |
| Facility / Plant Name | Clas | ss PDWIS (Water) NPD | ES (Wastewater) | | | |
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Name and Certification Number of Operator in Responsible Charge:

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Date

Last 4 digits of Social Security Number

Email Address

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| KEVIN C JOHNSON, SR Please enter you're current address on the lines below and, if necessary, | | | Operator Certifcation Number: 6373 | | | |
|--|------------------------------|--------------------------------|------------------------------------|----------------------------|---|----------------|
| | | | · · · · | | on(s) shown ill expire on: | 111/1/211/3 |
| correct the City, state and ZIP Code. Please print legibly. | | 7. | | renew these ertifications: | \$50 | |
| | | | | requiremen result in | Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | т | Training Units | |
| Certification Ty | ре | Category | | Class | F | Required |
| SUPERINTENDEN | Т | WATER TREATMENT | | 1 | 7 | 7 |
| II. CURRENT F | EMPLOYMENT INFO | ORMATION | | | | |
| Employer's Name: | | | | Phone | : #: | |
| Number of Facilitie | es (or Plants) that you curr | ently operate: | | I am emplo | yed by the F | acility owner |
| I am currently not o | operating any Facility |] | | I provide contractu | al services t | o the Facility |
| Please provide the | following information abo | out each Facility/Plant that y | ou operate. Use ad | dtional pages as ne | eded. | |
| Facility / Plant Nar | ne | | Class | PDWIS (Water) | NPDES (V | Wastewater) |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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| This is page one of a two page | e form. Both pages must be completed and ret | urned. O | Operator Certification Number: 6457 | | | |
|-----------------------------------|--|------------------|--|--|--|--|
| | ease enter you're current address on the lines below and, if necessa | ecessary, | Certification(s) below will exp | 10/1/20/3 | | |
| correct the Cit | y, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | | |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | | |
| I. CERTIFICATES TO | RENEW: | | | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| SUPERINTENDENT | WATER TREATMENT | | 2 | 7 | | |
| SUPERINTENDENT | WATER TREATMENT | | 3 | 7 | | |
| II. CURRENT EMPLOYM | ENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or Plants) | that you currently operate: | | I am employed b | by the Facility owner | | |
| I am currently not operating any | Facility | Ιp | provide contractual ser | rvices to the Facility | | |
| Please provide the following info | ormation about each Facility/Plant that you ope | erate. Use addti | onal pages as needed | • | | |
| Facility / Plant Name | | Class | PDWIS (Water) NP | PDES (Wastewater) | | |
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| This is page one of a two page | erator Certifcation Number: 6653 | | | | |
|----------------------------------|--|-------------|---|--|--|
| THOMAS M ECKER | | | Certification(s) s | | |
| | ou're current address on the lines below and, if necessar ty, state and ZIP Code. Please print legibly. | ry, | below will expi | ire on: | |
| | | | The fee to renew these certifications: \$100 | | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICATES TO | <u>RENEW:</u> | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| SUPERINTENDENT | WASTEWATER COLLECTION | | 2 | 7 | |
| SUPERINTENDENT | WATER DISTRIBUTION | | 1 | 7 | |
| II. CURRENT EMPLOYM | ENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants) | that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating any | Facility | I pro | rovide contractual services to the Facility | | |
| Please provide the following inf | formation about each Facility/Plant that you operate. U | Use addtion | al pages as needed. | | |
| Facility / Plant Name | (| Class PI | OWIS (Water) NPI | DES (Wastewater) | |
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| This is page one of a two page form. Both pages must be completed and returned. | | | | Operator Certifcation Number: 6938 | | |
|---|--------------------------------|--|---------------|---|--------------------------|---------------------------------------|
| | Please enter you're current | GG e enter you're current address on the lines below and, if necessate the City, state and ZIP Code. Please print legibly. | cessary, | Certification below will | n(s) shown expire on: | 10/1/2023 |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to renew these certifications: \$100 | | |
| | | | | Failure to complete or submit requirements by the expiration result in an additional late for described in Section V | | piration date will al late fees as |
| I. CERTIFIC | CATES TO RENEW: | <u>.</u> | | | r | raining Units |
| Certification 7 | Гуре | Category | | Class | F | Required |
| OPERATOR | | WATER TREATMENT | | 4 | 3 | 0 |
| OPERATOR | | WASTEWATER TREATMENT | | 1 | 1 | .6 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Nam | e: | | | Phone # | <i>‡</i> : | |
| Number of Facil | ities (or Plants) that you cur | rently operate: | | I am employed by the Facility owner | | |
| I am currently no | ot operating any Facility | | Ιŗ | provide contractua | l services t | o the Facility |
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III. CONTINUING EDUCATION:

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

| This is page one of | of a two page form. Both pages must be completed and retur | ned. | Operator Certification Number: 7251 | | |
|----------------------|--|-------------|---|-----------------------|--|
| | Please enter you're current address on the lines below and, if nec | essary, | Certification(s) s below will exp | 10/1/20/3 | |
| с | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification of the fee to renew certification of the second | \$50 | |
| | | | Failure to complete or submit renewa requirements by the expiration date wi result in an additional late fees as described in Section V. | | |
| I. 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 by | the Facility owner | |
| I am currently not o | operating any Facility | Ι | provide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you opera | te. Use add | tional pages as needed. | | |
| Facility / Plant Nar | ne | Class | PDWIS (Water) NPI | DES (Wastewater) | |
| | | | | | |
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III. CONTINUING EDUCATION:

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

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

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

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

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 7269 | | |
|---|--------------------------------|--|-------------------------------------|---|--|
| | Please enter you're curren | enter you're current address on the lines below and, if necessary, | ssary, | Certification(s) s below will exp | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to renew certifica | \$100 |
| | | | | requirements by t result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| | CATES TO RENEW | _ | | | Training Units |
| Certification | Туре | Category | | Class | Required |
| OPERATOR | | WATER TREATMENT | | 4 | 30 |
| OPERATOR | | WASTEWATER TREATMENT | | 3 | 30 |
| OPERATOR | | WASTEWATER COLLECTION | | 2 | 16 |
| OPERATOR | | WASTEWATER TREATMENT | | 4 | 30 |
| II. CURRENT | FEMPLOYMENT INF | ORMATION | | | |
| Employer's Nam | ne: | | | Phone #: | |
| Number of Facil | lities (or Plants) that you cu | rrently operate: | | I am employed by | y the Facility owner |
| I am currently no | ot operating any Facility | | I p | provide contractual serv | vices to the Facility |
| Please provide t | the following information al | bout each Facility/Plant that you operate | e. Use addtio | onal pages as needed. | |
| Facility / Plant N | Name | | Class 1 | PDWIS (Water) NPI | DES (Wastewater) |
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Applicant's Signature

Date

Last 4 digits of Social Security Number

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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 | ed. O | Operator Certifcation Number: 7394 | | | |
|----------------------------|---|------------------------------------|--|------------------------|------------------------------------|
| | Please enter you're current address on the lines below and, if necessary, | sary, | Certification below will | 10/1/2023 | |
| correct | the City, state and ZIP Code. Please print legibly. | | The fee to re | new these tifications: | \$100 |
| | | | Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V. | | ration date will l late fees as |
| I. CERTIFICATES | TO RENEW: | | | Tra | aining Units |
| Certification Type | Category | | Class | Re | quired |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| SUPERINTENDENT | WASTEWATER COLLECTION | | 2 | 7 | |
| SUPERINTENDENT | WATER DISTRIBUTION | | 1 | 7 | |
| II. CURRENT EMPL | OYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone # | : | |
| Number of Facilities (or I | Plants) that you currently operate: | | I am employed by the Facility owner | | |
| I am currently not operati | ing any Facility | Ιp | provide contractual | services to t | the Facility |
| Please provide the follow | ring information about each Facility/Plant that you operate. | . Use addti | onal pages as need | ded. | |
| Facility / Plant Name | | Class | PDWIS (Water) | NPDES (Wa | astewater) |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 7401 | | | |
|---|------------------------------|--|-------------------------------------|---|-------------|---------------------------------------|
| | Please enter you're curren | t address on the lines below and, if nec | essary, | Certification(s) shown below will expire on: 10/1/202 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to rer | new these ifications: | \$100 | |
| | | | | Failure to complete or submit re- requirements by the expiration d result in an additional late fee described in Section V. | | piration date will al late fees as |
| I. CERTIFIC | ATES TO RENEW | <u>.</u> | | | т | raining Units |
| Certification Ty | уре | Category | | Class | R | equired |
| OPERATOR | | WASTEWATER COLLECTION | | 2 | 1 | 6 |
| OPERATOR | | WATER DISTRIBUTION | | 1 | 1 | 6 |
| SUPERINTENDE | NT | WASTEWATER COLLECTION | | 2 | 7 | |
| SUPERINTENDE | NT | WATER DISTRIBUTION | | 1 | 7 | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Faciliti | ies (or Plants) that you cur | rently operate: | | I am employe | d by the Fa | acility owner |
| I am currently not | operating any Facility | | Ιŗ | provide contractual | services to | o the Facility |
| Please provide the | e following information al | oout each Facility/Plant that you opera | te. Use addti | ional pages as need | led. | |
| Facility / Plant Na | me | | Class | PDWIS (Water) | NPDES (V | Wastewater) |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page form. Both pages must be completed and returned. | | | | Operator Certification Number: 7407 | | |
|---|--|--|---------------|--|----------------------------|--|
| | Please enter you're current address on the lines below and, if necessa | | essary, | Certification(s) shown below will expire on: 10/1/20 | | |
| C | orrect the City, state and | ZIP Code. Please print legibly. | | The fee to re | enew these rtifications | \$100 |
| | | | | Failure to complete or subm requirements by the expiration result in an additional lat described in Section | | piration date will nal late fees as |
| I. CERTIFICA | TES TO RENEW: | | | | - | Fraining Units |
| Certification Typ | ре | Category | | Class | | Required |
| OPERATOR | | WASTEWATER COLLECTION | | 2 | - | 16 |
| OPERATOR | | WATER DISTRIBUTION | | 1 | - | 16 |
| II. CURRENT E | MPLOYMENT INF | ORMATION | | | | |
| Employer's Name: | | | | Phone | #: | |
| Number of Facilitie | es (or Plants) that you cur | rently operate: | | I am employ | red by the F | Facility owner |
| I am currently not o | operating any Facility |] | I p | rovide contractua | l services t | to the Facility |
| Please provide the j | following information ab | out each Facility/Plant that you opera | te. Use addti | onal pages as nee | eded. | |
| Facility / Plant Nam | ne | | Class | PDWIS (Water) | NPDES (| Wastewater) |
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

| This is page one of a two page form. Both pages must be completed and returned. Op | | | | Operator Certifcation Number: 7411 | | |
|--|-------------------------------|---|---------------|---|-------------|--|
| | Please enter you're curren | nter you're current address on the lines below and, if necess | | Certification(s) shown below will expire on: 10/1/20 | | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to renew these certifications: \$100 | | |
| | | | | Failure to complete or submit requirements by the expiration result in an additional late described in Section V | | xpiration date will onal late fees as |
| I. CERTIFIC | ATES TO RENEW | <u> </u> | | | | Training Units |
| Certification T | уре | Category | | Class | | Required |
| OPERATOR | | WASTEWATER COLLECTION | | 2 | | 16 |
| OPERATOR | | WATER DISTRIBUTION | | 1 | | 16 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Name | : | | | Phone | #: | |
| Number of Facilit | ties (or Plants) that you cur | rently operate: | | I am employ | red by the | Facility owner |
| I am currently not | t operating any Facility | | Ιp | provide contractua | al services | to the Facility |
| Please provide the | e following information al | pout each Facility/Plant that you opera | te. Use addti | onal pages as nee | eded. | |
| Facility / Plant Na | ame | | Class | PDWIS (Water) | NPDES | (Wastewater) |
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III. CONTINUING EDUCATION:

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

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

V. LATE FEES AND REINSTATEMENT

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

| This is page one of | of a two page form. Both pages must be completed and re | perator Certification Number: 7790 | | |
|----------------------|---|------------------------------------|-------------------------------------|---|
| | lease enter you're current address on the lines below and, if r | necessary, | Certification(s) below will ex | |
| с | orrect the City, state and ZIP Code. Please print legibly. | | The fee to rene certif | w these \$50 |
| | | | — requirements by result in an a | plete or submit renewal y the expiration date will additional late fees as bed in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 |
| II. CURRENT F | CMPLOYMENT 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 | Ι | provide contractual se | ervices to the Facility |
| Please provide the | following information about each Facility/Plant that you op | erate. Use add | tional pages as neede | <i>d</i> . |
| Facility / Plant Nar | ne | Class | PDWIS (Water) N | PDES (Wastewater) |
| | | | | |
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III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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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 | Derator Certifcation Number: 8065 | | | |
|---------------------|---|-----------------------------------|--|-----------------------|--|
| | 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 | \$50 | |
| | | | Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. | | |
| I. 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 Faciliti | ies (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not | operating any Facility | Ι | provide contractual ser | vices to the Facility | |
| Please provide the | e following information about each Facility/Plant that you operate. | . Use add | tional pages as needed. | | |
| Facility / Plant Na | me | Class | PDWIS (Water) NP | DES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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| This is page one of a two page form. Both pages must be completed and returned. Op | | | | Operator Certifcation Number: 8304 | | |
|--|---------------------------------------|-------------------------------------|--|--|---|--|
| | ress on the lines below and, if neces | sary, | Certification(s) sh below will expire | | | |
| co | rrect the City, state and ZIP (| Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | | requirements by the result in an additional sectors in the result in an additional sectors in the result in the res | te or submit renewal ne expiration date will litional late fees as in Section V. | |
| I. CERTIFICA | TES TO RENEW: | | | | Training Units | |
| Certification Typ | e Cat | egory | | Class | Required | |
| OPERATOR | WA | STEWATER TREATMENT | | 5 | 30 | |
| OPERATOR | WA | STEWATER TREATMENT | | А | 16 | |
| II. CURRENT E | MPLOYMENT INFORM | IATION | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Facilities | (or Plants) that you currently | y operate: | | I am employed by | the Facility owner | |
| I am currently not op | perating any Facility | | I p | provide contractual services to the Facility | | |
| Please provide the f | ollowing information about e | ach Facility/Plant that you operate | e. Use addti | onal pages as needed. | | |
| Facility / Plant Nam | e | | Class | PDWIS (Water) NPD | ES (Wastewater) | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certifcation Number: 8305 | | |
|---|---|--|--|--|--|
| | current address on the lines below and, if necessary, | if necessary, | Certification(s) s below will exp | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew these certifications: \$50 | | |
| | | | requirements by result in an ac | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES TO R | ENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| SUPERINTENDENT | WATER TREATMENT | | 4 | 7 | |
| II. CURRENT EMPLOYME | NT 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 | | provide contractual services to the Facility | | | |
| Please provide the following inform | mation about each Facility/Plant that you | operate. Use addt | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NP | DES (Wastewater) | |
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| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 8541 | | | |
|---|---|-----------------|---|----------------------------|---------------------------------------|--|
| | lease enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly. | cessary, | Certification below will | n(s) shown l expire on: | 10/1/2023 | |
| | | | The fee to re | enew these rtifications: | \$100 | |
| | | | Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. | | piration date will al late fees as | |
| I. CERTIFICA | TES TO RENEW: | | | г | raining Units | |
| Certification Typ | e Category | | Class | | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 1 | .6 | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 1 | .6 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone # | #: | | |
| Number of Facilities | s (or Plants) that you currently operate: | | I am employ | ed by the F | acility owner | |
| I am currently not operating any Facility | | I p | provide contractual services to the Facility | | | |
| Please provide the f | ollowing information about each Facility/Plant that you oper | rate. Use addti | onal pages as nee | eded. | | |
| Facility / Plant Nam | e | Class | PDWIS (Water) | NPDES (V | Wastewater) | |
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III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

| This is page one of a two page form. Both pages must be completed and returned. | | Ope | Operator Certification Number: 8680 | | | |
|---|---|------------|---|-------------------|--|--|
| | lease enter you're current address on the lines below and, if necessary | у, | Certification(s) below will ex | | | |
| с | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | | |
| | | | Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V. | | | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | | |
| Certification Ty | pe Category | | Class | Required | | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | | |
| II. CURRENT E | CMPLOYMENT 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 pro | provide contractual services to the Facility | | | |
| Please provide the | following information about each Facility/Plant that you operate. Us | se addtion | al pages as needed | <i>l.</i> | | |
| Facility / Plant Name | | Class PI | OWIS (Water) NI | PDES (Wastewater) | | |
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| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 8738 | | | |
|---|---|--|---|--|--|--|
| | Please enter you're current address on the lines below and, if ne | ecessary, | Certification(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 acceleration | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | | |
| | ATES TO RENEW: | | | Training Units | | |
| Certification Ty | vpe Category | | Class | Required | | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or Plants) that you currently operate: | | I am employed by the Facility owner | | | | |
| I am currently not operating any Facility | | provide contractual services to the Facility | | | | |
| Please provide the | following information about each Facility/Plant that you oper | rate. Use addt | ional pages as needed. | | | |
| Facility / Plant Nat | me | Class | PDWIS (Water) NP | DES (Wastewater) | | |
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| BRIAN D. DOYLE | | | Derator Certification Number: 9211 | | | |
|---|---|-------------------------------------|---|---|--|--|
| | | | Certification(s) shown below will expire on: 10 / | | | |
| Please enter you're current address on the lines below and, correct the City, state and ZIP Code. Please print legibly. | | ssary, | The fee to renew these certifications: \$50 | | | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. | | |
| I. CERTIFICATES TO R | ENEW: | | | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 5 | 30 | | |
| II. CURRENT EMPLOYME | INT 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 | | Ιŗ | provide contractual services to the Facility | | | |
| Please provide the following infor | mation about each Facility/Plant that you operate | e. Use addti | ional pages as needed. | | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | | |
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| This is page one of a two page form. Both pages must be completed and returned. | perator Certifcation Number: 9236 | | |
|--|---|--|--|
| DEBORAH L. CARTER Please enter you're current address on the lines below and, if necessary, | Certification(s) sl below will expi | 10/1/10/3 | |
| correct the City, state and ZIP Code. Please print legibly. | The fee to renew these certifications: \$50 | | |
| | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFICATES TO RENEW: | | Training Units | |
| Certification Type Category | Class | Required | |
| OPERATOR WATER TREATMENT | G | 7 | |
| II. CURRENT EMPLOYMENT INFORMATION | | | |
| Employer's Name: | Phone #: | | |
| Number of Facilities (or Plants) that you currently operate: | I am employed by the Facility owner | | |
| I am currently not operating any Facility | provide contractual services to the Facility | | |
| Please provide the following information about each Facility/Plant that you operate. Use addt | ional pages as needed. | | |
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|--------------------|---|---------|---|-------------------------|---------------------------------------|
| DEBRA ANN | Please enter you're current address on the lines below and, if necessary, | | Certification(s) shown below will expire on: | | 10/1/2023 |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to re | enew these tifications: | \$50 |
| | | | Failure to complete or sul requirements by the expira result in an additional l described in Secti | | piration date will al late fees as |
| I. CERTIFIC | CATES TO RENEW: | | | ٦ | raining Units |
| Certification 7 | Type Category | | Class | F | Required |
| OPERATOR | WATER TREATMENT | | G | 7 | , |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Nam | e: | | Phone # | <i>#</i> : | |
| Number of Facil | ities (or Plants) that you currently operate: | | I am employ | ed by the F | acility owner |
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| Please provide th | he following information about each Facility/Plant that you operate. Use | addtion | al pages as nee | ded. | |
| Facility / Plant N | Tame Clas | ss PD | OWIS (Water) | NPDES (V | Wastewater) |
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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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| This is page one of a two page form. Bot | h pages must be completed and return | ned. Op | erator Certifcatio | n Number: | 9327 |
|---|---|-----------------------------|---|--------------|--|
| | t address on the lines below and, if nece | essary, | Certification(s) shown below will expire on: 10/1/2 | | 10/1/2023 |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew these certifications: \$100 | | |
| | | requirements result in a | | by the exp | submit renewal viration date will al late fees as ection V. |
| I. CERTIFICATES TO RENEW | • • | | | т | raining Units |
| Certification Type | Category | | Class | | equired |
| SUPERINTENDENT | WATER TREATMENT | | 4 | 7 | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | 0 |
| II. CURRENT EMPLOYMENT INF | ORMATION | | | | |
| Employer's Name: | | | Phone # | : | |
| Number of Facilities (or Plants) that you cu | rrently operate: | | I am employe | ed by the Fa | acility owner |
| I am currently not operating any Facility | | I pr | ovide contractual | services to | the Facility |
| Please provide the following information all | bout each Facility/Plant that you operate | e. Use addtio | onal pages as need | ded. | |
| Facility / Plant Name | | Class P | DWIS (Water) | NPDES (W | Vastewater) |
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| This is page one of a two | p page form. Both pages must be completed and returne | ed. Op | erator Certification | Number: 9673 | |
|-----------------------------|--|--------------|--|---|--|
| TOBY LUIS DAVID Please e | nter you're current address on the lines below and, if neces | sarv. | Certification(s below will ex | | |
| | the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | requirements by result in an | plete or submit renewal y the expiration date will additional late fees as bed in Section V. | |
| I. CERTIFICATES | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| SUPERINTENDENT | WATER TREATMENT | | 2 | 7 | |
| SUPERINTENDENT | WATER TREATMENT | | 3 | 7 | |
| II. CURRENT EMPLO | OYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or P | lants) that you currently operate: | | I am employed | by the Facility owner | |
| I am currently not operatin | ng any Facility | I pr | ovide contractual se | ervices to the Facility | |
| Please provide the followi | ng information about each Facility/Plant that you operate. | . Use addtio | nal pages as neede | <i>d</i> . | |
| Facility / Plant Name | | Class P | DWIS (Water) N | PDES (Wastewater) | |
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V. LATE FEES AND REINSTATEMENT

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| This is page one | of a two page form. Both | n pages must be completed and retu | urned. (| Operator Certifcation Nu | mber: 9715 |
|---------------------|-------------------------------|---------------------------------------|----------------|--|--|
| SCOTT TARB | Please enter you're current | address on the lines below and, if ne | ecessary, | Certification(s) sl below will expi | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 |
| | | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. |
| I. CERTIFIC | ATES TO RENEW: | <u>_</u> | | | Training Units |
| Certification T | уре | Category | | Class | Required |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | | WASTEWATER TREATMENT | | А | 24 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | |
| Employer's Name | : | | | Phone #: | |
| Number of Facilit | ties (or Plants) that you cur | rently operate: | | I am employed by | the Facility owner |
| I am currently not | t operating any Facility | | Ι | provide contractual serv | rices to the Facility |
| Please provide th | e following information ab | out each Facility/Plant that you oper | rate. Use addi | tional pages as needed. | |
| Facility / Plant Na | ame | | Class | PDWIS (Water) NPE | DES (Wastewater) |
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| This is page one | of a two page form. Both pages must be completed and return | ed. Ope | erator Certifcation Nu | umber: 9774 | |
|----------------------|--|----------------|---------------------------------|--|--|
| CALVIN ROMA | | | Certification(s) shown $10/1/$ | | |
| | Please enter you're current address on the lines below and, if neces correct the City, state and ZIP Code. Please print legibly. | ssary, | below will exp | ire on: 10, 1, 2028 | |
| | | | The fee to renew certific | \$50 | |
| | | | requirements by result in an ad | nplete or submit renewal by the expiration date wil additional late fees as bed in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | /pe Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT F | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | 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 serv | vices to the Facility | |
| Please provide the | e following information about each Facility/Plant that you operate | e. Use addtion | nal pages as needed. | | |
| Facility / Plant Nar | me | Class PI | OWIS (Water) NPI | DES (Wastewater) | |
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| This is page one of | of a two page form. Both pages must be completed and returne | ed. Op | perator Certifcation Nu | umber: 9781 |
|----------------------|---|------------|--------------------------------------|--|
| | Please enter you're current address on the lines below and, if necessary, | sary, | Certification(s) s below will exp | 10/1/10/3 |
| с | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 |
| | | requiren | | ete or submit renewal the expiration date will lditional late fees as d in Section V. |
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| Certification Ty | pe Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 4 | 30 |
| II. CURRENT F | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner |
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| This is page one of | a two page form. Both pages must | be completed and returned. | Operato | r Certifcation N | Number: 9792 | | |
|---|---|----------------------------------|---|-----------------------------|-------------------------|-----------|--|
| | ease enter you're current address on th | | , Certification(s) shown below will expire or | | | 23 | |
| correct the City, state and ZIP Code. Please print legibly. | | ase print legibly. | | The fee to renev certifi | w these \$50 | | |
| | | | requirements by th result in an add | | | | |
| I. CERTIFICA | TES TO RENEW: | | | | Training Uni | its | |
| Certification Typ | e Category | | | Class | Required | | |
| TEMPORARY | WASTEWAT | ER TREATMENT | | 1 | 24 | | |
| II. CURRENT E | MPLOYMENT INFORMATION | N | | | | | |
| Employer's Name: | | | | Phone #: | | | |
| Number of Facilities | (or Plants) that you currently operate | : | Ι | am employed l | by the Facility owner | \Box | |
| I am currently not op | perating any Facility | | I provide | e contractual se | ervices to the Facility | \square | |
| Please provide the f | ollowing information about each Faci | lity/Plant that you operate. Use | addtional p | oages as needed | d. | | |
| Facility / Plant Nam | e | Clas | ss PDWI | S (Water) NI | PDES (Wastewater) | | |
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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

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Applicant's Signature

Last 4 digits of Social Security Number

Email Address

Date

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

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

| This is page one of a tw | wo page form. Both pages must be completed and returne | ed. Oper | rator Certifcatio | on Number: | 9952 |
|---|--|---------------|---|---|----------------|
| | enter you're current address on the lines below and, if necess | sary, | Certification below will | n(s) shown l expire on: | 10/1/2023 |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew these certifications: \$100 | | |
| | | | | Failure to complete or submit r requirements by the expiration of result in an additional late feed described in Section V. | |
| I. CERTIFICATES | <u>S TO RENEW:</u> | | | Т | raining Units |
| Certification Type | Category | | Class | | Required |
| OPERATOR | WATER TREATMENT | | 2 | 1 | .6 |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 3 | 0 |
| II. CURRENT EMPI | LOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone # | #: | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employ | red by the F | acility owner |
| I am currently not operat | ting any Facility | I pro | vide contractua | l services to | o the Facility |
| Please provide the follow | ving information about each Facility/Plant that you operate. | . Use addtion | al pages as nee | eded. | |
| Facility / Plant Name | | Class PD | OWIS (Water) | NPDES (V | Wastewater) |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and returne | ed. (| Operator Certification Number: 9971 | | | |
|---|---|--------------------------------------|--------------------------------------|--|--|--|
| | lease enter 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 legibly. | | | The fee to renew certification | \$50 | | |
| | | requirements by t result in an ad | | ete or submit renewal the expiration date will (ditional late fees as d in Section V. | | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | | |
| Certification Ty | vpe Category | | Class | Required | | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed by | the Facility owner | | |
| I am currently not | operating any Facility | Ι | provide contractual serv | vices to the Facility | | |
| Please provide the | following information about each Facility/Plant that you operate. | . Use addi | tional pages as needed. | | | |
| Facility / Plant Nat | me | Class | PDWIS (Water) NPI | DES (Wastewater) | | |
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