

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

This is page one of a two page form. Both pages must be completed and returned. Operation			erator Certification Number: 0075		
SELF		ou're current address on the lines below and, if necessary, ty, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	111/1/2012/1
	correct the City, state and			The fee to renew certification	¥ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					ete or submit renewal
				requirements by the expiration of result in an additional late fe	
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification <sup>1</sup>	Туре	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
OPERATOR		WATER TREATMENT		2	16
II. CURRENT	ΓEMPLOYMENT INFO	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		I pı	ovide contractual serv	vices to the Facility
Please provide t	the following information ab	— out each Facility/Plant that you opera	te. Use addtio	onal pages as needed.	
Facility / Plant N	Name		Class F	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- 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.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

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

Name and 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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•	-	u're current address on the lines below and, if necessary, s, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi	
	correct the City, state ar			The fee to renew certifica	
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as
I. CERTIFI	CATES TO RENEW	V:		— described	l in Section V.
Certification		 Category		Class	Training Units Required
OPERATOR		WATER TREATMENT		4	30
SUPERINTE	ENDENT	WATER TREATMENT		4	7
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I	provide contractual serv	rices to the Facility	
Please provide	the following information	— about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
					_
		(OVER)			



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•	Please enter you're current address on the lines by		Certificatio below wil	n(s) shown ll expire on:	10/1/2024	
	correct the City, state and ZIP Code. Please prin	ate and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirement result in :	s by the exp	submit renewal piration date will al late fees as action V.	
I. CERTIFIC	ATES TO RENEW:			Т	raining Units	
Certification T	ype Category		Class		equired	
OPERATOR	WASTEWATER	COLLECTION	2	10	6	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	::		Phone	#:		
Number of Facili	ties (or Plants) that you currently operate:		I am employ	red by the Fa	acility owner	
I am currently no	t operating any Facility		I provide contractua	al services to	the Facility	
Please provide th	e following information about each Facility/Plan	nt that you operate. Use ad	dtional pages as nec	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	Vastewater)	



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•	•	er you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on: 10/1/2	
	correct the City, state and			The fee to renew certification	\$50
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>7:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATI	ER	2	0
OPERATOR	}	INDUSTRIAL WASTEWATI	ΕR	7	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you op	erate. Use addti	onal pages as needed.	
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	Please enter you're current address on the lines below and, if necessary,		у,	Certification(s) shown below will expire on: 10/1		10/1/2024	
	correct the City, state and ZIP Code. F	rect the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$50	
				requirements b result in an	y the exp	submit renewal iration date will al late fees as ction V.	
I. CERTIFI	CATES TO RENEW:				Ti	aining Units	
Certification	Type Category			Class		equired	
OPERATOR	WATER	DISTRIBUTION		1	16	3	
II. CURREN	T EMPLOYMENT INFORMATIO	ON					
Employer's Naı	ne:			Phone #:			
Number of Fac	ilities (or Plants) that you currently opera	te:		I am employed	by the Fa	cility owner	
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Please provide	the following information about each Fa	cility/Plant that you operate. Us	se addtio	nal pages as neede	ed.		
Facility / Plant Name		Cl	lass P	DWIS (Water) N	IPDES (W	/astewater)	



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Certification	Type	Category		Class	Required	
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OPERATOR		WASTEWATER TREATMEN	NT	Α	16	
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Employer's Nar	me:			Phone #:		
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I am currently r	not operating any Facility		ΙŢ	provide contractual serv	vices to the Facility	
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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation N	umber: <b>10200</b>
	Please enter you're current address on the lines bel	•	Certification(s) s below will exp	111/1/2012/
correct the City, state and ZIP Code. Pleas	correct the City, state and ZIP Code. Please print le	egibly.	The fee to renew certific	\$50
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER DISTRIBU	TION	1	16
II. CURRENT	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		provide contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant	hat you operate. Use add	ltional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)



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

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			ned. Oj	perator Certifcation Nu	ımber: <b>10218</b>
		re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
	correct the City, state and			The fee to renew certification	<b>\$50</b>
				requirements by t result in an ad	lete or submit renewal the expiration date wi lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW	<u>':</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
<b>OPERATOR</b>		WASTEWATER TREATMENT		5	30
<b>OPERATOR</b>		WASTEWATER TREATMENT		Α	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner
I am currently n	ot operating any Facility		Ιp	rovide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you opera	te. Use addti	onal pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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

Page 2

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Name and Certification Number of
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page of	one of a two page form. Bot	th pages must be completed and retu	rned. O <sub>l</sub>	perator Certification N	umber: 1	0230
•	•	u're current address on the lines below and, if necessary, v, state and ZIP Code. Please print legibly.		Certification(s) s below will exp		0/1/2024
	correct the City, state and			The fee to renew certific	<b>V</b>	50
				Failure to compl requirements by result in an ac describe	the expira	ation date will late fees as
	ICATES TO RENEW	<u>':</u>			Trai	ining Units
Certification	1 Type	Category		Class	Req	uired
TEMPORAF	RY	WASTEWATER TREATMENT	Γ	Α	24	
TEMPORAF	RY	WASTEWATER TREATMENT	Γ	5	45	
II. CURREN	T EMPLOYMENT INF	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facil	ity owner
I am currently	not operating any Facility		I p	rovide contractual ser	vices to th	e Facility
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Was	stewater)
		(OVER)				



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			perator Certification N	umber: <b>10255</b>	
	enter you're current address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 10/1/		
correct the City, state and ZIP Code. Please print leg	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or P	Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operation	ng any Facility	I p	rovide contractual ser	vices to the Facility	
Please provide the follow	ing information about each Facility/Plant that you operate.	. Use addtio	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			Op	erator Certifcation Nu	mber: <b>1028</b>
	•	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state and ZIP Code	et the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Catego	ry		Class	Required
OPERATOR	WATE	R TREATMENT		4	30
II. CURREN	T EMPLOYMENT INFORMAT	TION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you currently ope	erate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	<del></del>	I pr	ovide contractual serv	vices to the Facility
Please provide	the following information about each	Facility/Plant that you operate. Use	addtio	nal pages as needed.	
Facility / Plant Name		Cla	iss P	DWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Operator in Responsible Charge:

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This is page on	ie of a two page form. Bot	h pages must be completed and retur	ned. O <sub>l</sub>	perator Certification I	Number:	1029
	Please enter you're current address on the lines below and, if necessar	essary,	Certification(s) below will ex		10/1/2024	
	correct the City, state and	ect the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	ew these ications:	\$50
				Failure to comp requirements by result in an a	y the expir	ration date will l late fees as
I. CERTIFIC	CATES TO RENEW	<u>.</u>				aining Units
Certification	Туре	Category		Class		quired
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		Α	16	
II. CURRENT	Γ EMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed	by the Fac	ility owner
I am currently no	ot operating any Facility	_	I p	provide contractual se	ervices to t	the Facility
Please provide t	the following information a	bout each Facility/Plant that you opera	te. Use addti	onal pages as needed	d.	
Facility / Plant N	Name		Class	PDWIS (Water) N	PDES (Wa	astewater)
		(OVER)			<u> </u>	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page on	ie of a two page form. Bot	th pages must be completed and retu	rned. O	perator Certifcation N	umber: 1	0634
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.		Certification(s) below will exp		0/1/2024
	correct the City, state and			The fee to renew certific	v these sations:	50
,				Failure to comp requirements by result in an ac describe	the expira	ation date will late fees as
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Trai	ining Units
Certification <sup>1</sup>	Type	Category		Class	Req	uired
OPERATOR		WASTEWATER TREATMEN	Т	5	30	
OPERATOR		WASTEWATER TREATMEN	Т	Α	16	
II. CURRENT	ΓEMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed b	y the Facil	ity owner
I am currently no	ot operating any Facility		Ιp	provide contractual ser	rvices to th	e Facility
Please provide t	he following information a	bout each Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
Facility / Plant N	Name		Class	PDWIS (Water) NP	DES (Was	stewater)
		(OVER)				



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

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	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.			perator Certifcation Nu	mber: <b>10636</b>	
•	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) sl below will expi	
	correct the City, state and ZI	rect 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 I in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Type C	ategory		Class	Required
TEMPORAR'	Y IN	IDUSTRIAL WASTEWATER		5	45
II. CURREN	T EMPLOYMENT INFO	RMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you curren	ntly operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	<del></del>	Ιį	provide contractual serv	rices to the Facility
Please provide i	he following information abou	t each Facility/Plant that you opera	ite. Use addt	ional pages as needed.	_
Facility / Plant Name			Class	PDWIS (Water) NPD	DES (Wastewater)



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

Page 2

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	n Number: 1	0652
•	Please enter you're current address on the lines bel		Certification below will	n(s) shown expire on: 1	0/1/2024
	correct the City, state and ZIP Code. Please print l	egibly.	The fee to re	enew these tifications: \$	\$50
			requirements result in a	omplete or sub by the expira n additional l ribed in Secti	ation date will late fees as
I. CERTIFI	CATES TO RENEW:			Trai	ining Units
Certification	Type Category		Class		uired
OPERATOR	WATER TREATME	ENT	4	30	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #	<b>!</b> :	
Number of Faci	lities (or Plants) that you currently operate:		I am employe	ed by the Facil	ity owner
I am currently n	not operating any Facility		I provide contractual	services to th	e Facility
Please provide	the following information about each Facility/Plant	that you operate. Use ad	dtional pages as nee	ded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Was	tewater)



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

Page 2

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Last 4 digits of Social Security Number	Email Address		
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This is page one	e of a two page form. Bot	h pages must be completed and return	<b>ed.</b> O <sub>1</sub>	perator Certification	Number:	10660
•	•	re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s below will e		10/1/2024
	correct the City, state and			The fee to reno certif	ew these fications:	\$100
				requirements b result in an	y the exp	submit renewal iration date will al late fees as ction V.
<u>I. CERTIFIC</u>	CATES TO RENEW	<u> </u>			T	raining Units
Certification 1	Гуре	Category		Class	R	equired
TEMPORARY	/	WASTEWATER COLLECTION		2	2	4
TEMPORARY	/	WATER DISTRIBUTION		1	2	4
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employed	by the Fa	cility owner
I am currently no	ot operating any Facility		I p	rovide contractual s	ervices to	the Facility
Please provide th	he following information ab	oout each Facility/Plant that you operate	e. Use addti	onal pages as neede	ed.	
Facility / Plant N	lame		Class	PDWIS (Water) N	IPDES (W	/astewater)
		(OVER)				



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

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Open				erator Certification Number: 10662		
	Please enter you're current address on the lines below and, if necessary		sary,	Certification(s) s below will exp	101/1/2012/1	
	correct the City, state and I	City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$ 1700	
					ete or submit renewal	
				requirements by the expiration date wi result in an additional late fees as described in Section V.		
I. CERTIFI	<b>CATES TO RENEW:</b>				Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WATER TREATMENT		1	16	
OPERATOR		WASTEWATER TREATMENT		А	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner	
I am currently n	not operating any Facility	_	I pr	ovide contractual serv	vices to the Facility	
Please provide	the following information ab	— out each Facility/Plant that you operate	. Use addtio	nal pages as needed.	_	
Facility / Plant	Name		Class P	DWIS (Water) NPI	DES (Wastewater)	
		(OVER)				



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

Page 2

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	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) below will exp	
	correct the City, state and	orrect 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 wi result in an additional late fees as described in Section V.	
I. CERTIFI	CATES TO RENEW	<u>.</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR	R	INDUSTRIAL WASTEWATE	R	5	30
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		Ij	I provide contractual services to the Facility		
Please provide	the following information al	oout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)



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

Page 2

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

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

Name and Certification Number of
Operator in Responsible Charge:

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- 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	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPI	LETE 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.			eturned. (	Operator Certifcation N	umber: 10740
	•	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state an	ect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEV	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you c	urrently operate:		I am employed by	y the Facility owner
I am currently n	ot operating any Facility	$\sqcap$	I	provide contractual ser	vices to the Facility
Please provide	the following information o	about each Facility/Plant that you o	perate. Use add	tional pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NP	DES (Wastewater)



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			Operator Certification	on Number: <b>10820</b>
-	Please enter you're current address on the lines below and, if necessary,		Certification below will	n(s) shown I expire on: 10/1/2024
	correct the City, state and ZIP Code. Please	the City, state and ZIP Code. Please print legibly.	The fee to re	enew these rtifications: \$50
			requirements	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DIST	RIBUTION	1	16
II. CURREN	Γ EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #	<b>#</b> :
Number of Faci	lities (or Plants) that you currently operate:		I am employ	ed by the Facility owner
I am currently not operating any Facility		<del>_</del>	I provide contractua	l services to the Facility
Please provide	the following information about each Facility,	Plant that you operate. Use ac	ddtional pages as nee	eded.
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)



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

Page 2

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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.			urned. O	perator Certifcation Nu	mber: 10863
•	•	ter you're current address on the lines below and, if necessary, as City, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi	111/1/211/21
	correct the City, state and			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 I in Section V.
I. CERTIFI	CATES TO RENEW	<u>'•</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMEN	IT	5	30
OPERATOR		WASTEWATER TREATMEN	IT	Α	16
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility		Ιp	provide contractual serv	rices to the Facility
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Facility / Plant 1	Name		Class	PDWIS (Water) NPD	DES (Wastewater)



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

Page 2

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This is page one of a two page form. Both pages must be completed and returned			tor Certifcation N	umber: 10940
	se enter you're current address on the lines below and, if neces	ssary,	Certification(s) below will exp	111/1/211/21
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$50
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
<b>Certification Type</b>	Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (	or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not operating any Facility		I provide contractual services to the Facility		
Please provide the fold	lowing information about each Facility/Plant that you operate	e. Use addtional	pages as needed.	
Facility / Plant Name		Class PDV	VIS (Water) NP	DES (Wastewater)
	(OVER)			



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

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			eturned.	Operator Certifcation N	lumber: 11045	
•	-	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		
	correct the City, state an	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
					olete or submit renewal the expiration date will	
				result in an additional late fees as  described in Section V.		
I. CERTIFI	CATES TO RENEW	V:		describe		
Certification		 Category		Class	Training Units Required	
OPERATOR		WASTEWATER COLLECT	ION	2	16	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you c	urrently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility		I	provide contractual ser	rvices to the Facility		
Please provide	the following information of	about each Facility/Plant that you op	erate. Use ada	ltional pages as needed	!	
Facility / Plant Name		Class	PDWIS (Water) NP	'DES (Wastewater)		
					_	
					_	



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

Page 2

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	Please enter you're current address on the lines below and, if necessary,		ry,	Certification(s) s below will exp	111/1/2012/1
	correct the City, state and ZIP Code.	ne City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Category	1		Class	Required
OPERATOR	WATER	DISTRIBUTION		1	16
II. CURREN	Γ EMPLOYMENT INFORMATI	ON			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently operation	ate:		I am employed by	y the Facility owner
I am currently not operating any Facility		<del></del>	I p	rovide contractual ser	vices to the Facility
Please provide	the following information about each F	acility/Plant that you operate. U	Jse addtio	onal pages as needed.	
Facility / Plant Name		(	Class I	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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

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

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and return			d. Operator Certification Number: 11342		
•	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 these certifications: \$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. CERTIFIC	CATES TO RENEW:			Training Units	
Certification <sup>1</sup>	Type Category		Class	Required	
OPERATOR	WATER DISTRIBUTION	N	1	16	
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone #:		
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I	I provide contractual services to the Facility		
Please provide t	the following information about each Facility/Plant that yo	ou operate. Use addi	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	
-					



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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•	•	e enter you're current address on the lines below and, if necessary, et the City, state and ZIP Code. Please print legibly.	ssary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code.			The fee to renew these certifications: \$50		
				Failure to complete or submit renew requirements by the expiration date we result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type Categor	ту		Class	Required	
OPERATOR	WATER	RDISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFORMAT	ION				
Employer's Nar	me:			Phone #:		
Number of Fac	ilities (or Plants) that you currently ope	rate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		Ιp	provide contractual ser	vices to the Facility		
Please provide	the following information about each I	Facility/Plant that you operate	e. Use addti	onal pages as needed.		
Facility / Plant Name			Class	PDWIS (Water) NP	DES (Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			returned. (	Operator Certification Nu	umber: 11471
•	•	er you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	f necessary,	Certification(s) s below will exp	
	correct the City, state and			The fee to renew these certifications: \$50	
,				requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWAT	ΓER	4	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you co	urrently operate:		I am employed by	y the Facility owner
I am currently n	ot operating any Facility		I	provide contractual ser	vices to the Facility
Please provide	the following information a	 bout each Facility/Plant that you o	perate. Use add	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and return			rned. O <sub>l</sub>	d. Operator Certification Number: 11		
•	•	lease enter you're current address on the lines below and, if necessa		Certification(s) sh below will expir	111/1/2012/1	
	correct the City, state and ZIP	e City, state and ZIP Code. Please print legibly.		The fee to renew to certificat	\$50	
				- requirements by th result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.	
I. CERTIFI	CATES TO RENEW:				<b>Training Units</b>	
Certification	Type Ca	tegory		Class	Required	
OPERATOR	W	ATER TREATMENT		2	16	
II. CURREN	Γ EMPLOYMENT INFOR	MATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you current	ly operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility				
Please provide	the following information about	each Facility/Plant that you opera	ite. Use addti	onal pages as needed.		
Facility / Plant Name		Class 1	PDWIS (Water) NPD	ES (Wastewater)		
-						
		(OVER)				



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

Page 2

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Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and return			Operator Certification Number: 1156		
•	'lease enter you're current address on the lines below and, if necessary,	essary,	Certification(s) si below will expi	111/1/211/21	
	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. CERTIFIC	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ιp	rovide contractual serv	rices to the Facility	
Please provide the	e following information about each Facility/Plant that you opera	te. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			urned. (	Operator Certifcation N	umber: 1208	
•	•	ease enter you're current address on the lines below and, if necessary, rrect the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) selow will exp	111/1/211/21	
	correct the City, state and			The fee to renew these certifications: \$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. CERTIFI	ICATES TO RENEW	<u>:</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR	R	WASTEWATER COLLECTION	N	2	16	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	ilities (or Plants) that you cu	rrently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility		
Please provide	the following information a	— bout each Facility/Plant that you ope	rate. Use addı	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

#### VII. APPLICANT'S STATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Nu	mber: 12154	
-	Please enter you're current address on the lines below and, if necessary,		Certification(s) si below will expi	111/1/211/21	
	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. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		5	24	
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 not operating any Facility		I	I provide contractual services to the Facility		
Please provide th	he following information about each Facility/Plant that you op	erate. Use addt	tional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of
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 an	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
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· · · · · · · · · · · · · · · · · · ·	Please enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:		describe	Training Units	
Certification T	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility		
Please provide th	ne following information about each Facility/Plant that you oper	rate. Use addti	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and 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 an	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifo	r: 12158		
	Please enter you're current address on the lines below and, if necessary,			Certification(s) shown below will expire on: 10/		
	correct the City, state and ZIP Code. Pleas	orrect the City, state and ZIP Code. Please print legibly.	The fee	The fee to renew these certifications: \$50		
				Failure to complete or submit reconstruction days result in an additional late feed described in Section V.		
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type Category		Clas		Required	
TEMPORAR	Y WATER TRI	EATMENT	1		24	
II. CURREN	Γ EMPLOYMENT INFORMATION					
Employer's Nan	ne:		Pho	one #:		
Number of Faci	lities (or Plants) that you currently operate:		I am emp	oloyed by the	Facility owner	
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide	the following information about each Facilit	y/Plant that you operate. Use a	ıddtional pages as	needed.		
Facility / Plant Name		Class	s PDWIS (Wate	er) NPDES	(Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date		
Last 4 digits of Social Security Number	Email Address			
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
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•	Please enter you're current address on the lines below and, if necessary,			Certification(s) shown below will expire on:		10/1/2024	
	correct the City, state and ZIP Code. Pleas	he City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
				requirements result in a	by the ex	submit renewal piration date will nal late fees as ection V.	
I. CERTIFI	CATES TO RENEW:				-	Training Units	
Certification	Type Category			Class		Required	
TEMPORAR	Y WATER TRE	EATMENT		4	2	45	
II. CURREN	T EMPLOYMENT INFORMATION						
Employer's Nar	me:			Phone #	<b>#:</b>		
Number of Faci	ilities (or Plants) that you currently operate:			I am employ	ed by the F	Facility owner	
I am currently not operating any Facility			I provide contractual services to the Facility				
Please provide	the following information about each Facilit	y/Plant that you operate. Use	addtion	al pages as nee	ded.		
Facility / Plant Name		Clas	ss PD	WIS (Water)	NPDES (	Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Open				Operator Certifcation Nu	ımber: <b>12160</b>
HOUCHIN	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp	111/1/211/21	
			The fee to renew certification	\$5A	
				Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.	
I. CERTIFI	CATES TO RENEW	<u>7:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	Y	INDUSTRIAL WASTEWATE	R	1	0
II. CURREN	T EMPLOYMENT INI	FORMATION			
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	I provide contractual services to the Facility		
Please provide	the following information a	— bout each Facility/Plant that you ope	erate. Use addi	tional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPI	LETE 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. Open				perator Certifcation N	umber: <b>12161</b>
	Please enter you're current address on the lines below and, if necessary,	cessary,	Certification(s) below will exp		
	correct the City, state and Z	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$5A
				Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
TEMPORAR	Υ	WASTEWATER TREATMEN	Т	5	45
II. CURREN	Γ EMPLOYMENT INFO	ORMATION			
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		Ιj	I provide contractual services to the Facility		
Please provide	the following information abo	– out each Facility/Plant that you oper	ate. Use addt	ional pages as needed	
Facility / Plant 1	Name		Class	PDWIS (Water) NP	DES (Wastewater)



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

Page 2

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

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- 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:

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•	•	e current address on the lines below and, if necessary, rate and ZIP Code. Please print legibly.		Certification(s) below will ex	
	correct the City, state and			The fee to renev	w these cations: \$50
				requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW:			4000110	Training Units
Certification	Туре	Category		Class	Required
TEMPORAR	Υ	INDUSTRIAL WASTEWATER	2	5	45
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employed b	by the Facility owner
I am currently n	ot operating any Facility		Ιŗ	provide contractual se	rvices to the Facility
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Facility / Plant Name		Class	PDWIS (Water) NF	DES (Wastewater)	



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			. Ope	Operator Certification Number: 12163		
•	•	you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.		Certification below will		10/1/2024
	correct the City, state and ZIP Code. I			The fee to re	enew these tifications:	\$50
				requirements result in a	by the exp	submit renewal piration date will al late fees as ection V.
I. CERTIFICA	ATES TO RENEW:					raining Units
Certification Ty	pe Category			Class		equired
TEMPORARY	INDUST	RIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFORMATION	ON				
Employer's Name:				Phone #	<b>#:</b>	
Number of Faciliti	es (or Plants) that you currently opera	te:		I am employe	ed by the Fa	acility owner
I am currently not	operating any Facility		I pro	ovide contractual	l services to	the Facility
Please provide the	following information about each Fa	cility/Plant that you operate. U	Jse addtio	nal pages as nee	ded.	_
Facility / Plant Name		(	Class Pl	DWIS (Water)	NPDES (V	Vastewater)



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page or	ie of a two page form. Bot	h pages must be completed and ret	turned. O	perator Certifcation Nu	mber: <b>12164</b>
	Please enter you're current address on the lines below and, if necessar		ecessary,	Certification(s) s below will expi	101/1/2012/1
	correct the City, state and	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
TEMPORAR'	Υ	WASTEWATER TREATMEN	NT	5	45
TEMPORAR'	Υ	WASTEWATER TREATMEN	NT .	Α	24
II. CURREN	ΓEMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide i	the following information a	bout each Facility/Plant that you ope	erate. Use addti	ional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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•	•	ou're current address on the lines below and, if necessary, y, state and ZIP Code. Please print legibly.		Certification(s) si below will expi	
	correct the City, state and			The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	ICATES TO RENEW	<u>/:</u>			<b>Training Units</b>
Certification	1 Type	Category		Class	Required
TEMPORAR	RY	WASTEWATER TREATMEN	IT	А	24
TEMPORAR	RY	WASTEWATER TREATMEN	ΙΤ	5	45
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	cilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility		I	provide contractual serv	vices to the Facility
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Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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

Page 2

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Operator in Responsible Charge:

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	•	rrent address on the lines below and, if necessary, and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will exp	
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I. CERTIFIC	ATES TO RENEW:	<u>.</u>			Training Units
Certification T	ype	Category		Class	Required
TEMPORARY		INDUSTRIAL WASTEWATER	2	2	0
II. CURRENT	EMPLOYMENT INF	ORMATION			
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		Ιj	provide contractual se	rvices to the Facility	
Please provide th	e following information ab	oout each Facility/Plant that you oper	rate. Use addt	ional pages as needed	<u> </u>
Facility / Plant Name		Class	PDWIS (Water) NF	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

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			ned. O	perator Certifcation Nu	mber: <b>12167</b>
•	Please enter you're current address	ou're current address on the lines below and, if necessary, y, state and ZIP Code. Please print legibly.	essary,	Certification(s) sl below will expi	111/1/211/21
	correct the City, state and ZIP Co			The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification T	ype Cate	gory		Class	Required
TEMPORARY	WAT	ER TREATMENT		3	45
II. CURRENT	EMPLOYMENT INFORMA	ATION			
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		Ιį	provide contractual serv	rices to the Facility	
Please provide th	e following information about eac	ch Facility/Plant that you opera	te. Use addt	ional pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPD	DES (Wastewater)



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

Page 2

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Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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•	Please enter you're current address on the lines below as		Certification(s) si below will expi	111/1/211/21
	correct the City, state and ZIP Code. Please print legibly	y.	The fee to renew these certifications: \$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORAR	Y WATER TREATMENT		4	45
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner
I am currently not operating any Facility		Iı	provide contractual serv	rices to the Facility
Please provide	the following information about each Facility/Plant that y	ou operate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Operator in Responsible Charge:

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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number	ber: <b>12169</b>
STROCKBINE  Please enter you're current address on the lir correct the City, state and ZIP Code. Please	ease enter you're current address on the lines b		Certification(s) show below will expire	
	rrect the City, state and ZIP Code. Please prin	rint legibly.	The fee to renew the certification	\$50
			Failure to complete requirements by the result in an addit described in	expiration date will tional late fees as
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
TEMPORARY	WATER TREATM	MENT	4	45
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by th	e Facility owner
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Please provide the f	ollowing information about each Facility/Plan	nt that you operate. Use add	dtional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPDES	S (Wastewater)



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

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Please verify your information shown on this application and make any corrections as needed.

This is page one	e of a two page form. Bot	h pages must be completed and re	turned. (	Operator Certification Nu	mber: <b>12170</b>
CRUZ	•	u're current address on the lines below and, if neces		Certification(s) shelow will expire	
correct the City, state and ZIP Code.		ZIP Code. Please print legibly.	de. Please print legibly.	The fee to renew certifica	<b>VIIII</b>
				requirements by tl	ete or submit renewal he expiration date will ditional late fees as
				described	l in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification T	Гуре	Category		Class	Required
TEMPORARY	,	WASTEWATER COLLECTION	ON	2	24
TEMPORARY	•	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ties (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	_	I	provide contractual serv	ices to the Facility
Please provide th	ne following information a	bout each Facility/Plant that you op	erate. Use add	tional pages as needed.	
Facility / Plant N	ame		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



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

Page 2

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Applicant's Signature		Date	
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•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s below will e	111/1/211/21
	correct the City, state and 2			The fee to reno certification	ew these fications: \$50
				Failure to complete or submit ren requirements by the expiration day result in an additional late fees described in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification 7	Гуре	Category		Class	Required
TEMPORARY	<b>/</b>	WASTEWATER COLLECTIO	N	2	24
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Nam	e:			Phone #:	
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		Ιp	provide contractual s	ervices to the Facility
Please provide ti	he following information ab	out each Facility/Plant that you oper	ate. Use addti	onal pages as neede	ed.
Facility / Plant Name		Class	PDWIS (Water) N	IPDES (Wastewater)	



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

Page 2

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This is page o	one of a two page form. B	Soth pages must be completed and re	eturned. (	Operator Certification N	lumber: 12172
		urrent address on the lines below and, if necess		Certification(s) below will ex	
	correct the City, state and ZIP Code. Please print legibly.			The fee to renev	w these cations: \$100
					olete or submit renewal the expiration date will
				result in an a	dditional late fees as ed in Section V.
I. CERTIF	ICATES TO RENE	<u>W:</u>		4000110	Training Units
Certification	Туре	Category		Class	Required
TEMPORAR	RY	WASTEWATER COLLECTI	ON	2	24
TEMPORAR	RY	WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT IN	NFORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you	currently operate:		I am employed l	by the Facility owner
I am currently	not operating any Facility		I	provide contractual se	rvices to the Facility
Please provide	the following information	about each Facility/Plant that you op	erate. Use add	tional pages as needea	<u> </u>
Facility / Plant	Name		Class	PDWIS (Water) NI	DES (Wastewater)
·		(OVER)	·		



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			r <b>ned.</b> C	perator Certification N	Number: <b>12173</b>
HANEY  Please enter you're current address on the lines be correct the City, state and ZIP Code. Please print	•	current address on the lines below and, if necessary		Certification(s) below will ex	
	P Code. Please print legibly.		The fee to renev	w these cations: \$50	
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Type C	ategory		Class	Required
TEMPORAR'	Y	ASTEWATER COLLECTION	N	2	24
II. CURREN	TEMPLOYMENT INFO	RMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	ities (or Plants) that you curren	ntly operate:		I am employed b	by the Facility owner
I am currently no	ot operating any Facility	<del></del>	Ιj	provide contractual se	rvices to the Facility
Please provide t	he following information abou	t each Facility/Plant that you oper	ate. Use addt	ional pages as needea	<i></i>
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)	



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

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page on	ie of a two page form. Bot	h pages must be completed and retur	ned. O	perator Certification N	lumber:	12174
GROSSMAN Plea	Please enter you're current address on the lines below and, if necess	essary,	Certification(s) below will exp		10/1/2024	
	correct the City, state and	he City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations:	\$100
				Failure to comp requirements by result in an a describe	the expir	ation date will late fees as
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Tra	ining Units
Certification <sup>1</sup>	Type	Category		Class	Red	quired
TEMPORARY	Y	WASTEWATER COLLECTION	١	2	24	
TEMPORARY	Y	WATER DISTRIBUTION		1	24	
II. CURRENT	Γ EMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed b	y the Fac	ility owner
I am currently not operating any Facility		Ιį	provide contractual ser	rvices to t	he Facility	
Please provide t	he following information a	— bout each Facility/Plant that you opera	te. Use addt	ional pages as needed	<u>'</u> .	
Facility / Plant N	Name		Class	PDWIS (Water) NP	PDES (Wa	stewater)
		(OVER)				



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

Page 2

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This is page one of a two pag	Operator Certification	Number: <b>12175</b>			
	ou're current address on the lines below and, if necessar	Certification(s ry, below will e			
correct the City, state and ZIP Code. Please print legibly.		The fee to rencerti	ew these fications: \$50		
		requirements b	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.		
I. CERTIFICATES TO	RENEW:		Training Units		
Certification Type	Category	Class	Required		
TEMPORARY	WASTEWATER TREATMENT	5	45		
TEMPORARY	WASTEWATER TREATMENT	Α	24		
II. CURRENT EMPLOYM	MENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants)	that you currently operate:	I am employed	by the Facility owner		
I am currently not operating any Facility		I provide contractual s	provide contractual services to the Facility		
Please provide the following in	formation about each Facility/Plant that you operate. U	Jse addtional pages as neede	 гd.		
Facility / Plant Name		Class PDWIS (Water) N	NPDES (Wastewater)		



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

Page 2

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Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			ned. C	perator Certifcation Nu	mber: 12176
•	•	e enter you're current address on the lines below and, if necessary, et the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) si below will expi	
	correct the City, state and ZI			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	Type C	ategory		Class	Required
TEMPORAR'	Y	ASTEWATER TREATMENT		3	45
II. CURRENT	ΓEMPLOYMENT INFO	RMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you curren	atly operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιj	provide contractual serv	vices to the Facility	
Please provide t	he following information abou	t each Facility/Plant that you opera	te. Use addt	ional pages as needed.	_
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#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification 1	Number: <b>12177</b>
OKEAHIALAM  Please enter you're current address on the lines belocorrect the City, state and ZIP Code. Please print leg	•		Certification(s) below will ex	111/1/211/21
	ribly.	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 ped in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	oe Category		Class	Required
TEMPORARY	INDUSTRIAL WAST	EWATER	2	0
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
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TURCHI	Please enter you're current address on the lines below and, if necessary		sary,	Certification(s) shelow will expin	
	correct the City, state and ZIP C	the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	£100
					te or submit renewal
				<ul> <li>requirements by the expiration date wiresult in an additional late fees as</li> <li>described in Section V.</li> </ul>	
I. CERTIF	ICATES TO RENEW:			described	Training Units
Certification	Type Cate	egory		Class	Required
TEMPORAF	RY WA	TER TREATMENT		3	45
TEMPORAF	RY WA	STEWATER TREATMENT		5	45
TEMPORAF	RY WA	STEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT INFORM	ATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you currently	operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	<del></del>	I pro	ovide contractual serv	ices to the Facility
Please provide	the following information about ed	ach Facility/Plant that you operate.	Use addtion	nal pages as needed.	
Facility / Plant	Name		Class Pl	DWIS (Water) NPD	ES (Wastewater)
		(OVED)			
		(OVER)			



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

Page 2

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

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Name and Certification Number of
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	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPI	LETE 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. Open			erator Certification Number: 12179		
HEINES	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		sary,	Certification(s below will e	
				The fee to renew these certifications: \$100	
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFI	<u>CATES TO RENEW</u>	<u>.</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR'	Υ	INDUSTRIAL WASTEWATER		2	0
TEMPORAR	Υ	WATER TREATMENT		4	45
TEMPORAR	Υ	WATER TREATMENT		5G	???
TEMPORAR	Υ	WASTEWATER TREATMENT		5	45
TEMPORAR'	Υ	WASTEWATER TREATMENT		6	24
TEMPORAR'	Υ	WASTEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed	d by the Facility owner
I am currently n	ot operating any Facility		I pro	ovide contractual s	services to the Facility
Please provide	the following information a	— bout each Facility/Plant that you operate	. Use addtion	nal pages as need	ed.
Facility / Plant 1	Name		Class PI	OWIS (Water) N	NPDES (Wastewater)
		(OVER)			



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

Page 2

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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CAVEY		u're current address on the lines below and, if necessar		Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to renev	w these cations: \$100	
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as red in Section V.
I. CERTIFI	ICATES TO RENEW	<u>:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	RY	WASTEWATER TREATMENT		5	45
TEMPORAR	RY	WASTEWATER TREATMENT		Α	24
TEMPORAR	RY	WATER TREATMENT		4	45
TEMPORAR	RY	WASTEWATER TREATMENT		4	24
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	rrently operate:		I am employed b	by the Facility owner
I am currently	not operating any Facility		I pr	ovide contractual se	rvices to the Facility
Please provide	the following information a	bout each Facility/Plant that you operate	e. Use addtio	nal pages as needed	<i>l</i> .
Facility / Plant	Name		Class P	DWIS (Water) NF	PDES (Wastewater)
		(OVER)			
		(UVEK)			



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	amber: <b>12181</b>
	ase enter you're current address on the lines below and, if necessary,	cessary,	Certification(s) s below will exp	111/1/2012/
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirements by t result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	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 Facilities (or Plants) that you currently operate:			I am employed by	y the Facility owner
I am currently not operating any Facility		I provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you opera	ate. Use addt	ional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			ned. O	perator Certifcation Num	ıber: 12182
BROUSSARD  Please enter you're curren		nt address on the lines below and, if necessary,	ssary,	Certification(s) shown below will expire on: 10/1/2	
correct the City, state and ZIP Code. Please print le	ode. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by the result in an addi	e or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFICA	ATES TO RENEW:				Training Units
<b>Certification Ty</b>	pe Cate	gory		Class	Required
TEMPORARY	WA	TER DISTRIBUTION		1	24
II. CURRENT I	EMPLOYMENT INFORM	ATION			
Employer's Name:				Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
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Facility / Plant Name			Class	PDWIS (Water) NPDE	ES (Wastewater)



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

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			erator Certification N	Tumber: 12183	
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) below will ex		
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I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification T	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
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* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification N	Number: <b>12271</b>
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex	101/1/2012/1
	correct the City, state and ZIP Code. Please print leg	ibly.	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. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORAR	Y WATER DISTRIBUT	ION	1	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not operating any Facility			I provide contractual se	rvices to the Facility
Please provide	the following information about each Facility/Plant the	ıt you operate. Use add	dtional pages as needea	<u> </u>
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)



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

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

#### VII. APPLICANT'S STATEMENT

- 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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•	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	101/1/2012/1
	correct the City, state and ZIP Code. Please print leg	ibly.	The fee to renew these certifications: \$50  Failure to complete or submit renew requirements by the expiration date versult in an additional late fees as described in Section V.	
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORAR	Y WATER TREATMEN	IT	4	45
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not operating any Facility			I provide contractual ser	rvices to the Facility
Please provide	the following information about each Facility/Plant the	at you operate. Use add	dtional pages as needed	<u> </u>
Facility / Plant Name		Class	PDWIS (Water) NF	PDES (Wastewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page of	one of a two page form. Bo	th pages must be completed and retu	rned. O <sub>l</sub>	perator Certifcation Nu	ımber:	12284
-	•	a're current address on the lines below and, if necessary		Certification(s) si below will expi		10/1/2024
	correct the City, state and	state and ZIP Code. Please print legibly.		The fee to renew certification		\$50
				Failure to comple requirements by t result in an ad described	he expii ditional	ration date will l late fees as
	<u>ICATES TO RENEW</u>	<u>/:</u>				aining Units
Certification	n Type	Category		Class	Re	quired
TEMPORAF	RY	WASTEWATER TREATMENT	Γ	5	45	
TEMPORAF	RY	WASTEWATER TREATMENT	Γ	Α	24	
II. CURREN	NT EMPLOYMENT INI	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you cu	urrently operate:		I am employed by	the Fac	ility owner
I am currently	not operating any Facility		I p	rovide contractual serv	ices to 1	the Facility
Please provide	the following information a	 about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
Facility / Plant	Name		Class ]	PDWIS (Water) NPI	DES (Wa	astewater)
		(OVER)				



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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•	•	ase enter you're current address on the lines below and, if necessary, rect the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) selow will exp	101/1/2012/
	correct the City, state and			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	CATES TO RENEW	<u>.</u>			Training Units
Certification <sup>-</sup>	Туре	Category		Class	Required
TEMPORARY	<b>′</b>	INDUSTRIAL WASTEWATER	2	1	0
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you cur	rrently operate:		I am employed b	y the Facility owner
I am currently not operating any Facility		Ij	provide contractual ser	vices to the Facility	
Please provide t	he following information ab	oout each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			turned.	Operator Certification Number: 1272		
		arrent address on the lines below and, if necessary, and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp		
	correct the City, state and			The fee to renew certification	620	
				requirements by t result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>':</u>			<b>Training Units</b>	
Certification 7	Type	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATE	R	2	0	
II. CURRENT	EMPLOYMENT IN	FORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	ities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner	
I am currently no	ot operating any Facility		I	provide contractual serv	vices to the Facility	
Please provide t	he following information a	— bout each Facility/Plant that you ope	erate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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

Page 2

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Operator in Responsible Charge:

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•	•	rrent address on the lines below and, if necessary,		Certification(s) sl below will expi	111/1/2012/1
	correct the City, state and	and ZIP Code. Please print legibly.		The fee to renew certifica	450
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>7:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATE	R	2	0
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility		I	provide contractual serv	ices to the Facility
Please provide	the following information a	— about each Facility/Plant that you ope	erate. Use addt	ional pages as needed.	
Facility / Plant	Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(07			
		(OVER)			



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

Page 2

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.		Operator Certification	1279		
ZUCCOLOTTO  Please enter you're current address on the lines below a correct the City, state and ZIP Code. Please print legib	•		Certification below wil	n(s) shown ll expire on: 1	0/1/2024
	ise print legibly.		The fee to renew these certifications: \$50		
			requirements	omplete or subsets by the expiration and ditional lections in Sections	ation date will late fees as
I. CERTIFICA	TES TO RENEW:			Trai	ining Units
Certification Typ	e Category		Class		uired
OPERATOR	INDUSTRI <i>A</i>	AL WASTEWATER	2	0	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities	(or Plants) that you currently operate:		I am employ	ed by the Facil	ity owner
I am currently not of	perating any Facility		I provide contractua	al services to th	e Facility
Please provide the f	ollowing information about each Facil	ity/Plant that you operate. Use a	ddtional pages as nee	eded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Was	tewater)



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

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and 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	1469		
MCLAUGHLIN  Please enter you're current address on the lines correct the City, state and ZIP Code. Please pr	•	The state of the s	Certification(s) shown below will expire on:		10/1/2024	
	nt legibly.	The fee to r	enew these rtifications:	\$50		
			Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.			
I. CERTIFICA	ATES TO RENEW:				raining Units	
<b>Certification Ty</b>	pe Category		Class		equired	
OPERATOR	WASTEWATER	COLLECTION	2	1	6	
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner	
I am currently not o	operating any Facility		I provide contractua	al services to	the Facility	
Please provide the	following information about each Facility/Pla	nt that you operate. Use ad	dtional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (V	Vastewater)	



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

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			rned. O	perator Certifcation Nu	ımber: 1572
		re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on: 10/1/20	
	correct the City, state and			The fee to renew certification	<b>X50</b>
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
	CATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT	-	5	30
<b>OPERATOR</b>	}	WASTEWATER TREATMENT	-	Α	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you operc	ite. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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	•	ter you're current address on the lines below and, if necessary, a City, state and ZIP Code. Please print legibly.	Certification(s) shown below will expire on: 10/		10/1/2024	
	correct the City, state and ZIP Code. Ple			renew these ertifications:	\$50	
			requiremen	its by the exp	submit renewal oiration date will al late fees as oction V.	
I. CERTIFIC	ATES TO RENEW:				raining Units	
Certification T	pe Category		Class		equired	
OPERATOR	WATER T	REATMENT	4	30	0	
II. CURRENT	EMPLOYMENT INFORMATIO	N				
Employer's Name			Phone	e #:		
Number of Facilit	ies (or Plants) that you currently operate	:	I am emplo	yed by the Fa	acility owner	
I am currently not	operating any Facility		I provide contractu	ual services to	the Facility	
Please provide the	e following information about each Faci	lity/Plant that you operate. Use	addtional pages as n	eeded.	_	
Facility / Plant Name		Clas	ss PDWIS (Water)	NPDES (W	Vastewater)	



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

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This is page o	one of a two page form. Bo	th pages must be completed and retu	rned. O <sub>l</sub>	perator Certification Nu	mber: 1852
•	•	re current address on the lines below and, if necess		Certification(s) sl below will expi	
	correct the City, state and	tate and ZIP Code. Please print legibly.		The fee to renew certifica	(51)
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ICATES TO RENEW	<u>/:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
TEMPORAR	RY	WASTEWATER TREATMENT	Γ	5	45
TEMPORAR	RY	WASTEWATER TREATMENT	Γ	Α	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		I p	rovide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
					_
		(OVER)			



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

Page 2

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JENKINS		u're current address on the lines below and, if necessary, v, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	111/1/2012/1	
	correct the City, state and			The fee to renew certification	¥ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					ete or submit renewal the expiration date will	
				result in an ad	additional late fees as bed in Section V.	
I. CERTIFI	CATES TO RENEW	<u> </u>		ucsel is ev	Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		Α	16	
TEMPORAR	Υ	WATER TREATMENT		2	24	
II. CURREN	Γ EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner	
I am currently n	ot operating any Facility	$\overline{}$	I pr	ovide contractual serv	vices to the Facility	
Please provide	the following information a	— bout each Facility/Plant that you operat	te. Use addtio	onal pages as needed.	_	
Facility / Plant 1	Name		Class P	PDWIS (Water) NPI	DES (Wastewater)	
		(OVER)				



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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

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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certification Nur	mber: <b>2149</b>
SELIG	Please enter you're current address on the lines below and, if necessary		necessary,	Certification(s) sh below will expir	
	correct the City, state ar	rect the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	£100
					te or submit renewal
				<ul> <li>requirements by the expiration date wil result in an additional late fees as</li> <li>described in Section V.</li> </ul>	
I. CERTIF	ICATES TO RENEW	V:		— described	
Certification		Category		Class	Training Units Required
TEMPORAF	RY	WATER TREATMENT		2	24
TEMPORAF	RY	WASTEWATER TREATME	ENT	5	45
TEMPORAF	RY	WASTEWATER TREATME	:NT	А	24
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	ame:			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 I	provide contractual serv	ices to the Facility
Please provide	e the following information	about each Facility/Plant that you op	perate. Use addti	ional pages as needed.	
Facility / Plant	t Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		//a			
		(OVER)			



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

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
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Name and Certification Number of
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	d Waste Systems Operators	
Mail to: Maryland Department of	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				perator Certification Number: 2171		
•	Please enter you're current address on the lines below and, if necessary	ecessary,	Certification(s) below will exp			
	correct the City, state and Z	ne City, state and ZIP Code. Please print legibly.		The fee to renew certific	950	
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	<b>CATES TO RENEW:</b>				Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMEN	Т	Α	16	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility		I	I provide contractual services to the Facility			
Please provide	the following information abo	— out each Facility/Plant that you oper	rate. Use addi	ional pages as needed.	_	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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

Page 2

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- No course can be used more than one time for any three-year renewal period.
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Name and Certification Number of
Operator in Responsible Charge:

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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			erator Certifcation Nu	ımber: <b>2182</b>
•	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	111/1/211/21
	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. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	y the Facility owner
I am currently not operating any Facility		I pr	ovide contractual serv	vices to the Facility
Please provide th	he following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			irned.	Operator Certifcation Nu	umber: <b>2193</b>
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp	
	correct the City, state and			The fee to renew certification	\$50
				requirements by to 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	Гуре	Category		Class	Required
OPERATOR		WASTEWATER COLLECTIO	N	2	16
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Name	e:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		I	provide contractual serv	vices to the Facility	
Please provide th	he following information ab	— out each Facility/Plant that you oper	rate. Use addt	ional pages as needed.	_
Facility / Plant Name			Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	n Number: <b>2372</b>
•	Please enter you're current address on the lines be	elow and, if necessary,	Certification below will	
	correct the City, state and ZIP Code. Please print	legibly.	The fee to renew these certifications: \$50	
			requirements result in a	omplete or submit renewal by the expiration date wil n additional late fees as ribed in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATM	ENT	4	30
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #	ė:
Number of Facilities (or Plants) that you currently operate:			I am employe	ed by the Facility owner
I am currently not operating any Facility			I provide contractual	services to the Facility
Please provide	the following information about each Facility/Plant	that you operate. Use ad	dtional pages as need	ded.
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)
				_



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

Page 2

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This is page one of a two page form. Both pages must be completed and return			erator Certifcation Nu	mber: <b>2539</b>	
-	Please enter you're current address on the lines below and, if r	necessary,	Certification(s) sl below will expi	101/1/2012/1	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			Failure to complete or subm requirements by the expiration result in an additional late described in Section		
I. CERTIFIC	CATES TO RENEW:			<b>Training Units</b>	
Certification 7	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I pr	I provide contractual services to the Facility		
Please provide ti	he following information about each Facility/Plant that you op	erate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class P	PDWIS (Water) NPD	DES (Wastewater)	
	(OVER)				



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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



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

This is page one of a two page form. Both pages must be completed and returned.			red. O	Operator Certification Number: <b>2545</b>		
		current address on the lines below and, if necessary, te and ZIP Code. Please print legibly.		Certification(s) s below will expi	101/1/2012/1	
	correct the City, state and			The fee to renew certification	<b>X50</b>	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
	CATES TO RENEW	<u>.</u>			<b>Training Units</b>	
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		Α	16	
II. CURRENT	ΓEMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility		Ιp	provide contractual serv	vices to the Facility	
Please provide t	the following information al	oout each Facility/Plant that you operat	e. Use addti	onal pages as needed.		
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: <b>2609</b>			
•	•	u're current address on the lines below and, if necessary,		Certification below will	` /	10/1/2024
	correct the City, state and ZIP Code. Plea	e and ZIP Code. Please print legibly.		The fee to re	new these tifications:	\$50
				requirements result in a	by the exp	submit renewal piration date will al late fees as ection V.
I. CERTIFIC	CATES TO RENEW:				т	raining Units
Certification	Type Category			Class		Required
OPERATOR	WATER TF	REATMENT		4	3	80
II. CURREN	T EMPLOYMENT INFORMATION	V				
Employer's Nan	ne:			Phone #	:	
Number of Faci	lities (or Plants) that you currently operate:			I am employe	ed by the F	acility owner
I am currently n	ot operating any Facility		I pro	ovide contractual	services to	the Facility
Please provide	the following information about each Facil	ity/Plant that you operate. Use	e addtio	nal pages as need	ded.	
Facility / Plant Name		Cla	ass P	DWIS (Water)	NPDES (V	Wastewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
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This is page one of a two page form. Both pages must be completed and returned.			turned. C	Operator Certifcation Nu	mber: <b>2629</b>
•		ent address on the lines below and, if necessary, ad ZIP Code. Please print legibly.		Certification(s) sl below will expi	101/1/2012/1
				The fee to renew certifica	450
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICA	TES TO RENEW:				<b>Training Units</b>
Certification Type	pe	Category		Class	Required
OPERATOR		WASTEWATER COLLECTI	ON	2	16
II. CURRENT E	MPLOYMENT INFO	ORMATION			
Employer's Name:				Phone #:	
Number of Facilitie	es (or Plants) that you curr	ently operate:		I am employed by	the Facility owner
I am currently not o	perating any Facility	_	I	provide contractual serv	rices to the Facility
Please provide the j	following information ab	— out each Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)	
		(OLUB)			
		(OVER)			



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			urned. (	Operator Certifcation Nu	ımber: <b>2639</b>
	Please enter you're current ac	current address on the lines below and, if necessary,		Certification(s) s below will exp	101/1/2012/1
	correct the City, state and ZI	te and ZIP Code. Please print legibly.		The fee to renew certification	950
				— requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification T	ype C	ategory		Class	Required
OPERATOR	V	VATER TREATMENT		2	16
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Name	::			Phone #:	
Number of Facilit	ties (or Plants) that you curren	ntly operate:		I am employed by	the Facility owner
I am currently not	t operating any Facility	<del></del>	I	provide contractual serv	vices to the Facility
Please provide th	e following information abou	t each Facility/Plant that you ope	erate. Use add	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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This is page one of a two page form. Both pages must be completed and returned			Operator Certification Number: 266		
•	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	»:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
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#### **III. CONTINUING EDUCATION:**

Page 2

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-	Please enter you're curren	a're current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.	essary,	Certification(s) below will ex		10/1/2024
	correct the City, state and			The fee to rene certifi	w these ications:	\$100
,				requirements by result in an a	the exp	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Ti	raining Units
Certification 7	Туре	Category		Class	Re	equired
TEMPORARY	<i>(</i>	WASTEWATER COLLECTION		2	24	4
TEMPORARY	(	WATER DISTRIBUTION		1	24	4
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed	by the Fa	cility owner
I am currently no	ot operating any Facility	_	Ιį	provide contractual se	ervices to	the Facility
Please provide to	he following information al	oout each Facility/Plant that you operat	te. Use addt	ional pages as needed	d.	
Facility / Plant N	Jame		Class	PDWIS (Water) N	PDES (W	/astewater)
		(OVER)				



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

Page 2

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

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Name and Certification Number of
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 an	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *		
I consent to receive my certificate(s)	by emial in lieu of mail			



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

This is page or	ne of a two page form. Bot	h pages must be completed and retur	ned. O	perator Certifcation Nu	mber: <b>2965</b>
		current address on the lines below and, if necessary		Certification(s) si below will expi	111/1/211/21
	correct the City, state and	ate and ZIP Code. Please print legibly.		The fee to renew certification	X 5 ()
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	CATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
<b>OPERATOR</b>		WASTEWATER TREATMENT		5	30
<b>OPERATOR</b>	•	WASTEWATER TREATMENT		Α	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nan	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility		Ιp	provide contractual serv	ices to the Facility
Please provide	the following information a	bout each Facility/Plant that you opera	te. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

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Operator in Responsible Charge:

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Applicant's Signature		Date		
Last 4 digits of Social Security Number	Email Address			
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
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This is page one of a two page	e form. Both pages must be completed and returned	<b>l.</b> Op	erator Certifcation Nu	umber: <b>3043</b>
	ou're current address on the lines below and, if necessa	nry,	Certification(s) s below will exp	111/1/1/2012/1
correct the Cit	y, state and ZIP Code. Please print legibly.		The fee to renew certification	\$ 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:			<b>Training Units</b>
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	y the Facility owner
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Please provide the following info	formation about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned.		<b>d.</b> Op	erator Certification Nu	mber: 3046		
•		er you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi		
				The fee to renew certifica	450	
				Failure to complete or submit renewal		
				requirements by the expiration of result in an additional late fe described in Section V.		
I. CERTIF	<b>ICATES TO RE</b>	ENEW:			Training Units	
Certification	n Type	Category		Class	Required	
OPERATOI	R	WASTEWATER TREATMENT		5	30	
OPERATO	R	WASTEWATER TREATMENT		А	16	
II. CURREN	NT EMPLOYMEN	T INFORMATION				
Employer's Na	ame:			Phone #:		
Number of Fa	cilities (or Plants) that	you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I pr	ovide contractual serv	rices to the Facility		
Please provid	e the following inform	ation about each Facility/Plant that you operate.	Use addtio	onal pages as needed.	_	
Facility / Plan	t Name		Class P	PDWIS (Water) NPD	DES (Wastewater)	
		(OVER)			<u> </u>	



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This is page one of a two page form. Both pages must be completed and returne			t <b>urned.</b> O	<b>l.</b> Operator Certification Number: <b>316</b>		
•	•	enter you're current address on the lines below and, if necess		Certification(s) sl below will expi	111/1/211/21	
	correct the City, state a	state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100	
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIF	ICATES TO RENEV	<u>W:</u>			<b>Training Units</b>	
Certification	n Type	Category		Class	Required	
OPERATOR	3	WATER DISTRIBUTION		1	16	
OPERATOR	₹	WASTEWATER COLLECTION	NC	2	16	
II. CURREN	NT EMPLOYMENT IN	FORMATION				
Employer's Na	ame:			Phone #:		
Number of Fac	cilities (or Plants) that you	currently operate:		I am employed by	the Facility owner	
I am currently	not operating any Facility		Ιp	provide contractual serv	rices to the Facility	
Please provide	e the following information	about each Facility/Plant that you ope	erate. Use addti	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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

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This is page or	ne of a two page form. Bo	th pages must be completed and ret	turned. (	Operator Certification	Number:	3170	
RICHARDS		ter you're current address on the lines below and, if necessary, a City, state and ZIP Code. Please print legibly.		Certification(s below will e		10/1/2024	
correct the City	correct the City, state and			The fee to ren certi	new these ifications:	\$100	
						submit renewal piration date will	
				result in an additional described in Sect			
I. CERTIFI	CATES TO RENEW	7 <u>:</u>		deseri		raining Units	
Certification	Type	Category		Class		equired	
OPERATOR		WASTEWATER COLLECTION	NC	2	16	6	
OPERATOR		WATER DISTRIBUTION		1	16	6	
II. CURREN	Γ EMPLOYMENT IN	FORMATION					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed	d by the Fa	icility owner	
I am currently n	ot operating any Facility	_	I	provide contractual s	services to	the Facility	
Please provide	the following information a	bout each Facility/Plant that you ope	erate. Use add	tional pages as need	ed.	_	
Facility / Plant ?	Name		Class	PDWIS (Water) N	NPDES (W	Vastewater)	
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* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 3393		
	lease enter you're current address on the lines below and, if nece	essary,	Certification(s) shown below will expire on: 10/1/		
correct the City, state and ZIP Code. Please print le	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Type	pe Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility			
Please provide the	following information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)	



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

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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#### 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certifcation	3572	
ANDERSON	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification( below will	` /	10/1/2024	
			The fee to rer	new these ifications:	\$50	
				Failure to complete or subm requirements by the expiration result in an additional late described in Section		iration date will Il late fees as
I. CERTIFIC	CATES TO RENEW:				Tr	aining Units
Certification 7	Гуре	Category		Class		equired
OPERATOR		WASTEWATER COLLECTION	٨	2	16	6
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Name	e:			Phone #:	: <u> </u>	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility			
Please provide th	he following information ab	out each Facility/Plant that you opera	te. Use addti	onal pages as need	led.	
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (W	astewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date		
Last 4 digits of Social Security Number	Email Address			
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators		
Mail to: Maryland Department of	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				tion Number:	3662
MASEMER	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		on(s) shown fill expire on:	10/1/2024	
		e print legibly.		renew these ertifications:	\$50
			requiremen result in	Failure to complete or submit renev requirements by the expiration date result in an additional late fees as described in Section V.	
I. CERTIFI	CATES TO RENEW:			Т	raining Units
Certification	Type Category		Class		Required
OPERATOR	WATER DIS	TRIBUTION	1	1	6
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide	the following information about each Facilit	y/Plant that you operate. Use a	eddtional pages as n	eeded.	
Facility / Plant Name		Class	s PDWIS (Water)	NPDES (V	Wastewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date		
Last 4 digits of Social Security Number	Email Address			
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708		
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This is page one of a two page form. Both pages must be completed and returned.			. Op	erator Certifcation I	3706	
•	•	ease enter you're current address on the lines below and, if necessary,		Certification(s) below will ex		10/1/2024
	correct the City, state and ZIP Code. P	e City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these ications:	\$50
				requirements by result in an a	complete or submit renewants by the expiration date an additional late fees as seribed in Section V.	
I. CERTIFI	CATES TO RENEW:					aining Units
Certification	Type Category			Class		equired
OPERATOR	WATER <sup>-</sup>	TREATMENT		4	30	)
II. CURREN	Γ EMPLOYMENT INFORMATIO	ON				
Employer's Nar	ne:			Phone #:		
Number of Faci	lities (or Plants) that you currently operate	e:		I am employed	by the Fa	cility owner
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide	the following information about each Fa	cility/Plant that you operate. U	Jse addtio	nal pages as needed	d.	
Facility / Plant Name		(	Class P	DWIS (Water) N	PDES (W	astewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	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. Operation			Operator Certification Nun	nber: <b>3733</b>		
MASON JR	Please enter you're current address on the lines bel		Certification(s) she below will expire	111/1/211/21		
	correct the City, state and ZIP Code. Please print l	ty, state and ZIP Code. Please print legibly.		nese ions: \$100		
				e or submit renewal		
				<ul> <li>requirements by the expiration date will</li> <li>result in an additional late fees as</li> <li>described in Section V.</li> </ul>		
I. CERTIFIC	CATES TO RENEW:		400011004	Training Units		
Certification '	Type Category		Class	Required		
OPERATOR	WATER TREATME	ENT	1	16		
OPERATOR	WASTEWATER T	REATMENT	5	30		
OPERATOR	WASTEWATER TE	REATMENT	Α	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed by t	he Facility owner		
I am currently no	ot operating any Facility	1	provide contractual servi	ces to the Facility		
Please provide t	he following information about each Facility/Plant	that you operate. Use add	ltional pages as needed.	_		
Facility / Plant N	Name	Class	PDWIS (Water) NPDI	ES (Wastewater)		
	((	OVER)	<u> </u>			



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

Page 2

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Operator in Responsible Charge:

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•	-	ease enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state ar	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEV	<u>V:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	Υ	WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you o	urrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I	provide contractual serv	vices to the Facility	
Please provide	the following information	— about each Facility/Plant that you o	perate. Use add	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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Page 2

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both	Operator Co	ımber: <b>4208</b>		
•	t address on the lines below and, if necessary		Certification(s) shown below will expire on: 10/1/2	
correct the City, state and	ate and ZIP Code. Please print legibly.		The fee to renew these certifications: \$1	
		requi	rements by t sult in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification Type	Category	1	Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPLOYMENT INF	ORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you cur	rrently operate:	I am	employed by	the Facility owner
I am currently not operating any Facility		I provide co	ntractual serv	vices to the Facility
Please provide the following information al	oout each Facility/Plant that you operate. Us	se addtional page	es as needed.	
Facility / Plant Name	C	lass PDWIS (V	Water) NPI	DES (Wastewater)



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

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

This is page on	e of a two page form. Bot	h pages must be completed and retur	<b>ned.</b> Op	erator Certifcation Nu	mber: <b>4375</b>
	Please enter you're current address on the lines below and, if necessar		essary,	Certification(s) sl below will expi	
	correct the City, state and	he City, state and ZIP Code. Please print legibly.		The fee to renew certifica	CIMA
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units
Certification <sup>7</sup>	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER		2	0
OPERATOR		WATER TREATMENT		2	16
SUPERINTER	NDENT	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	TEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		I pı	rovide contractual serv	rices to the Facility
Please provide t	he following information a	bout each Facility/Plant that you opera	ite. Use addtio	onal pages as needed.	
Facility / Plant N	Name		Class F	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



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

Page 2

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

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

This is page one of a two page form. Both pages must be completed and returned			ned. O	Operator Certification Number: 4497		
•	•	e current address on the lines below and, if necessary, tate and ZIP Code. Please print legibly.		Certification(s) below will ex		10/1/2024
	correct the City, state and			The fee to renew certific	w these cations:	\$50
				Failure to comp requirements by result in an a describe	the expi	ration date will l late fees as
	ICATES TO RENEW	<u>/:</u>				aining Units
Certification	Type	Category		Class	Re	equired
OPERATOR	₹	WASTEWATER TREATMENT		5	30	)
OPERATOR	?	WASTEWATER TREATMENT		Α	16	6
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Fac	cilities (or Plants) that you cu	urrently operate:		I am employed b	y the Fa	cility owner
I am currently i	not operating any Facility		Ιp	provide contractual se	rvices to	the Facility
Please provide	the following information a	 bout each Facility/Plant that you opera	te. Use addti	ional pages as needed	<i>!</i> .	
Facility / Plant	Name		Class	PDWIS (Water) NF	PDES (W	astewater)
		(OVER)				



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			returned. (	Operator Certifcation Nu	ımber: <b>4588</b>
•	-	nter you're current address on the lines below and, if necessary, he City, state and ZIP Code. Please print legibly.	if necessary,	Certification(s) s below will exp	
	correct the City, state an			The fee to renew certification	\$50
				requirements by to result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEV	<u>V:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWA	TER	2	0
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility		I	provide contractual serv	vices 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) NPI	DES (Wastewater)	



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			ed. Or	perator Certification N	Number: <b>4592</b>
•	•	lease enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	101/1/2012/1
	correct the City, state and ZIP	Code. Please print legibly.		The fee to renev	v these cations: \$50
				- requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Ca	tegory		Class	Required
OPERATOR	IN	DUSTRIAL WASTEWATER		5	30
II. CURREN	T EMPLOYMENT INFOR	MATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	lities (or Plants) that you current	ily operate:		I am employed b	by the Facility owner
I am currently n	not operating any Facility	<del></del>	I p	rovide contractual se	rvices to the Facility
Please provide	the following information about	each Facility/Plant that you operate	e. Use addtio	onal pages as needed	1.
Facility / Plant Name		Class I	PDWIS (Water) NF	PDES (Wastewater)	



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

Page 2

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•	•	nter you're current address on the lines below and, if necessary, ne City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	101/1/2012/1	
	correct the City, state and			The fee to renew certification	\$50	
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW	<u>/:</u>			Training Units	
Certification	Type	Category		Class	Required	
<b>OPERATOR</b>	2	WASTEWATER TREATMENT	Т	5	30	
OPERATOR	}	WASTEWATER TREATMEN	Т	Α	16	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Fac	ilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ιp	provide contractual serv	vices to the Facility		
Please provide	the following information a	ubout each Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and return			ned. O	perator Certifcation N	umber: <b>4648</b>
•	-	ter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	111/1/211/21
	correct the City, state and			The fee to renew these certifications: \$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. CERTIFI	CATES TO RENEW	<u>'•</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
<b>OPERATOR</b>	•	WASTEWATER TREATMENT		А	16
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		Ιp	provide contractual ser	vices to the Facility	
Please provide	the following information a	bout each Facility/Plant that you operat	e. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)
<u> </u>					



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	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 re	eturned. O	perator Certifcation Nu	mber: <b>4668</b>
	Please enter you're current address on the lines below and, if	necessary,	Certification(s) sl below will expir	
correct the City, state and ZIP Code. Ple	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	150
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	rpe Category		Class	Required
OPERATOR	WASTEWATER TREATME	NT	Α	16
OPERATOR	WASTEWATER TREATME	NT	5	30
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ιp	provide contractual serv	ices to the Facility
Please provide the	following information about each Facility/Plant that you op	erate. Use addti	onal pages as needed.	
Facility / Plant Nat	me	Class	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			



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

Page 2

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Operator in Responsible Charge:

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•	-	ease enter you're current address on the lines below and, if necessary		Certification(s) sl below will expi	
	correct the City, state an	y, state and ZIP Code. Please print legibly.		The fee to renew certifica	450
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>V:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	N	2	16
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility		
Please provide	the following information of	about each Facility/Plant that you oper	rate. Use addti	ional pages as needed.	_
Facility / Plant Name			Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



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

Page 2

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•	•	r you're current address on the lines below and, if necess		Certification(s) sl below will expi	111/1/211/21
	correct the City, state and	ate and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEW	<u>/:</u>			<b>Training Units</b>
Certification	Туре	Category		Class	Required
OPERATOR	₹	WASTEWATER TREATMEN	IT	Α	16
OPERATOR	2	WASTEWATER TREATMEN	IT	5	30
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιp	provide contractual serv	rices to the Facility
Please provide	the following information d	 ubout each Facility/Plant that you ope	rate. Use addti	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)



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

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			Op	Operator Certification Number: 4909			
•	•	ease enter you're current address on the lines below and, if necessary, prrect the City, state and ZIP Code. Please print legibly.	y,	Certification(s) shown below will expire on:		10/1/2024	
	correct the City, state and ZIP Code. P			The fee to renew these certifications: \$50			
				requirements by result in an	y the exp	submit renewal iration date will all late fees as ction V.	
I. CERTIFI	CATES TO RENEW:				Tı	raining Units	
Certification	Type Category			Class		equired	
OPERATOR	WATER	TREATMENT		4	30	)	
II. CURREN	T EMPLOYMENT INFORMATIO	ON					
Employer's Naı	ne:			Phone #:			
Number of Fac	ilities (or Plants) that you currently operate	e:		I am employed	by the Fa	cility owner	
I am currently not operating any Facility			I provide contractual services to the Facility				
Please provide	the following information about each Fac	cility/Plant that you operate. Us	se addtio	nal pages as neede	d.		
Facility / Plant Name		C	lass P	DWIS (Water) N	PDES (W	/astewater)	



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

Page 2

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•	Please enter you're current address on the lines below an		Certification(s) shown below will expire on: 10/1/2024	
	correct the City, state and ZIP Code. Please print legibly		The fee to renew these certifications: \$50	
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLE	ECTION	2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
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#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page of	one of a two page form. Both	pages must be completed and returi	ned. C	perator Certification N	umber: <b>4949</b>
		ou're current address on the lines below and, if necessa		Certification(s) below will exp	
	correct the City, state and Z	City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100
				requirements by result in an ac	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIF	ICATES TO RENEW:				Training Units
Certification	Type	Category		Class	Required
OPERATOR	?	WASTEWATER COLLECTION		2	16
OPERATOR	8	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INFO	RMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you curre	ently operate:		I am employed b	by the Facility owner
I am currently	not operating any Facility	<u> </u>	Ιj	provide contractual ser	rvices to the Facility
Please provide	the following information abo	- ut each Facility/Plant that you operat	te. Use addt	ional pages as needed.	·
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)
					_
		(OVER)			



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Page 2

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Mail to: Maryland Department of	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: <b>5153</b>
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		necessary,	Certification(s) below will ex	
					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. CERTIFI	<b>CATES TO RENEW</b>	<u>.</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTI	ON	2	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	me:			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 se	rvices to the Facility	
Please provide	the following information a	bout each Facility/Plant that you op	erate. Use add	tional pages as needea	1.
Facility / Plant	Name		Class	PDWIS (Water) NI	PDES (Wastewater)



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

Page 2

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Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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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				perator Certification Number: <b>5252</b>		
SHANKLE	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will expi			
			The fee to renew certification	\$50		
,				Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WATER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFO	RMATION				
Employer's Nar	me:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility		Ιj	I provide contractual services to the Facility			
Please provide	the following information abo	- ut each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	_	
Facility / Plant Name			Class	PDWIS (Water) NPI	DES (Wastewater)	



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Page 2

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Applicant's Signature		Date	
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Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
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This is page one	of a two page form. Both	pages must be completed and retur	ned.	Operator Certification	Number:	5346
CORRERI, JR.  Please enter you're c		e current address on the lines below and, if necessa		Certification(s below will ex		10/1/2024
(	correct the City, state and 2	City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$100
				requirements b result in an	y the expi	submit renewal iration date will al late fees as ction V.
I. CERTIFICA	ATES TO RENEW:				Tr	raining Units
Certification Ty	/pe	Category		Class	Re	equired
OPERATOR		WASTEWATER COLLECTION	٧	2	16	3
OPERATOR		WATER TREATMENT		4	30	)
II. CURRENT I	EMPLOYMENT INFO	ORMATION				
Employer's Name:				Phone #:		
Number of Faciliti	les (or Plants) that you curr	rently operate:		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 ab	— out each Facility/Plant that you opera	ıte. Use addt	ional pages as neede	ed.	
Facility / Plant Na	me		Class	PDWIS (Water) N	IPDES (W	astewater)
		(OVER)				



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

Page 2

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This is page of	one of a two page form. Bo	oth pages must be completed and retu	urned. O	perator Certifcation Nu	mber: <b>5348</b>
•	•	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi	111/1/211/21
	correct the City, state an			The fee to renew certifica	450
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEV	<u>V:</u>			<b>Training Units</b>
Certification	າ Type	Category		Class	Required
OPERATOR	₹	WASTEWATER TREATMEN	IT	Α	16
<b>OPERATOR</b>	3	WASTEWATER TREATMEN	IT	5	30
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	ime:			Phone #:	
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιp	provide contractual serv	ices to the Facility
Please provide	e the following information of	about each Facility/Plant that you ope	rate. Use addti	ional pages as needed.	
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WHITE		Please enter you're current address on the lines below and, if necessar		Certification(s) sl below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$ 100	
					ete or submit renewal he expiration date will
					ditional late fees as I in Section V.
I. CERTIFI	CATES TO RE	NEW:		- described	Training Units
Certification	Туре	Category		Class	Required
SUPERINTE	ENDENT	WASTEWATER TREATME	NT	3	7
SUPERINTE	ENDENT	WATER TREATMENT		2	7
OPERATOR	}	WATER TREATMENT		2	16
II. CURREN	T EMPLOYMEN	ΓINFORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that	you currently operate:		I am employed by	the Facility owner
I am currently i	not operating any Faci	lity	Ιp	provide contractual serv	ices to the Facility
Please provide	the following informa	tion about each Facility/Plant that you o	perate. Use addti	onal pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



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

Page 2

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

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- 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.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of
Operator in Responsible Charge:

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			rned. O	Operator Certification Number: <b>594</b>		
•	•	er you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp		/1/2024
	correct the City, state and			The fee to renew certific	451	)
				Failure to compl requirements by result in an ac describe	the expiration	on date will e fees as
I. CERTIF	ICATES TO RENEW	<u>.</u>			Traini	ng Units
Certification	n Type	Category		Class	Requi	red
OPERATOR	₹	WASTEWATER TREATMENT	-	5	30	
<b>OPERATOR</b>	₹	WASTEWATER TREATMENT	-	А	16	
II. CURREN	NT EMPLOYMENT INF	ORMATION				
Employer's Na	ime:			Phone #:		
Number of Fac	cilities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility	owner
I am currently	not operating any Facility		Ιp	provide contractual ser	vices to the I	Facility
Please provide	the following information al	bout each Facility/Plant that you operc	ate. Use addti	onal pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Waster	water)
		(OVER)				



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

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page of	ne of a two page form. Bo	th pages must be completed and re	turned. O	perator Certifcation Nu	mber: <b>6633</b>
•	•	re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi	111/1/2012/1
	correct the City, state and			The fee to renew certifica	450
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>/:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
TEMPORAR	Υ	WASTEWATER TREATME	NT	5	45
TEMPORAR	Y	WASTEWATER TREATME	NT	Α	24
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility		ΙĮ	provide contractual serv	vices to the Facility
Please provide	the following information d	— nbout each Facility/Plant that you op	erate. Use addti	ional pages as needed.	_
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#### **III. CONTINUING EDUCATION:**

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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.			t <b>urned.</b> O	perator Certifcation Nu	mber: <b>6867</b>
•	•	e current address on the lines below and, if necessary, tate and ZIP Code. Please print legibly.		Certification(s) si below will expi	111/1/211/21
	correct the City, state and			The fee to renew certification	\$50
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>7:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR	2	WASTEWATER TREATMEN	NT	5	30
OPERATOR	1	WASTEWATER TREATMEN	١T	Α	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility		Ιp	provide contractual serv	rices to the Facility
Please provide	the following information a	bout each Facility/Plant that you ope	erate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			ned. O	Operator Certification Number: 6977		
•	-	ase enter you're current address on the lines below and, if necessary, eet the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) below will exp		
	correct the City, state and ZII			The fee to renew certific	\$5A	
				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 <sup>-</sup>	Гуре С	ategory		Class	Required	
OPERATOR	W	ASTEWATER TREATMENT		5	30	
II. CURRENT	EMPLOYMENT INFOR	RMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you curren	tly operate:		I am employed b	y the Facility owner	
I am currently no	ot operating any Facility	<del></del>	ΙĮ	provide contractual ser	vices to the Facility	
Please provide ti	he following information abou	t each Facility/Plant that you opera	te. Use addt	ional pages as needed.	. —	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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

Page 2

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	Please enter you're currer	re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s) s below will exp		24
	correct the City, state and			The fee to renew certification	<b>450</b>	
				requirements by to result in an ad	lete or submit rene the expiration date Iditional late fees a d in Section V.	will
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Certification	Type	Category		Class	Required	
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<b>OPERATOR</b>		WASTEWATER TREATMENT		Α	16	
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Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	urrently operate:		I am employed by	y the Facility owner	
I am currently n	ot operating any Facility		Ιp	rovide contractual ser	vices to the Facility	
Please provide i	the following information a	bout each Facility/Plant that you opera	te. Use addti	onal pages as needed.		
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned. Open				rator Certifcation N	lumber: <b>7777</b>	
MOORE		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.		state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$100	
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIF	ICATES TO R	ENEW:			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR	₹	WATER TREATMENT		5	16	
SUPERINTE	ENDENT	WATER TREATMENT		4	7	
OPERATOR	?	WATER TREATMENT		4	30	
SUPERINTE	ENDENT	WATER TREATMENT		5	7	
II. CURREN	T EMPLOYMEN	NT INFORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) tha	at you currently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility			I pro	I provide contractual services to the Facility		
Please provide	the following inform	nation about each Facility/Plant that you operate. Use	addtion	al pages as needed	<u> </u>	
Facility / Plant	Name	Clas	ss PD	OWIS (Water) NP	PDES (Wastewater)	
		(OVER)				
		(UVEK)				



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

Page 2

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

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Operator in Responsible Charge:

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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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SHIELDS	Please enter you're current address on the lines below and, if necessary		if necessary,	Certification(s) s below will exp		
	correct the City,	y, state and ZIP Code. Please print legibly.		The fee to renew certification	\$ 100	
					ete or submit renewal the expiration date will	
				result in an ad	additional late fees as bed in Section V.	
I. CERTIF	ICATES TO R	ENEW:		— describe	Training Units	
Certification	туре	Category		Class	Required	
SUPERINTE	ENDENT	WATER TREATMENT		1	7	
SUPERINTE	ENDENT	WATER TREATMENT		3	7	
SUPERINTE	ENDENT	WASTEWATER TREATM	ENT	3	7	
II. CURREN	T EMPLOYME	NT INFORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) tha	at you currently operate:		I am employed by	y the Facility owner	
I am currently	not operating any Fa	cility	Ιŗ	provide contractual serv	vices to the Facility	
Please provide	the following inform	nation about each Facility/Plant that you	operate. Use addti	ional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	
		·				
		(OVER)				



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

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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.				on Number: <b>7990</b>		
	Please enter you're current address on the lines below and, if necessary,		Certification below wil	n(s) shown l expire on: 10/1/2024		
	correct the City, state and ZIP Code. I	rrect the City, state and ZIP Code. Please print legibly.	The fee to re	enew these rtifications: \$50		
			Failure to complete or submit renews requirements by the expiration date we result in an additional late fees as described in Section V.			
I. CERTIFIC	CATES TO RENEW:			Training Units		
Certification <sup>1</sup>	Type Category		Class	Required		
OPERATOR	INDUST	RIAL WASTEWATER	7	16		
II. CURRENT	EMPLOYMENT INFORMATION	ON				
Employer's Nam	e:		Phone	#:		
Number of Facil	ities (or Plants) that you currently opera	te:	I am employ	yed by the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide t	he following information about each Fa	cility/Plant that you operate. Use a	ddtional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)		



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

Page 2

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This is page o	ne of a two page form. Both pages must be completed and ret	urned. Og	perator Certification Nu	mber: <b>8135</b>
LACEY	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will expi	
correct the City	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
OPERATOR	WASTEWATER TREATMEN	IT	5	30
OPERATOR	WASTEWATER TREATMEN	IT	Α	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Naı	me:		Phone #:	
Number of Fac	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	I p	rovide contractual serv	rices to the Facility
Please provide	the following information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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

Page 2

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•	•	Please enter 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	tate and ZIP Code. Please print legibly.		The fee to renew certifica	\$100
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATE	R	2	0
TEMPORARY	Y	WASTEWATER COLLECTION	NC	2	24
II. CURRENT	ΓEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		Ιŗ	provide contractual serv	rices to the Facility
Please provide t	the following information a	bout each Facility/Plant that you ope	rate. Use addti	ional pages as needed.	
Facility / Plant N	Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)



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

Page 2

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•	-	er you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) sh below will expir	
	correct the City, state and Zl			The fee to renew these certifications: \$50	
				requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification 7	Гуре С	Category		Class	Required
TEMPORARY	<b>/</b>	VATER TREATMENT		2	24
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you curre	ntly operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		ΙĮ	provide contractual serv	ices to the Facility
Please provide ti	he following information abou	ut each Facility/Plant that you operd	ate. Use addti	ional pages as needed.	_
Facility / Plant Name			Class	PDWIS (Water) NPD	ES (Wastewater)



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

Page 2

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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

#### VII. APPLICANT'S STATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			erator Certification Nu	ımber: <b>8479</b>
	lease enter you're current address on the lines below and, if necessary,	,	Certification(s) s below will exp	
	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirements by t	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	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. Use	e addtioi	nal pages as needed.	
Facility / Plant Nan	ne Cla	ass Pl	OWIS (Water) NPI	DES (Wastewater)



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

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	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 one of a two page form. Both pages must be completed and returned.			Operator Certification	on Number:	8520	
•	Please enter you're current address on the		Certification below wil	n(s) shown l expire on:	10/1/2024	
	correct the City, state and ZIP Code. Plea	ase print legibly.		The fee to renew these certifications: \$50		
			requirements	s by the expi	submit renewal iration date will al late fees as ction V.	
I. CERTIFIC	CATES TO RENEW:				aining Units	
Certification <sup>1</sup>	Гуре Category		Class		equired	
OPERATOR	WASTEWA	ATER TREATMENT	5	30	)	
II. CURRENT	EMPLOYMENT INFORMATION	V				
Employer's Nam	e:		Phone	#:		
Number of Facil	ities (or Plants) that you currently operate:		I am employ	ed by the Fa	cility owner	
I am currently not operating any Facility			I provide contractua	l services to	the Facility	
Please provide t	he following information about each Facil	ity/Plant that you operate. Use ac	ddtional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	'astewater)	



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one	of a two page form. Both pages must be completed and retu	rned. O	perator Certifcation Nu	ımber: <b>8543</b>
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) s below will expi	101/1/2012/1
•			The fee to renew certification	950
			Failure to complete or submit renewal 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	ype Category		Class	Required
OPERATOR	WATER TREATMENT		3	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	Ιp	provide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant Na	nme	Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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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	d Waste Systems Operators	
Mail to: Maryland Department of	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 Certification Number: 8865		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ary,	Certification(s) s below will expi		
			The fee to renew certification	\$50	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.		
Facility / Plant Na	me	Class P	DWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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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.			ned. O	Operator Certification Number: 9294		
	•	ase enter you're current address on the lines below and, if necessary, eet the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) below will exp		
	correct the City, state and ZI			The fee to renew certific	v these cations: \$50	
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification	Type C	ategory		Class	Required	
OPERATOR	V	ASTEWATER TREATMENT	-	4	30	
II. CURREN	Γ EMPLOYMENT INFOI	RMATION				
Employer's Nan	ne:			Phone #:		
Number of Facil	lities (or Plants) that you curren	ntly operate:		I am employed b	by the Facility owner	
I am currently n	ot operating any Facility	<del></del>	Ιį	provide contractual ser	rvices to the Facility	
Please provide i	the following information abou	t each Facility/Plant that you opera	ite. Use addt	ional pages as needed	 :	
Facility / Plant Name		Class	PDWIS (Water) NP	PDES (Wastewater)		



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

Page 2

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This is page of	one of a two page form. Bo	th pages must be completed and retu	rned. O	perator Certifcation Nu	ımber: <b>9456</b>
•	•	u're current address on the lines below and, if necessary, , state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
	correct the City, state and			The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW	<u>7:</u>			<b>Training Units</b>
Certification	1 Type	Category		Class	Required
OPERATOR	₹	WASTEWATER TREATMENT	Τ	5	30
OPERATOR	?	WASTEWATER TREATMEN	Т	Α	16
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page of	one of a two page form. B	oth pages must be completed and ret	urned. C	Operator Certification N	Number:	9644
BROWN		enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.		Certification(s) below will ex		10/1/2024
correct the City	correct the City, state a			The fee to rener certifi	w these ications:	\$50
				Failure to comp requirements by		
				result in an a	additional late fees as bed in Section V.	
I. CERTIF	ICATES TO RENEV	<u>W:</u>		describ		aining Units
Certification	Туре	Category		Class		quired
OPERATOR	?	WASTEWATER TREATMEN	IT	5	30	
OPERATOR	R	WASTEWATER TREATMEN	IT	Α	16	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you	currently operate:		I am employed	by the Fac	ility owner
I am currently	not operating any Facility		I	provide contractual se	ervices to	the Facility
Please provide	the following information	about each Facility/Plant that you ope	rate. Use addt	ional pages as needed	<i>d</i> .	
Facility / Plant	Name		Class	PDWIS (Water) NI	PDES (W	astewater)
		(OVER)				



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

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned. Ope			perator Certification Number: 9649		
THOMAS, J	Please enter you're current address on the lines be		Certification(s) below will ex		
	correct the City, state and ZIP Code. Please print	de. Please print legibly.	The fee to renev	w these cations: \$100	
			— requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.	
I. CERTIFI	CATES TO RENEW:			<b>Training Units</b>	
Certification	Type Category		Class	Required	
OPERATOR	WATER TREATM	ENT	2	16	
OPERATOR	WATER TREATM	ENT	4	30	
OPERATOR	WASTEWATER T	REATMENT	5	30	
OPERATOR	WASTEWATER T	REATMENT	Α	16	
II. CURREN	Γ 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	]	provide contractual se	rvices to the Facility	
Please provide i	the following information about each Facility/Plant	that you operate. Use add	dtional pages as needea	<u></u>	
Facility / Plant 1	Name	Class	PDWIS (Water) NI	DES (Wastewater)	
	1/	OVER)			
	II.	·			



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

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	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. Open			erator Certifcation	Number:	9693		
•	•	enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on:		10/1/2024	
	correct the City, state and ZIP Code. Pl	I ZIP Code. Please print legibly.		The fee to ren	new these ifications:	\$50	
				Failure to complete or submit renevely requirements by the expiration date result in an additional late fees as described in Section V.			
I. CERTIFI	CATES TO RENEW:					raining Units	
Certification	Type Category			Class		Required	
OPERATOR	WATER T	REATMENT		4	3	30	
II. CURREN	Γ EMPLOYMENT INFORMATIO	N					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you currently operate	e:		I am employed	d by the F	acility owner	
I am currently n	ot operating any Facility		I pro	ovide contractual	services to	the Facility	
Please provide	the following information about each Fac	ility/Plant that you operate. Us	se addtio	nal pages as need	'ed.		
Facility / Plant Name		C	lass P	DWIS (Water)	NPDES (V	Wastewater)	



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

Page 2

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Applicant's Signature		Date	
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	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on			
	correct the City, state and ZIP Code. Please pr	int legibly.	The fee to re	enew these rtifications:	\$50	
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
I. CERTIFI	CATES TO RENEW:				raining Units	
Certification	Type Category		Class		quired	
OPERATOR	WATER TREAT	MENT	4	30	)	
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nar	me:		Phone	#:		
Number of Faci	ilities (or Plants) that you currently operate:	_	I am employ	red by the Fac	cility owner	
I am currently r	not operating any Facility	_	I provide contractua	al services to	the Facility	
Please provide	the following information about each Facility/Pl	ant that you operate. Use ac	ldtional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	astewater)	



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

Page 2

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	Please enter you're current address on the lines below and, if necessary,		necessary,	Certification(s) s below will exp	
	correct the City, state and Z	City, state and ZIP Code. Please print legibly.		The fee to renew certification	950
				requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as
I CEDTIEI	CATES TO RENEW:			— describe	d in Section V.
Certification		Category		Class	Training Units Required
OPERATOR		WATER TREATMENT		4	30
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Nar	ne:			Phone #:	
Number of Fac	ilities (or Plants) that you curr	ently operate:		I am employed by	y the Facility owner
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Please provide	the following information abo	_ out each Facility/Plant that you op	erate. Use add	tional pages as needed.	
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#### **III. CONTINUING EDUCATION:**

Page 2

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FORTE  Please enter you're current address on the lines below and, if necorrect the City, state and ZIP Code. Please print legibly.				Certification(s) sl below will expi		10/1/2024
		e and ZIP Code. Please print legibly.		The fee to renew certifica		\$50
				Failure to comple requirements by the result in an adden	he expii ditional	ration date will late fees as
	ICATES TO REN	IEW:				aining Units
Certification	n Type	Category		Class	Re	quired
SUPERINTI	ENDENT	WATER TREATMENT		3	7	
SUPERINTI	ENDENT	WATER TREATMENT		4	7	
II. CURREN	NT EMPLOYMENT	INFORMATION				
Employer's Na	ame:			Phone #:		
Number of Fac	cilities (or Plants) that y	ou currently operate:		I am employed by	the Fac	ility owner
I am currently	not operating any Facili	ity	I p	rovide contractual serv	ices to t	he Facility
Please provide	e the following informat	ion about each Facility/Plant that you operate	e. Use addti	onal pages as needed.		
Facility / Plant	t Name		Class	PDWIS (Water) NPD	DES (Wa	astewater)
		(OVER)				



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

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- No course can be used more than one time for any three-year renewal period.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge:

### V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page or	ne of a two page form. Bot	h pages must be completed and retu	rned. Op	perator Certification Nu	mber:	9775
•	-	ou're current address on the lines below and, if necessary		Certification(s) si below will expi		10/1/2024
	correct the City, state and	state and ZIP Code. Please print legibly.		The fee to renew certification		\$50
				Failure to comple requirements by t result in an ad described	he expii ditional	ration date will late fees as
	CATES TO RENEW	<u>.</u>				aining Units
Certification	Type	Category		Class	Re	quired
TEMPORAR'	Υ	WASTEWATER TREATMENT	Τ	5	45	
TEMPORAR'	Υ	WASTEWATER TREATMENT	Τ	Α	24	
II. CURREN	Γ EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Fac	ility owner
I am currently n	ot operating any Facility		I p	rovide contractual serv	ices to t	the Facility
Please provide i	the following information al	bout each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.		
Facility / Plant N	Name		Class 1	PDWIS (Water) NPI	DES (Wa	astewater)
		(OVER)				



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	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.			perator Certification Nu	ımber: <b>9777</b>	
	Please enter you're current address on the lines below and, if	necessary,	Certification(s) si below will expi		
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 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	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ιp	rovide contractual serv	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you op	perate. Use addti	onal pages as needed.		
Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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

This is page one of a two page form. Both pages must be completed and returned			Operator Certification Number: 9811		
SHREVE, JR.  Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		ary,	Certification(s) shown below will expire on: 10/1/2024		
			The fee to renew certific	\$ 100	
			requirements by result in an ac	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO R	RENEW:			<b>Training Units</b>	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER COLLECTION		2	7	
SUPERINTENDENT	WATER TREATMENT		1	7	
SUPERINTENDENT	WASTEWATER TREATMENT		3	7	
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
SUPERINTENDENT	WASTEWATER TREATMENT		Α	7	
II. CURRENT EMPLOYME	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) th	nat you currently operate:		I am employed b	by the Facility owner	
I am currently not operating any F	Facility	I pro	vide contractual ser	rvices to the Facility	
Please provide the following infor	rmation about each Facility/Plant that you operate.	Use addtion	al pages as needed.	•	
Facility / Plant Name		Class PI	OWIS (Water) NP	DES (Wastewater)	
				_	



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

Page 2

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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.			rned. O	perator Certification Nu	mber: <b>9822</b>
MCLEOD	•	u're current address on the lines below and, if necess		Certification(s) sl below will expi	
correct the City, sta		state and ZIP Code. Please print legibly.		The fee to renew certifica	450
				requirements by t	ete or submit renewal he expiration date will
					ditional late fees as l in Section V.
I. CERTIFI	CATES TO RENEW	<u>V:</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORAR	RY	WASTEWATER TREATMENT	-	5	45
TEMPORAR	RY	WASTEWATER TREATMENT	-	Α	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility	$\Box$	Ιp	rovide contractual serv	rices to the Facility
Please provide	the following information of	about each Facility/Plant that you operc	ate. Use addti	onal pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPE	DES (Wastewater)
					-
		(OVER)			



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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COLE, SR.	Please enter you're current address on the lines below and, if necessary,	ecessary,	Certification(s) s below will expi	111/1/2012/1			
	correct the City, state and Z	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50		
				Failure to complete or submit renew requirements by the expiration date versult in an additional late fees as described in Section V.			
I. CERTIFI	CATES TO RENEW:				Training Units		
Certification	Type	Category		Class	Required		
OPERATOR	\	WATER TREATMENT		4	30		
II. CURREN	T EMPLOYMENT INFO	RMATION					
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	I provide contractual services to the Facility			
Please provide	the following information abo	- ut each Facility/Plant that you ope	erate. Use addi	tional pages as needed.			
Facility / Plant Name			Class	PDWIS (Water) NPI	DES (Wastewater)		



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Page 2

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* AN INCOMPI	LETE APPLICATION WILL	BE RETURNED *		
I consent to receive my certificate(s)	by emial in lieu of mail			



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

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

This is page one of a two page form. Both pages must be completed and returned. Ope				Operator Certification Number: 9845			
	Please enter you're current address on the lines below and, if necessary,			Certification below will			
	correct the City, state and ZIP Code. Plea	rect the City, state and ZIP Code. Please print legibly.		The fee to recei	enew these rtifications	<b>450</b>	
			:	Failure to complete or submit renew requirements by the expiration date was result in an additional late fees as described in Section V.		xpiration date wil nal late fees as	
I. CERTIFIC	CATES TO RENEW:					Training Units	
Certification	Type Category			Class		Required	
OPERATOR	WATER TF	REATMENT		4	;	30	
II. CURREN	FEMPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			Ī	
I am currently not operating any Facility			I provide contractual services to the Facility				
Please provide t	he following information about each Facil	ity/Plant that you operate. Use	addtiona	l pages as nee	eded.		_
Facility / Plant Name		Clas	ss PDV	WIS (Water)	NPDES (	Wastewater)	
							_
							_
							_



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

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

### V. LATE FEES AND REINSTATEMENT

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

#### VII. APPLICANT'S STATEMENT

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

Applicant's Signature		Date		
Last 4 digits of Social Security Number	Email Address			
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708		
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