

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	is is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: <b>0104</b>			
MARINELLI		address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: <b>10/1/202</b>				
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>		\$50		
				- requirements result in a	s by the ex	submit renewal piration date will tal late fees as ection V.		
I. CERTIFIC	CATES TO RENEW:				-	Fraining Units		
Certification T	<b>Туре</b>	Category		Class	I	Required		
OPERATOR		WASTEWATER TREATMENT		А		16		
OPERATOR		WASTEWATER TREATMENT		5	3	30		
II. CURRENT	EMPLOYMENT INFO	ORMATION						
Employer's Name	2:			Phone #	#:			
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	ed by the H	Facility owner		
I am currently no	t operating any Facility		I p	I provide contractual services to the Facility				
Please provide th	e following information ab	out each Facility/Plant that you opera	te. Use addtio	onal pages as nee	eded.			
Facility / Plant N	ame		Class I	PDWIS (Water)	NPDES (	Wastewater)		



## **III. CONTINUING EDUCATION:**

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

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

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

# VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page one of a two page for	orm. Both pages must be completed and return	ed. O <sub>l</sub>	perator Certifcation Nu	umber: <b>0282</b>	
	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 certification	\$50	
			<ul> <li>requirements by tresult in an ad</li> </ul>	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO R				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EMPLOYME	NT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) the	at you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Fa	acility	I p	rovide contractual serv	vices to the Facility	
Please provide the following infor	mation about each Facility/Plant that you operate	. Use addti	onal pages as needed.		
Facility / Plant Name		Class ]	PDWIS (Water) NPI	DES (Wastewater)	



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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page on	e of a two page forn	n. Both pages must be completed and	l returned.	Operator Certifcation N	umber: 0541
BEARD, JR.	Please enter you're current address on the lines below and, if necessary		, if necessary,	Certification(s) below will exp	10/1/2025
	correct the City, sta	te and ZIP Code. Please print legibly.		The fee to renew certific	\$50
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	<u>CATES TO REN</u>	IEW:			<b>Training Units</b>
Certification	Туре	Category		Class	Required
SUPERINTENI	DENT	WATER TREATMENT		4	7
II. CURRENT	Г EMPLOYMENT	INFORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that y	ou currently operate:		I am employed b	y the Facility owner
I am currently no	ot operating any Facil	ity		I provide contractual ser	vices to the Facility
Please provide t	the following informat	ion about each Facility/Plant that you	operate. Use add	dtional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NP	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

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This is page on	e of a two page form. Both pages must be completed and returned	. 0	perator Certifcation Nu	mber: 0553
MARSHALL	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:			Training Units
Certification 7	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	Ιp	provide contractual serv	vices to the Facility
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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

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Last 4 digits of Social Security Number

Email Address

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	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 certification	\$50
			- requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant Na	cl	lass I	PDWIS (Water) NPI	DES (Wastewater)



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	enter you're current address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 10/1/2 The fee to renew these certifications: \$100		10/1/2025			
correct	the City, state and ZIP Code. Please print legibly.				\$100			
			<ul> <li>Failure to complete or submit renewal</li> <li>requirements by the expiration date will result in an additional late fees as</li> <li>described in Section V.</li> </ul>					
I. CERTIFICATES	TO RENEW:			т	raining Units			
Certification Type	Category		Class		equired			
OPERATOR	WASTEWATER COLLECTION		2	1	6			
OPERATOR	WATER DISTRIBUTION		1	1	6			
II. CURRENT EMPL	OYMENT INFORMATION							
Employer's Name:			Phone #	:				
Number of Facilities (or F	Plants) that you currently operate:		I am employe	d by the Fa	acility owner			
I am currently not operation	ng any Facility	I pi	I provide contractual services to the Facility					
Please provide the follow	ing information about each Facility/Plant that you operate.	Use addtic	onal pages as need	led.				
Facility / Plant Name		Class F	DWIS (Water)	NPDES (V	Vastewater)			



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

• 8	two page form. Both pages must be completed and returned	l. Op	perator Certifcation N	Jumber: 0783	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex		
corre	ct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>		
I. CERTIFICATES TO RENEW:			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.		
				<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EMP	PLOYMENT INFORMATION				
Employer's Name:			Phone #:	_	
Number of Facilities (o	r Plants) that you currently operate:		I am employed l	by the Facility owner	
I am currently not opera	ating any Facility	I pı	rovide contractual se	rvices to the Facility	
Please provide the follo	owing information about each Facility/Plant that you operate. U	Use addtic	onal pages as needed	!.	
Facility / Plant Name		Class F	PDWIS (Water) NI	PDES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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This is page one	of a two page form. Both pages must be completed and returned.	O	perator Certifcation N	umber: <b>0909</b>
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
SUPERINTEND	ENT WASTEWATER TREATMENT		5	7
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I p	provide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	se addti	onal pages as needed.	
Facility / Plant Na	c C	Class	PDWIS (Water) NP	DES (Wastewater)



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WHITLEY Please enter you're current address on the lines below and, if necessary,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.	The fee to renew certific	v these <b>\$100</b> cations:
	Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.	
I. CERTIFICATES TO RENEW:		Training Units
Certification Type Category	Class	Required
OPERATOR WATER TREATMENT	1	16
SUPERINTENDENT WATER TREATMENT	1	7
II. CURRENT EMPLOYMENT INFORMATION		
Employer's Name:	Phone #:	
Number of Facilities (or Plants) that you currently operate:	I am employed b	by the Facility owner
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MANKO	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	<b>SEMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
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JUNIOR	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	
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			- requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
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Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
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•	address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: <b>10/1/202</b>		
correct the City, state and	ZIP Code. Please print legibly.		The fee to ren cert	new these <b>\$100</b>	
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.		
I. CERTIFICATES TO RENEW	- -			Training Units	
Certification Type	Category		Class	Required	
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Facility / Plant Name		Class PI	OWIS (Water)	NPDES (Wastewater)	



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

# VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one of a two page form. Both	h pages must be completed and return	ed. Op	erator Certifcatio	on Number:	: 10221
•	Please enter you're current address on the lines below and, if necessa		Certification below wil	n(s) shown l expire on:	10/1/2025
correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$100</b>		
			requirements - result in a	s by the exj	submit renewal piration date will nal late fees as ection V.
I. CERTIFICATES TO RENEW:	<u> </u>			ſ	Fraining Units
Certification Type	Category		Class		Required
OPERATOR	WASTEWATER COLLECTION		2	1	6
OPERATOR	WATER DISTRIBUTION		1	1	6
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone	#:	
Number of Facilities (or Plants) that you cur	rently operate:		I am employ	red by the F	acility owner
I am currently not operating any Facility		I pi	rovide contractua	l services t	o the Facility
Please provide the following information ab	pout each Facility/Plant that you operate	e. Use addtio	onal pages as nee	eded.	
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (V	Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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

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

This is page one of a two page form. Both pages must be completed and returned. Ope				erator Certifcation Number: 10233		
	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 below will		10/1/2025	
				The fee to renew these certifications: <b>\$50</b>		
				Failure to complete or submit re requirements by the expiration da result in an additional late fee described in Section V.		iration date will al late fees as
I. CERTIFIC	CATES TO RENEW	<u>.</u>			т	raining Units
Certification <sup>-</sup>	Туре	Category		Class	R	equired
SUPERINTEND	DENT	WASTEWATER TREATMENT		5	7	
SUPERINTEND	DENT	WASTEWATER TREATMENT		А	7	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	e:			Phone #	:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employe	d by the Fa	cility owner
I am currently no	ot operating any Facility		Ιŗ	provide contractual	services to	the Facility
Please provide th	he following information at	bout each Facility/Plant that you ope	rate. Use addti	ional pages as need	led.	
Facility / Plant N	Jame		Class	PDWIS (Water)	NPDES (W	Vastewater)



## **III. CONTINUING EDUCATION:**

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

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

This is page one	of a two page form. Both pages must be completed and returned.	Op	erator Certifcation	Number:	1031
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	,	Certification(s) shown below will expire on:		10/1/2025
			The fee to ren certi	ew these fications:	\$50
			Failure to complete or subm requirements by the expiration result in an additional late described in Section		oiration date will al late fees as
	ATES TO RENEW:			т	raining Units
Certification T	ype Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	l by the Fa	acility owner
I am currently not	operating any Facility	I pr	ovide contractual s	services to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtio	nal pages as neede	ed.	
Facility / Plant Na	ume Cla	ass P	DWIS (Water) N	NPDES (V	Vastewater)



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

This is page on	e of a two page form. Both pages must be completed and returned.	Op	perator Certifcation Nu	umber: 10321
HUTTON	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
			The fee to renew certifica	\$50
			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification 7	Type Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	I pi	rovide contractual serv	vices to the Facility
Please provide th	he following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed.	
Facility / Plant N	lame Cla	ass F	PDWIS (Water) NPI	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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This is page one	e of a two page form. Both pages must be completed and returned.	perator Certification Number: 10327			
PAYTON	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will expi		
			The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
	CATES TO RENEW:		-	Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	x.		Phone #:		
Number of Facili	ties (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			vices to the Facility		
Please provide th	e following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.		
Facility / Plant Na	ame Cla	ass P	DWIS (Water) NPI	DES (Wastewater)	



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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.	perator Certification N	umber: 10385	
AMEGNIKIN	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	/,	Certification(s) s below will exp	
			The fee to renew certific	\$50
			- requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I p	rovide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.	
Facility / Plant Na	ame Cl	lass I	PDWIS (Water) NP	DES (Wastewater)



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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

# VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one	of a two page form. Both pages must be completed and returned	l. Op	erator Certifcation N	umber: 1051
	Please enter you're current address on the lines below and, if necessary,	ıry,	Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these <b>\$50</b>
			- requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility	I pı	covide contractual set	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Use addtio	onal pages as needed	
Facility / Plant Na	ame	Class F	PDWIS (Water) NP	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- 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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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page on	e of a two page form. Both pages must be completed and returned.	Operation	ator Certifcatio	on Number:	10642
INGRAM	Please enter you're current address on the lines below and, if necessary,		Certification below will	n(s) shown l expire on:	10/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$50
			<ul> <li>Failure to complete or submit reported and the submit reported at the submit reported at the submit reported at the submit in an additional late fees described in Section V.</li> </ul>		oiration date will al late fees as
	CATES TO RENEW:				raining Units
Certification <sup>-</sup>	Type Category		Class	R	equired
TEMPORARY	WATER TREATMENT		1	2	4
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #	<b>#:</b>	
Number of Facil	ities (or Plants) that you currently operate:		I am employ	ed by the F	acility owner
I am currently no	ot operating any Facility	I prov	vide contractua	l services to	the Facility
Please provide t	he following information about each Facility/Plant that you operate. Use	addtiond	al pages as nee	ded.	
Facility / Plant N	Tame Clas	ss PD	WIS (Water)	NPDES (V	Wastewater)



## **III. CONTINUING EDUCATION:**

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page or	ne of a two page form. Both pages must be completed and returned	l. Oj	perator Certifcation Nu	mber: 10654
KENNEDY	Please enter you're current address on the lines below and, if necessary,	ıry,	Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.	
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURREN	<b>FEMPLOYMENT INFORMATION</b>			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide i	the following information about each Facility/Plant that you operate. U	Use addti	onal pages as needed.	
Facility / Plant N	Name	Class ]	PDWIS (Water) NPI	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one	e of a two page form. Both pages must be completed and returned.	Op	erator Certifcation Nu	umber: 10661	
MATAN	Please enter you're current address on the lines below and, if necessary,	/,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
			<ul> <li>Failure to complete or submit re</li> <li>requirements by the expiration da result in an additional late feet</li> <li>described in Section V.</li> </ul>		
	CATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		3	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	t operating any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide th	e following information about each Facility/Plant that you operate. Us	se addtio	nal pages as needed.		
Facility / Plant N	ame Cl	lass P	DWIS (Water) NPI	DES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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Email Address

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 10677			
SCHROYER	Please enter you're current address on the lines below and, if necessary,	ary,	Certification( below will e			
correct	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these fications: <b>\$100</b>		
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
	CATES TO RENEW:			<b>Training Units</b>		
Certification T	ype Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		3	45		
TEMPORARY	INDUSTRIAL WASTEWATER		2	0		
TEMPORARY	WATER TREATMENT		4	45		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	2:		Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed	l by the Facility owner		
I am currently no	t operating any Facility	I prov	ide contractual	services to the Facility		
Please provide th	ne following information about each Facility/Plant that you operate.	Use addtiona	l pages as need	ed.		
Facility / Plant N	ame	Class PD	WIS (Water) N	NPDES (Wastewater)		



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This is page one	of a two page form. Both pages must be completed and returned.	Op	erator Certifcation N	Number: 10823	
	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) below will exp		025
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	w these <b>\$50</b> cations:	
			Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.		te will
	ATES TO RENEW:			Training U	nits
Certification T	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	by the Facility own	er
I am currently not	operating any Facility	I pr	ovide contractual set	rvices to the Facilit	у
Please provide the	e following information about each Facility/Plant that you operate. U	lse addtio	onal pages as needed	<i>l</i> .	
Facility / Plant Na	ame C	Class P	DWIS (Water) NF	PDES (Wastewater)	)



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

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

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page or	e of a two page form. Both pages must be completed and returned.	0	perator Certifcation Nu	mber: 10941
AUTIELLO	Please enter you're current address on the lines below and, if necessary,	/,	Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by the result in an additional content of the result in a second content of t	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT	<b>SEMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	Ιp	provide contractual serv	ices to the Facility
Please provide t	he following information about each Facility/Plant that you operate. Us	se addti	ional pages as needed.	
Facility / Plant N	Vame Cl	lass	PDWIS (Water) NPD	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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Applicant's Signature

Date

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Email Address

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This is page on	e of a two page form. Both pages must be completed and returned.	Ol	perator Certifcation Nu	mber: 11068
PETTERSON	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	4 5 A
			Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.	
	CATES TO RENEW:			<b>Training Units</b>
Certification 1	Type Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	2:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide th	ne following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.	
Facility / Plant N	ame C	lass l	PDWIS (Water) NPD	DES (Wastewater)



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

This is page one of a two page form. Both pages must be completed and returned.			<b>ned.</b> Op	Operator Certifcation Number: 11069			
BRADSHAW	Please enter you're current address on the lines below and, if necessary,	essary,	Certification below will	n(s) shown l expire on:	10/1/2025		
correct the City, state and	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these tifications:	\$50	
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		piration date will al late fees as	
I. CERTIFIC	CATES TO RENEW:				т	raining Units	
Certification T	<b>Туре</b>	Category		Class	R	Required	
OPERATOR		WASTEWATER TREATMENT		5	3	0	
OPERATOR		WASTEWATER TREATMENT		А	1	6	
II. CURRENT	EMPLOYMENT INFO	ORMATION					
Employer's Name	2:			Phone #	<b>#:</b>		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed by the Facility owner			
I am currently no	t operating any Facility		I pı	ovide contractua	l services to	o the Facility	
Please provide th	e following information ab	out each Facility/Plant that you opera	te. Use addtic	onal pages as nee	ded.		
Facility / Plant N	ame		Class P	DWIS (Water)	NPDES (V	Wastewater)	



## **III. CONTINUING EDUCATION:**

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page or	e of a two page form. Both pag	es must be completed and retu	rned. (	Operator Certifcation N	lumber: <b>11081</b>
SHERMAN	Please enter you're current address on the lines below and, if necessary,	cessary,	Certification(s) below will exp		
	correct the City, state and ZIP	Code. Please print legibly.		The fee to renew certifie	v these <b>\$50</b> cations:
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
	<u>CATES TO RENEW:</u>				<b>Training Units</b>
Certification	Type Cat	egory		Class	Required
OPERATOR	WA	STEWATER COLLECTION		2	16
II. CURREN	<b>FEMPLOYMENT INFORM</b>	IATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently	y operate:		I am employed b	by the Facility owner
I am currently n	ot operating any Facility		Ι	provide contractual se	rvices to the Facility
Please provide i	he following information about e	ach Facility/Plant that you oper	ate. Use add	tional pages as needed	!.
Facility / Plant 1	Name		Class	PDWIS (Water) NF	PDES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 11082			
RUSHING	Please enter you're current address on the lines below and, if necessary,	, if necessary,	Certification(s) s below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.		
	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION	NC	2	16		
II. CURREN	F EMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone #:			
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently n	ot operating any Facility	Ι	provide contractual serv	vices to the Facility		
Please provide	the following information about each Facility/Plant that you	u operate. Use addi	tional pages as needed.			
Facility / Plant 1	Name	Class	PDWIS (Water) NPI	DES (Wastewater)		



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This is page one of a two page for	rm. Both pages must be completed and retur	ned. O <sub>l</sub>	perator Certifcatio	on Number	: 11083
5	Please enter you're current address on the lines below and, if necessar	essary,	Certification(s) shown below will expire on: <b>10/1/2025</b>		
correct the City, s	state and ZIP Code. Please print legibly.		The fee to re cer	enew these tifications	\$50
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		piration date will nal late fees as
I. CERTIFICATES TO RE	ENEW:			٦	Fraining Units
Certification Type	Category		Class		Required
TEMPORARY	WASTEWATER TREATMENT		5	2	15
TEMPORARY	WASTEWATER TREATMENT		А	2	24
II. CURRENT EMPLOYMEN	<b>NT INFORMATION</b>				
Employer's Name:			Phone #	<b>#:</b>	
Number of Facilities (or Plants) that	t you currently operate:		I am employ	ed by the F	Sacility owner
I am currently not operating any Fa	cility	I p	rovide contractual	l services t	o the Facility
Please provide the following inform	nation about each Facility/Plant that you opera	te. Use addti	onal pages as nee	ded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (	Wastewater)



## **III. CONTINUING EDUCATION:**

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

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Name and Certification Number of Operator in Responsible Charge:

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# VII. APPLICANT'S STATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page or	e of a two page form. Both pages must be completed and returned.	Dperator Certifcation Number: 11084		
FREEMAN	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		1	16
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide t	he following information about each Facility/Plant that you operate. U	se addti	onal pages as needed.	
Facility / Plant N	Name C	Class	PDWIS (Water) NPI	DES (Wastewater)



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Date

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This is page one	perator Certifcation Number: <b>11089</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) below will ex		10/1/2025
			The fee to rene certifi	w these ications:	\$50
			<ul> <li>Failure to complete or submit re-</li> <li>requirements by the expiration d</li> <li>result in an additional late fee</li> <li>described in Section V.</li> </ul>		iration date will al late fees as
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	30	D
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Fa	cility owner
I am currently not	operating any Facility	I pro	ovide contractual se	ervices to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtion	nal pages as needed	d.	
Facility / Plant Na	cl	Class PI	OWIS (Water) N	PDES (W	/astewater)



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This is page one	of a two page form. Both pages must be completed and returned.	erator Certifcation Number: 11336		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) below will exp	
			The fee to renew certific	v these <b>\$50</b>
			Failure to complete or submit requirements by the expiration result in an additional late described in Section	
	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 b	y the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual set	rvices to the Facility
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Facility / Plant Na	ume Cl	Class P	DWIS (Water) NP	DES (Wastewater)



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Date

Last 4 digits of Social Security Number

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	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi	
			The fee to renew certifica	\$50
			requirements by the result in an additional content of the result in a second content of t	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	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
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This is page one	e of a two page form. Both pages must be completed	perator Certifcation Number: 11430		
BURNS	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	10/1/2025
			The fee to renew certific	\$50
			— requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLEC	TION	2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	x		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner
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This is page one	ed. Op	Operator Certification Number: <b>11639</b>				
MORALES	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.	ssary,	Certification below will	n(s) shown l expire on:	10/1/2025	
			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.		piration date will al late fees as
I. CERTIFIC	ATES TO RENEW:				т	raining Units
Certification T	уре Са	tegory		Class		equired
OPERATOR	WA	ASTEWATER TREATMENT		А	1	6
OPERATOR	WA	STEWATER TREATMENT		5	3	0
II. CURRENT	EMPLOYMENT INFOR	MATION				
Employer's Name	:			Phone 7	#:	
Number of Facili	ties (or Plants) that you current	y operate:		I am employ	ed by the F	acility owner
I am currently not	operating any Facility		I pr	ovide contractua	l services to	o the Facility
Please provide th	e following information about	each Facility/Plant that you operat	e. Use addtio	nal pages as nee	eded.	
Facility / Plant Na	ame		Class P	DWIS (Water)	NPDES (V	Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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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.			returned. (	Operator Certification Number: 11642			
TUCKER	Please enter you're current address on the lines below and, if necessar	f necessary,	Certification below wil	n(s) shown l expire on:	10/1/2025		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$50	
				<ul> <li>Failure to complete or submit re-</li> <li>requirements by the expiration d result in an additional late fee described in Section V.</li> </ul>		piration date will al late fees as	
I. CERTIFIC	ATES TO RENEW				Т	raining Units	
Certification T	уре	Category		Class	R	Required	
TEMPORARY		WASTEWATER TREATMENT		А	2	4	
TEMPORARY		WASTEWATER TREATMENT		5	4	.5	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Name	2:			Phone	#:		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	red by the F	acility owner	
I am currently no	t operating any Facility		Ι	provide contractua	l services to	o the Facility	
Please provide th	e following information al	out each Facility/Plant that you	operate. Use add	tional pages as nee	eded.		
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)	



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This is page or	ne of a two page form. Both pages must be completed and returned.	0	perator Certifcation Nu	mber: 12033
JOHNSON	Please enter you're current address on the lines below and, if necessary,		Certification(s) sh below will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certifica	\$50
			<ul> <li>requirements by the result in an additional sectors in a sector by the result in an additional sectors in the result in an additional sectors in the result i</li></ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURREN	FEMPLOYMENT INFORMATION			
Employer's Nan	le:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	Ιp	provide contractual serv	ices to the Facility
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Facility / Plant N	Name C.	lass	PDWIS (Water) NPD	ES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned.			urned. O	Operator Certification Number: <b>12609</b>			
BRIDGES	Please enter you're current address on the lines below and, if necessa	ecessary,	Certification below will		10/1/2025		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to ren cert	new these	\$50	
				Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		iration date will I late fees as	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Tr	aining Units	
Certification <sup>-</sup>	Туре	Category		Class		equired	
TEMPORARY		WASTEWATER TREATMENT		5	45	5	
TEMPORARY		WASTEWATER TREATMENT		А	24	Ļ	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Nam	ne:			Phone #	:		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employe	d by the Fa	cility owner	
I am currently no	ot operating any Facility		Ιŗ	provide contractual	services to	the Facility	
Please provide t	he following information al	pout each Facility/Plant that you oper	rate. Use addti	onal pages as need	led.		
Facility / Plant N	Vame		Class	PDWIS (Water)	NPDES (W	astewater)	



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This is page one	of a two page form. Both pages must be completed and returned.	Operator Certification Nur	nber: <b>12610</b>
	Please enter you're current address on the lines below and, if necessary,	Certification(s) sh below will expin	
C	correct the City, state and ZIP Code. Please print legibly.	The fee to renew t certificat	\$50
		requirements by th result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
	ATES TO RENEW:		Training Units
Certification Ty	ype Category	Class	Required
TEMPORARY	WATER TREATMENT	3	45
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 provide contractual servi	ces to the Facility
Please provide the	e following information about each Facility/Plant that you operate. Use a	addtional pages as needed.	
Facility / Plant Na	me Class	s PDWIS (Water) NPD	ES (Wastewater)



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MOSES	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	10/1/2025
corr	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$50</b>
			- requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not	t operating any Facility	I pi	rovide contractual set	rvices to the Facility
Please provide th	e following information about each Facility/Plant that you operate. U	se addtio	onal pages as needed	
Facility / Plant Na	ame	Class F	PDWIS (Water) NF	PDES (Wastewater)



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

This is page or	ne of a two page form. Both pages must be completed	l and returned.	Operator Certification N	lumber: <b>12612</b>
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	10/1/2025
	correct the City, state and ZIP Code. Please print legi	bly.	The fee to renew certific	v these <b>\$50</b> cations:
			— requirements by result in an a	elete or submit renewal the expiration date will dditional late fees as ed in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER COLLE	CTION	2	24
II. CURREN	FEMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently n	ot operating any Facility		I provide contractual set	rvices to the Facility
Please provide i	the following information about each Facility/Plant that	t you operate. Use add	dtional pages as needed	
Facility / Plant 1	Name	Class	PDWIS (Water) NP	PDES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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ges must be completed and return	ed. Op	erator Certifcatio	on Number:	12613
Please enter you're current address on the lines below and, if necessary,	ssary,			10/1/2025
Code. Please print legibly.				\$100
		Failure to complete or sub requirements by the expira result in an additional la described in Section		piration date will al late fees as
			т	raining Units
tegory		Class		Required
ASTEWATER COLLECTION		2	2	4
ATER DISTRIBUTION		1	2	4
MATION				
		Phone 7	#:	
ly operate:		I am employ	red by the F	acility owner
	I pr	ovide contractua	l services to	o the Facility
each Facility/Plant that you operate	e. Use addtio	nal pages as nee	eded.	
	Class P.	DWIS (Water)	NPDES (V	Wastewater)
	tegory ASTEWATER COLLECTION ATER DISTRIBUTION MATION ly operate:	tegory ASTEWATER COLLECTION ATER DISTRIBUTION MATION ly operate:	Certification         dress on the lines below and, if necessary,       Certification         Code. Please print legibly.       The fee to receive         Failure to corequirements       result in a descent         tegory       Class         ASTEWATER COLLECTION       2         ATER DISTRIBUTION       1         MATION       Phone         Ily operate:       I am employ         Ily operate:       Ily operate:         Ily operate:       Ily operate:         Ily operate:       Ily operate:	Aress on the lines below and, if necessary, Code. Please print legibly.       Certification(s) shown below will expire on: The fee to renew these certifications:         Failure to complete or requirements by the exp result in an addition described in Set tegory         ASTEWATER COLLECTION       2         ASTEWATER COLLECTION       2         MATION       1         Phone #:



## **III. CONTINUING EDUCATION:**

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one	of a two page form. Both pages must be completed	and returned.	Operator Certification N	umber: 12615
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	10/1/2025
с	correct the City, state and ZIP Code. Please print legit	ıly.	The fee to renew certific	\$50
			— requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLEC	TION	2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility	]	I provide contractual ser	vices to the Facility
Please provide th	e following information about each Facility/Plant that	you operate. Use add	ltional pages as needed.	
Facility / Plant Na	ume	Class	PDWIS (Water) NP	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one	of a two page form. Both pages must be completed a	nd returned.	Operator Certifcation N	Number: <b>12616</b>
	Please enter you're current address on the lines below ar		Certification(s) below will ex	
correct the City	correct the City, state and ZIP Code. Please print legibly	y.	The fee to rene certifi	w these <b>\$50</b> cations:
			— requirements by result in an a	plete or submit renewal v the expiration date will additional late fees as yed in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLECT	ION	2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility	]	provide contractual se	ervices to the Facility
Please provide the	following information about each Facility/Plant that y	ou operate. Use add	ltional pages as needed	d.
Facility / Plant Na	me	Class	PDWIS (Water) NI	PDES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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Email Address

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

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This is page one of	a two page form. Both pages i	nust be completed and return	ed. Op	erator Certifcatio	on Number:	12617
	Please enter you're current address on the lines below and, if necess		ssary,	Certification(s) shown below will expire on: 10/1/20		10/1/2025
cor	rect the City, state and ZIP Cod	e. Please print legibly.		The fee to re	enew these tifications:	\$100
				Failure to complete or subn requirements by the expirati result in an additional lat described in Section		piration date will al late fees as
I. CERTIFICA	<u>TES TO RENEW:</u>				Т	raining Units
Certification Type	e Catego	ory		Class		Required
TEMPORARY	WASTE	EWATER COLLECTION		2	2	24
TEMPORARY	WATE	R DISTRIBUTION		1	2	24
II. CURRENT EN	IPLOYMENT INFORMA	ΓΙΟΝ				
Employer's Name:				Phone #	<i>‡</i> :	
Number of Facilities	(or Plants) that you currently op	erate:		I am employ	ed by the F	acility owner
I am currently not op	erating any Facility		I pı	ovide contractua	l services to	o the Facility
Please provide the fo	llowing information about each	Facility/Plant that you operate	e. Use addtio	nal pages as nee	ded.	
Facility / Plant Name			Class P	DWIS (Water)	NPDES (V	Wastewater)



## **III. CONTINUING EDUCATION:**

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This is page one of a two page form. Both pages must be completed and returned			Operator Certifcation Number: 12618			
WILSON	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		10/1/2025	
cc	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations:	\$50	
			Failure to complete or subn requirements by the expirati result in an additional lat described in Sectior		iration date will al late fees as	
	CATES TO RENEW:				raining Units	
Certification 1	ype Category		Class	R	equired	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	2:		Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	y the Fa	cility owner	
I am currently no	t operating any Facility	I pr	ovide contractual ser	vices to	the Facility	
Please provide th	ne following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed			
Facility / Plant N	ame Cl	lass P	DWIS (Water) NP	DES (W	/astewater)	



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# VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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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	. Oj	perator Certifcation Nu	mber: 12620
COPPER PIERC	CE Please enter you're current address on the lines below and, if necessa:	ry,	Certification(s) s below will expi	
correct the City, state and ZI	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
		requirement result in		ete or submit renewal he expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	/pe Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I p	provide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate. U	Use addti	onal pages as needed.	
Facility / Plant Nat	me	Class	PDWIS (Water) NPI	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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This is page on	e of a two page form. Both pages must be completed and returned.	erator Certifcation Nu	umber: 12621	
TAYLOR	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by to result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification 7	ype Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide th	ne following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed.	
Facility / Plant N	ame Cla	ass P	DWIS (Water) NPI	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one of a two page form. Bot	h pages must be completed and return	ned. Op	erator Certifcatio	on Number:	12622
	Please enter you're current address on the lines below and, if necess	essary,	Certification(s) shown below will expire on: <b>10/1/2025</b>		
correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>		
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFICATES TO RENEW	<u>.</u>			т	raining Units
Certification Type	Category		Class	R	Required
TEMPORARY	WASTEWATER TREATMENT		5	4	5
TEMPORARY	WASTEWATER TREATMENT		А	2	24
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	¥:	
Number of Facilities (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner
I am currently not operating any Facility		I pi	covide contractua	l services to	o the Facility
Please provide the following information al	pout each Facility/Plant that you operat	e. Use addtic	onal pages as nee	eded.	
Facility / Plant Name		Class F	PDWIS (Water)	NPDES (V	Wastewater)



## **III. CONTINUING EDUCATION:**

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

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page on	e of a two page form. Bot	h pages must be completed and ret	urned. O	perator Certifcatio	on Number:	12623	
DIMAGGIO	Please enter you're current address on the lines below and, if necessa	ecessary,	Certification below will	n(s) shown expire on:	10/1/2025		
	correct the City, state and ZIP Code. Please print legibly.			The fee to rec	enew these tifications:	\$50	
				<ul> <li>requirements result in a</li> </ul>	Failure to complete or submit renew requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFIC	CATES TO RENEW	<u>.</u>			1	raining Units	
Certification T	Гуре	Category		Class		Required	
TEMPORARY		WASTEWATER TREATMENT		5	4	15	
TEMPORARY		WASTEWATER TREATMENT		А	2	24	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Name	2:			Phone #	<b>#:</b>		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner	
I am currently no	t operating any Facility	]	Ιp	provide contractua	l services t	o the Facility	
Please provide th	ne following information at	pout each Facility/Plant that you ope	erate. Use addti	onal pages as nee	ded.		
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Date

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This is page on	e of a two page form. Bot	h pages must be completed and retur	ned. O <sub>l</sub>	perator Certifcatio	on Number:	12624
PARKER	Please enter you're current address on the lines below and, if necessa	essary,	Certificatior below will	n(s) shown expire on:	10/1/2025	
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$50</b>		
				requirements result in a	submit renewal piration date will al late fees as ection V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			г	raining Units
Certification <sup>-</sup>	Туре	Category		Class		Required
TEMPORARY		WASTEWATER TREATMENT		5	4	5
TEMPORARY		WASTEWATER TREATMENT		А	2	24
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	e:			Phone #	<b>#:</b>	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employ	ed by the F	acility owner
I am currently no	ot operating any Facility		I p	rovide contractua	l services to	o the Facility
Please provide t	he following information al	oout each Facility/Plant that you opera	te. Use addtio	onal pages as nee	ded.	
Facility / Plant N	Jame		Class 1	PDWIS (Water)	NPDES (V	Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.				• Operator Certification Number: <b>12625</b>			
	Please enter you're current address on the lines below and, if necess	essary,	Certification below wil	n(s) shown l expire on	10/1/2025		
с	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$50</b>			
				requirements result in a	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFICA	TES TO RENEW:				٦	Fraining Units	
Certification Ty	ре	Category		Class		Required	
TEMPORARY		WASTEWATER TREATMENT		5	2	15	
TEMPORARY		WASTEWATER TREATMENT		А	2	24	
II. CURRENT E	MPLOYMENT INFO	ORMATION					
Employer's Name:				Phone	#:		
Number of Facilitie	es (or Plants) that you curr	ently operate:		I am employ	red by the F	acility owner	
I am currently not o	operating any Facility	]	I p	rovide contractua	al services t	o the Facility	
Please provide the	following information abo	out each Facility/Plant that you opera	te. Use addti	onal pages as nee	eded.		
Facility / Plant Nan	ne		Class	PDWIS (Water)	NPDES (	Wastewater)	



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

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

## V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page on	e of a two page form. Bot	h pages must be completed and re	turned. C	perator Certifcation	n Number:	12626
ONOFREY	Please enter you're current address on the lines below and, if necessar	necessary,	Certification below will		10/1/2025	
	correct the City, state and ZIP Code. Please print legibly.			The fee to re cert	new these tifications:	\$50
				requirements result in a	Failure to complete or submit rene requirements by the expiration data result in an additional late fees a described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			т	aining Units
Certification	Туре	Category		Class		equired
TEMPORARY		WASTEWATER TREATMENT		5	45	5
TEMPORARY		WASTEWATER TREATMENT		А	24	1
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	le:			Phone #	:	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employe	ed by the Fa	cility owner
I am currently no	ot operating any Facility		Ij	provide contractual	services to	the Facility
Please provide t	he following information al	pout each Facility/Plant that you op	erate. Use addt	ional pages as need	ded.	
Facility / Plant N	Jame		Class	PDWIS (Water)	NPDES (W	astewater)



## **III. CONTINUING EDUCATION:**

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

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

This is page one	of a two page form. Both pages must be	completed and returned.	Operator Certification N	lumber: <b>12627</b>
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	10/1/2025
	correct the City, state and ZIP Code. Please print legibly.			v these <b>\$50</b> cations:
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification T	/pe Category		Class	Required
TEMPORARY	INDUSTRIAL	NASTEWATER	6	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not	operating any Facility		I provide contractual set	rvices to the Facility
Please provide the	e following information about each Facility	v/Plant that you operate. Use ad	dtional pages as needed	!
Facility / Plant Na	me	Class	PDWIS (Water) NP	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page or	ne of a two page form. Botl	a pages must be completed and ret	urned. C	perator Certifcatio	n Number:	12628	
	Please enter you're current address on the lines below and, if necessary		ecessary,	Certification below will		10/1/2025	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re cer	enew these tifications:	\$100	
				requirements result in a	Failure to complete or submit rener requirements by the expiration date result in an additional late fees a described in Section V.		
	CATES TO RENEW:					raining Units	
Certification	Туре	Category		Class	R	equired	
TEMPORARY		WASTEWATER TREATMENT		А	2	4	
TEMPORARY		WATER TREATMENT		3	4	5	
TEMPORARY		WASTEWATER TREATMENT		5	4	5	
II. CURREN	T EMPLOYMENT INF	ORMATION					
Employer's Nan	ne:			Phone #	<b>:</b>		
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employe	ed by the Fa	acility owner	
I am currently n	ot operating any Facility		Ij	provide contractual	l services to	the Facility	
Please provide	the following information ab	out each Facility/Plant that you ope	rate. Use addt	ional pages as nee	ded.		
Facility / Plant 1	Name		Class	PDWIS (Water)	NPDES (V	Vastewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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This is page one	of a two page form. Both pages must be comple	ted and returned.	Operator Certification N	Jumber: 12629
UPHOFF	Please enter you're current address on the lines below and, if necessary		Certification(s) below will ex	10/1/2025
	correct the City, state and ZIP Code. Please print le	egibly.	The fee to renew certific	w these <b>\$50</b> cations:
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WASTEWATER COLI	ECTION	2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	by the Facility owner
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This is page or	e of a two page form. Both pages must be completed and returned.	Op	perator Certifcation Nu	mber: 12630	
BURTNER	Please enter you're current address on the lines below and, if necessary,		Certification(s) si below will expi	10/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.		
	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURREN	<b>CEMPLOYMENT INFORMATION</b>				
Employer's Nan	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently n	ot operating any Facility	I pi	rovide contractual serv	vices to the Facility	
Please provide i	he following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed.		
Facility / Plant N	lame Cla	ass F	PDWIS (Water) NPI	DES (Wastewater)	



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This is page one of a	two page form. Both pages must be completed and return	ned. Op	perator Certifcation	n Number: 1	2633
	Please enter you're current address on the lines below and, if necess		Certification below will	\	10/1/2025
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to re- cert	new these stifications:	\$100
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		ation date will late fees as
I. CERTIFICAT	<u>ES TO RENEW:</u>			Tra	ining Units
Certification Type	Category		Class		quired
TEMPORARY	WASTEWATER COLLECTION		2	24	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #	:	
Number of Facilities (	or Plants) that you currently operate:		I am employe	ed by the Faci	lity owner
I am currently not open	rating any Facility	I pi	rovide contractual	services to th	ne Facility
Please provide the foll	owing information about each Facility/Plant that you operat	e. Use addtic	onal pages as need	ded.	
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (Wa	stewater)



## **III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one	e of a two page form. Both pages must be completed and	returned.	Operator Certifcation N	umber: <b>12634</b>
LOWRIMORE	Please enter you're current address on the lines below and, if necessar		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.			these <b>\$50</b>
			— requirements by result in an ac	ete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLECTIO	N	2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	2:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	Ι	provide contractual ser	vices to the Facility
Please provide th	e following information about each Facility/Plant that you	operate. Use addi	tional pages as needed.	
Facility / Plant Na	ame	Class	PDWIS (Water) NP	DES (Wastewater)



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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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> O <sub>j</sub>	perator Certifcation	on Number	: 12635
YATES	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		essary,		Certification(s) shown below will expire on: <b>10/1/202</b>	
				The fee to re	enew these rtifications:	\$50
				requirements result in a	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u> </u>			٦	Fraining Units
Certification <sup>-</sup>	Гуре	Category		Class	F	Required
TEMPORARY		WASTEWATER TREATMENT		5	Z	15
TEMPORARY		WASTEWATER TREATMENT		А	2	24
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	e:			Phone	#:	
Number of Facil	ities (or Plants) that you cur	rrently operate:		I am employ	red by the F	Facility owner
I am currently no	ot operating any Facility		I p	rovide contractua	l services t	o the Facility
Please provide th	he following information al	oout each Facility/Plant that you opera	te. Use addti	onal pages as nee	eded.	
Facility / Plant N	Jame		Class	PDWIS (Water)	NPDES (	Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page on	e of a two page form. Both pages must be completed and returned.	Op	erator Certifcation Nu	umber: 12636
PERKINS	Please enter you're current address on the lines below and, if necessary		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification <sup>-</sup>	Type Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		4	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide t	he following information about each Facility/Plant that you operate. Us	e addtio	onal pages as needed.	
Facility / Plant N	Tame Cl	lass P	DWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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This is page one	of a two page form. Both pages must be completed and returned.	Oper	rator Certifcation N	umber: 12637	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		
	ATES TO RENEW:			Training Units	
Certification Ty	/pe Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	operating any Facility	I pro	vide contractual ser	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate. Use	e addtion	al pages as needed.		
Facility / Plant Nat	me Cla	ass PD	OWIS (Water) NP	DES (Wastewater)	



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This is page on	e of a two page form. Bot	h pages must be completed and ret	urned. O	perator Certifcatio	on Number:	12639
GRANT JR	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification below will	n(s) shown l expire on:	10/1/2025
				The fee to re	enew these rtifications:	\$50
				requirements result in a	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			т	raining Units
Certification 1	Гуре	Category		Class		Required
TEMPORARY		WASTEWATER TREATMENT		А	2	24
TEMPORARY		WASTEWATER TREATMENT		5	4	5
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone #	#:	
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner
I am currently no	ot operating any Facility	]	Ιŗ	provide contractua	l services to	o the Facility
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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	ned. Op	perator Certifcation	on Number:	12640
ROZICH	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.		essary,	Certification below will	n(s) shown expire on:	10/1/2025
				The fee to rec	enew these tifications:	\$50
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		piration date will al late fees as
I. CERTIFIC	CATES TO RENEW	<u>.</u>			г	raining Units
Certification	Туре	Category		Class		Required
TEMPORARY		WASTEWATER TREATMENT		5	4	5
TEMPORARY		WASTEWATER TREATMENT		А	2	24
II. CURRENT	<b>FEMPLOYMENT INF</b>	ORMATION				
Employer's Nam	ne:			Phone #	<b>#:</b>	
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 p	rovide contractua	l services to	o the Facility
Please provide t	he following information al	oout each Facility/Plant that you opera	te. Use addtio	onal pages as nee	ded.	
Facility / Plant N	Vame		Class I	PDWIS (Water)	NPDES (V	Wastewater)



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.		Certification below will	n(s) shown expire on:	10/1/2025
correct			The fee to re cer	enew these tifications:	\$100
			Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V.		biration date will al late fees as
I. CERTIFICATES	S TO RENEW:			т	raining Units
Certification Type	Category		Class	R	equired
TEMPORARY	INDUSTRIAL WASTEWATER		5	4	5
TEMPORARY	WATER TREATMENT		2	2	4
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #	<i>#</i> :	
Number of Facilities (or I	Plants) that you currently operate:		I am employe	ed by the Fa	acility owner
I am currently not operati	ing any Facility	I pro	ovide contractual	l services to	the Facility
Please provide the follow	ing information about each Facility/Plant that you operate.	Use addtion	nal pages as nee	ded.	
Facility / Plant Name		Class P	DWIS (Water)	NPDES (W	Vastewater)



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	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s below will e			
correct the			The fee to renew these certifications: <b>\$100</b>			
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.			
I. CERTIFICATES TO	<u>O RENEW:</u>			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER COLLECTION		2	24		
TEMPORARY	WATER DISTRIBUTION		1	24		
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plant	ts) that you currently operate:		I am employed	by the Facility owner		
I am currently not operating a	any Facility	I pi	rovide contractual s	ervices to the Facility		
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GARTHWAIT	ease enter you're current address on the lines below and, if necessary	<i>i</i> ,	Certification(s) sl below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFIC	CATES TO RENEW:			<b>Training Units</b>
Certification T	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	2:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	I pı	covide contractual serv	ices to the Facility
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	ATES TO RENEW:		-		raining Units
Certification T	ype Category		Class	R	equired
TEMPORARY	WATER TREATMENT		1	2	4
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Certification Ty	ype Category		Class	Required
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I hereby affirm that I understand all information provided on this application. I also certify the following:

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certifcatio	Derator Certifcation Number: 12646		
MORTIMER	Please enter you're current address on the lines below and, if necessary,	Certification below will	n(s) shown expire on: <b>10/1/2025</b>		
	correct the City, state and ZIP Code. Please print legibly.	The fee to re cer	enew these <b>\$50</b> tifications:		
		requirements result in a	omplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.		
	CATES TO RENEW:		Training Units		
Certification 7	Type Category	Class	Required		
TEMPORARY	WATER TREATMENT	G	7		
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>				
Employer's Name	e:	Phone #	ŧ:		
Number of Facili	ities (or Plants) that you currently operate:	I am employe	ed by the Facility owner		
I am currently no	ot operating any Facility	I provide contractual	l services to the Facility		
Please provide th	he following information about each Facility/Plant that you operate. Use a	uddtional pages as nee	ded.		
Facility / Plant N	Tame Class	s PDWIS (Water)	NPDES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

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

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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Email Address

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This is page on	Operator Certifcation Number: 12647					
KELLEY JR	Please enter you're current address on the lines below and, if necessa	necessary,	Certification below will	n(s) shown expire on:	10/1/2025	
	correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	enew these tifications:	\$50
				<ul> <li>requirements result in a</li> </ul>	Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			т	raining Units
Certification 7	Гуре	Category		Class		Required
TEMPORARY		WASTEWATER TREATMENT		5	4	-5
TEMPORARY		WASTEWATER TREATMENT		А	2	4
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	e:			Phone #	<b>#:</b>	
Number of Facil	ities (or Plants) that you cur	rrently operate:		I am employe	ed by the F	acility owner
I am currently no	ot operating any Facility		II	provide contractual	l services to	o the Facility
Please provide ti	he following information al	pout each Facility/Plant that you op	erate. Use addt	ional pages as nee	ded.	
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (V	Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Date

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Email Address

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This is page on	e of a two page form. Both pages must be completed and returned.	Opera	ator Certifcation	Number:	12648
BRYANT JR	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on:		10/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$50
			<ul> <li>Failure to complete or submit re</li> <li>requirements by the expiration da result in an additional late feet</li> <li>described in Section V.</li> </ul>		
	CATES TO RENEW:				raining Units
Certification 7	Type Category		Class	R	equired
TEMPORARY	WATER TREATMENT		4	4	5
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	2:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed	by the F	acility owner
I am currently no	t operating any Facility	I prov	vide contractual s	ervices to	the Facility
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Facility / Plant N	ame Clas	ss PD'	WIS (Water) N	PDES (V	Wastewater)



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.			returned. (	Operator Certification Number: 12649				
REDDEN	Please enter you're current address on the lines below and, if necessar	f necessary,	Certification below wil	n(s) shown l expire on:	10/1/2025			
	correct the City, state and	ZIP Code. Please print legibly.		The fee to receive	enew these rtifications:	\$50		
				requirements	Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
I. CERTIFIC	CATES TO RENEW	_			т	raining Units		
Certification T	<b>Туре</b>	Category		Class		Required		
TEMPORARY		WASTEWATER TREATMENT		5	4	-5		
TEMPORARY		WASTEWATER TREATMENT		А	2	4		
II. CURRENT	EMPLOYMENT INF	ORMATION						
Employer's Name	2:			Phone	#:			
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	I am employed by the Facility owner			
I am currently no	t operating any Facility		Ι	provide contractua	l services to	o the Facility		
Please provide th	ne following information al	out each Facility/Plant that you o	perate. Use add	tional pages as nee	eded.			
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

## 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.	Op	erator Certifcation N	Number:	12650	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex		10/1/2025	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	w these cations:	\$50	
			<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration da result in an additional late fees</li> <li>described in Section V.</li> </ul>			
	ATES TO RENEW:				raining Units	
Certification Ty	ype Category		Class	R	equired	
TEMPORARY	WATER DISTRIBUTION		1	2	4	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	by the Fa	cility owner	
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Facility / Plant Na	me Cla	lass P	DWIS (Water) NI	PDES (V	Vastewater)	



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This is page one	of a two page form. Both pages must be completed and returned.	Op	erator Certifcation 1	Number:	12651	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex		10/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these ications:	\$50	
			<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration dat result in an additional late fees</li> <li>described in Section V.</li> </ul>			
	ATES TO RENEW:				raining Units	
Certification Ty	ype Category		Class	R	equired	
TEMPORARY	WATER DISTRIBUTION		1	2	4	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:	:		Phone #:			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Fa	acility owner	
I am currently not	operating any Facility	I pr	provide contractual services to the Facility			
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed	d.		
Facility / Plant Na	cla Cla	lass P	DWIS (Water) N	PDES (W	Vastewater)	



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page on	e of a two page form. Both pages mus	t be completed and returned.	Op	perator Certifcation N	lumber:	12652	
DORMAN	Please enter you're current address on the lines below and, if necessary,		y,	Certification(s) below will exp		10/1/2025	
correct the City, state and ZIP Code. Please print legibly.				The fee to renew certific	v these cations:	\$50	
				<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration da result in an additional late fees</li> <li>described in Section V.</li> </ul>			
	CATES TO RENEW:			_		aining Units	
Certification 7	Type Category			Class	Re	equired	
TEMPORARY	WASTEW	ATER COLLECTION		2	24	ŀ	
II. CURRENT	EMPLOYMENT INFORMATIC	DN					
Employer's Nam	2:			Phone #:			
Number of Facil	ties (or Plants) that you currently operation	te:		I am employed b	y the Fa	cility owner	
I am currently no	t operating any Facility		I pi	provide contractual services to the Facility			
Please provide th	ne following information about each Fa	cility/Plant that you operate. U	lse addtio	onal pages as needed			
Facility / Plant N	ame	(	Class I	PDWIS (Water) NP	DES (W	astewater)	



## **III. CONTINUING EDUCATION:**

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Applicant's Signature

Date

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This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certifcation Nu	umber: 12653
MCAULIFFE	Please enter you're current address on the lines below and, if necessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew certifica	\$50
		requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
	CATES TO RENEW:		Training Units
Certification 7	Type Category	Class	Required
TEMPORARY	WATER TREATMENT	4	45
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name	2:	Phone #:	
Number of Facili	ties (or Plants) that you currently operate:	I am employed by	the Facility owner
I am currently no	t operating any Facility	I provide contractual serv	vices to the Facility
Please provide th	ne following information about each Facility/Plant that you operate. Use a	addtional pages as needed.	
Facility / Plant N	ame Class	s PDWIS (Water) NPI	DES (Wastewater)



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	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
			<ul> <li>Failure to complete or submit re</li> <li>requirements by the expiration d result in an additional late fee</li> <li>described in Section V.</li> </ul>			
	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	y the Facility owner		
I am currently not	operating any Facility	I pro	rovide contractual services to the Facility			
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Facility / Plant Na	Clas	iss PI	OWIS (Water) NP	DES (Wastewater)		



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BERTRAND	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 print legibly.		The fee to renew certifica	\$50		
			Failure to complete or submit re requirements by the expiration da result in an additional late fee described in Section V.			
	CATES TO RENEW:			<b>Training Units</b>		
Certification 7	Type Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		5	45		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	2:		Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner		
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Facility / Plant N	ame C	lass I	PDWIS (Water) NPI	DES (Wastewater)		



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This is page one	e of a two page form. Both pages must be completed and returned.	Opera	ator Certifcation	Number:	12685	
PETERS	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: <b>10</b> /		10/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$50	
			<ul> <li>Failure to complete or submit re</li> <li>requirements by the expiration d result in an additional late fee described in Section V.</li> </ul>			
	CATES TO RENEW:		-		raining Units	
Certification T	ype Category		Class	R	equired	
TEMPORARY	WATER TREATMENT		4	4	5	
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Facility / Plant Na	ame Clas	ss PD'	WIS (Water) N	PDES (V	Wastewater)	



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This is page one of a two page form. Bot	urned. O	Operator Certification Number: 1369				
	Please enter you're current address on the lines below and, if necessary		Certification(s below will ex			
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	w these <b>\$100</b>		
			<ul> <li>requirements by result in an</li> </ul>	plete or submit renewal y the expiration date will additional late fees as bed in Section V.		
I. CERTIFICATES TO RENEW	<u>.</u>			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
SUPERINTENDENT	WATER TREATMENT		4	7		
II. CURRENT EMPLOYMENT INF	ORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you cu	rrently operate:		I am employed by the Facility owner			
I am currently not operating any Facility		I p	rovide contractual s	ervices to the Facility		
Please provide the following information a	bout each Facility/Plant that you ope	rate. Use addti	onal pages as neede	<i>d</i> .		
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wastewater)		



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

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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

This is page one	of a two page form. Both pages must be completed and returned.	0	perator Certifcation Nu	mber: 1405	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
			<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration dat result in an additional late fees</li> <li>described in Section V.</li> </ul>		
	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	Ιŗ	rovide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you operate. Us	se addti	ional pages as needed.		
Facility / Plant Na	ame C	Class	PDWIS (Water) NPI	DES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one of a two page form. B	<b>ned.</b> Of	Operator Certifcation Number: 1435				
	ent address on the lines below and, if nec	essary,	Certificatior below will	n(s) shown l expire on:	10/1/2025	
correct the City, state and ZIP Code. Please print legibly.			The fee to rec	enew these rtifications:	\$100	
			requirements result in a	submit renewal piration date will al late fees as ection V.		
I. CERTIFICATES TO RENE	<u>W:</u>			т	raining Units	
Certification Type	Category		Class		Required	
OPERATOR	WASTEWATER COLLECTION		2	1	6	
OPERATOR	WATER DISTRIBUTION		1	1	6	
II. CURRENT EMPLOYMENT IN	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		Ιp	rovide contractua	l services to	o the Facility	
Please provide the following information	about each Facility/Plant that you operation	te. Use addtio	onal pages as nee	eded.		
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (V	Wastewater)	



## **III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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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

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# VII. APPLICANT'S STATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned. Op					Operator Certification Number: 1532			
RUSSELL	Please enter you're current address on the lines below and, if necess		ecessary,	, Certification(s) sho below will expire		10/1/2025		
	correct the City, state an	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$50</b>			
				<ul> <li>Failure to complete or submit rene</li> <li>requirements by the expiration date result in an additional late fees a</li> <li>described in Section V.</li> </ul>		iration date will al late fees as		
I. CERTIFIC	CATES TO RENEV	<u>V:</u>			т	raining Units		
Certification	Туре	Category		Class	R	equired		
SUPERINTEN	DENT	WASTEWATER TREATMENT		5	7			
SUPERINTEN	DENT	WASTEWATER TREATMENT		А	7			
SUPERINTEN	DENT	WASTEWATER TREATMENT		4	7			
II. CURRENT	<b>EMPLOYMENT IN</b>	FORMATION						
Employer's Nam	le:			Phone #	:			
Number of Facil	ities (or Plants) that you c	urrently operate:		I am employe	ed by the Fa	cility owner		
I am currently no	ot operating any Facility		Ij	provide contractual	services to	the Facility		
Please provide t	he following information	about each Facility/Plant that you op	erate. Use addt	ional pages as need	ded.			
Facility / Plant N	Jame		Class	PDWIS (Water)	NPDES (W	/astewater)		



## **III. CONTINUING EDUCATION:**

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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# VII. APPLICANT'S STATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page on	e of a two page form. Both pages must be complet	ed and returned.	Operator Certification N	umber: 1552	
DUVAL, JR.	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp		
			The fee to renew certific	\$50	
				ete or submit renewal the expiration date will lditional late fees as d in Section V.	
	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
TEMPORARY	WASTEWATER TREA	TMENT	4	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently no	ot operating any Facility		I provide contractual ser	vices to the Facility	
Please provide th	he following information about each Facility/Plant th	hat you operate. Use ad	dtional pages as needed.		
Facility / Plant N	ame	Class	PDWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one	of a two page form. Both pages must be completed and returned	. Op	perator Certifcation N	lumber:	1615
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) below will exp		10/1/2025
			The fee to renew certific	v these cations:	\$50
		requirements by result in an ac		lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	ATES TO RENEW:				aining Units
Certification T	ype Category		Class	Re	quired
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
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I am currently not	operating any Facility	I p	rovide contractual ser	rvices to t	he Facility
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Facility / Plant Na	ame	Class I	PDWIS (Water) NP	PDES (Wa	astewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two pa	ge form. Both pages must be completed and retu	rned. Op	perator Certification	Number: 1617		
	Please enter you're current address on the lines below and, if necess	cessary,	Certification( below will e	/ /////////////////////////////////////		
correct the C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>			
			- requirements h result in an	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.		
I. CERTIFICATES TO	O RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants	s) that you currently operate:		I am employed	l by the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide the following is	information about each Facility/Plant that you oper	ate. Use addtio	onal pages as need	ed.		
Facility / Plant Name		Class I	PDWIS (Water) N	NPDES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

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

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

## V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

Mail to: Maryland Department of the 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 p	Dperator Certification Number: 1626					
	Please enter you're current ac	ddress on the lines below and, if neces	ssary,	Certification(s) she below will expire			
C	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$50</b>			
				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	vpe C	ategory		Class	Required		
OPERATOR	V	ASTEWATER TREATMENT		5	30		
OPERATOR	V	ASTEWATER TREATMENT		А	16		
II. CURRENT I	EMPLOYMENT INFO	RMATION					
Employer's Name:				Phone #:			
Number of Faciliti	es (or Plants) that you curren	ntly operate:		I am employed by t	the Facility owner		
I am currently not operating any Facility			I	I provide contractual services to the Facility			
Please provide the	following information abou	t each Facility/Plant that you operate	e. Use addt	ional pages as needed.			
Facility / Plant Nat	me		Class	PDWIS (Water) NPD	ES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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

This is page one of a two page form.	. Both pages must be completed and retu	rned. C	perator Certifcation N	umber: 1635
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) below will exp	
correct the City, state			The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.
I. CERTIFICATES TO REN				<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EMPLOYMENT	INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that yo	ou currently operate:		I am employed b	y the Facility owner
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Please provide the following informati	on about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
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Name and Certification Number of Operator in Responsible Charge:

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

This is page one	of a two page form. Both pages must be	completed and returned.	Operator Certifcation	Number: 1652
	Please enter you're current address on the lines below and, if necessary		Certification(s below will ex	
	correct the City, state and ZIP Code. Please	print legibly.	The fee to rend certif	ew these <b>\$50</b> fications:
			requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	INDUSTRIAL	VASTEWATER	2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility		I provide contractual s	ervices to the Facility
Please provide th	e following information about each Facility	Plant that you operate. Use ad	dtional pages as neede	<i>ed.</i>
Facility / Plant Na	me	Class	PDWIS (Water) N	IPDES (Wastewater)



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Date

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Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Oper	Operator Certification Number: 1728		
SERMAN	Please enter you're current address on the lines below and, if necessary,		у,	Certification(s) shown below will expire on: 10/1/2025		
correct the City, state and ZIP Code. Please print legibly.		and ZIP Code. Please print legibly.		The fee to renew certific	\$100	
				<ul> <li>Failure to complete or submit re</li> <li>requirements by the expiration d</li> <li>result in an additional late fee</li> <li>described in Section V.</li> </ul>		
	CATES TO RENE	<u>W:</u>			<b>Training Units</b>	
Certification	Туре	Category		Class	Required	
SUPERINTEN	DENT	WATER TREATMENT		3	7	
SUPERINTEN	DENT	WATER TREATMENT		4	7	
SUPERINTEN	DENT	WASTEWATER TREATMENT		1	7	
SUPERINTEN	DENT	WASTEWATER COLLECTION		2	7	
II. CURRENT	<b>F EMPLOYMENT</b> II	NFORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you	currently operate:		I am employed b	y the Facility owner	
I am currently ne	ot operating any Facility		I pro	vide contractual ser	vices to the Facility	
Please provide t	the following information	n about each Facility/Plant that you operate. U	se addtion	al pages as needed.		
Facility / Plant N	Name	С	Class PE	OWIS (Water) NP	DES (Wastewater)	



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This is page or	e of a two page form. Both pages must be completed and returned	. Oj	perator Certifcation Nu	mber: 1777
	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s) sl below will expi	10/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.
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Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
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Employer's Nan	ne:		Phone #:	
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This is page one	of a two page form. Both pages must be completed and re	turned. C	Derator Certifcation N	umber: <b>1802</b>
	Please enter you're current address on the lines below and, if necessary	necessary,	Certification(s) below will exp	10/1/2025
(	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$50</b>
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility	I	provide contractual set	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you op	erate. Use addt	ional pages as needed	
Facility / Plant Nat	me	Class	PDWIS (Water) NP	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

# VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page or	e of a two page form. Both pag	es must be completed and retu	irned. (	Operator Certifcation N	umber: 1932
SITAPARA	Please enter you're current address on the lines below and, if necessary,		cessary,	Certification(s) below will exp	
	correct the City, state and ZIP C	Code. Please print legibly.		The fee to renew certific	\$50
				— requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:				<b>Training Units</b>
Certification	Type Cate	egory		Class	Required
OPERATOR	IND	USTRIAL WASTEWATER		2	0
II. CURRENT	<b>EMPLOYMENT INFORM</b>	IATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you currently	operate:		I am employed b	y the Facility owner
I am currently n	ot operating any Facility		Ι	provide contractual ser	vices to the Facility
Please provide t	he following information about e	ach Facility/Plant that you oper	ate. Use add	tional pages as needed.	
Facility / Plant N	Jame		Class	PDWIS (Water) NP	DES (Wastewater)



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of a tw	vo page form. Both pages must be completed and returned	d. Ope	rator Certifcation	n Number:	2076
	Please enter you're current address on the lines below and, if necessary,	ary,	Certification below will		10/1/2025
correct	the City, state and ZIP Code. Please print legibly.		The fee to ren cert	new these	\$50
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section		ation date will late fees as
I. CERTIFICATES	S TO RENEW:			Tra	aining Units
Certification Type	Category		Class		quired
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
SUPERINTENDENT	WASTEWATER TREATMENT		А	7	
II. CURRENT EMPI	LOYMENT INFORMATION				
Employer's Name:			Phone #	:	
Number of Facilities (or	Plants) that you currently operate:		I am employe	d by the Fac	ility owner
I am currently not operat	ing any Facility	I pro	vide contractual	services to t	he Facility
Please provide the follow	ving information about each Facility/Plant that you operate.	Use addtior	nal pages as need	led.	
Facility / Plant Name		Class PI	OWIS (Water)	NPDES (Wa	astewater)



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one	e of a two page form. Both pages must be completed and returned	a. Op	perator Certification N	umber: 2166
BROWN	Please enter you're current address on the lines below and, if necessary	ary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
		requirements by the e result in an addition		lete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		3	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I p	rovide contractual ser	vices to the Facility
Please provide th	ne following information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.	
Facility / Plant Na	ame	Class I	PDWIS (Water) NP	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page one of a two page form. Both pages must be completed and returned.		urned. C	Operator Certification Number: 2191			
TOBERY	Please enter you're current address on the lines below and, if necessary,	ecessary,	Certification below will		10/1/2025	
	correct the City, state and	ZIP Code. Please print legibly.			fee to renew these certifications: <b>\$50</b>	
				Failure to complete or submit requirements by the expiration result in an additional late described in Section		iration date will al late fees as
I. CERTIFI	CATES TO RENEW	<u>.</u>			т	raining Units
Certification	Туре	Category		Class	R	equired
OPERATOR		WASTEWATER TREATMENT		5	3	0
OPERATOR		WASTEWATER TREATMENT		А	1	6
II. CURREN	Г EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #	:	
Number of Faci	lities (or Plants) that you cur	rrently operate:		I am employe	d by the Fa	acility owner
I am currently n	ot operating any Facility		Ij	provide contractual	services to	the Facility
Please provide	the following information al	pout each Facility/Plant that you oper	rate. Use addt	ional pages as need	led.	
Facility / Plant 1	Name		Class	PDWIS (Water)	NPDES (W	Vastewater)



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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 retur		med. Operator Certification Number: 221			2210	
	Please enter you're current address on the lines below and, if necessary	sary,	Certification( below will e		10/1/2025	
	correct the City, state and ZIP Coo	le. Please print legibly.		The fee to ren certi	new these	\$100
				Failure to complete or subn requirements by the expirati result in an additional lat described in Section		iration date will al late fees as
	ATES TO RENEW:					raining Units
Certification T	ype Categ	ory		Class	Re	equired
SUPERINTEND	ENT INDU	STRIAL WASTEWATER		6	7	
OPERATOR	INDU	STRIAL WASTEWATER		6	16	6
OPERATOR	WAST	EWATER TREATMENT		5	30	)
OPERATOR	WAST	EWATER TREATMENT		А	16	6
II. CURRENT	EMPLOYMENT INFORMA	TION				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you currently o	perate:		I am employed	d by the Fa	cility owner
I am currently not	operating any Facility		I pro	vide contractual	services to	the Facility
Please provide th	e following information about each	h Facility/Plant that you operate.	Use addtion	al pages as need	led.	
Facility / Plant Na	me		Class PI	OWIS (Water) N	NPDES (W	/astewater)



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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page one	of a two page form. Both pages must be completed and retur	ned. O	perator Certifcation N	umber: 2215
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
(	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
SUPERINTENDE	ENT WATER TREATMENT		4	7
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	Ιp	provide contractual service	vices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	te. Use addti	ional pages as needed.	
Facility / Plant Nat	me	Class	PDWIS (Water) NPI	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

This is page on	e of a two page form. Both pages must be completed and	l returned.	Operator Certifcation Nu	umber: 2222
PICKERAL	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			— requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
	<u>CATES TO RENEW:</u>			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION	DN .	2	24
II. CURRENT	<b>FEMPLOYMENT INFORMATION</b>			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	Ι	provide contractual serv	vices to the Facility
Please provide t	the following information about each Facility/Plant that you	operate. Use ada	ltional pages as needed.	
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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 22512			
	Please enter you're current address on the lines below and, if necessary,		y, Certification(s) shown below will expire on: 1			
correc	et the City, state and ZIP Code. Please print legibly.		The fee to renew certific	w these <b>\$100</b> cations:		
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATE	<u>S TO RENEW:</u>			Training Units		
Certification Type	Category		Class	Required		
SUPERINTENDENT	WATER TREATMENT		1	7		
SUPERINTENDENT	WATER TREATMENT		2	7		
SUPERINTENDENT	WASTEWATER TREATMENT		1	7		
II. CURRENT EMP	LOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or	Plants) that you currently operate:		I am employed b	by the Facility owner		
I am currently not opera	ting any Facility	I pro	vide contractual se	rvices to the Facility		
Please provide the follo	wing information about each Facility/Plant that you operate.	. Use addtion	al pages as needea	1.		
Facility / Plant Name		Class PD	WIS (Water) NI	PDES (Wastewater)		



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Date

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	Please verify your information shown on this application to page form. Both pages must be completed and retu		Operator Certifcation Nu		
KNEPP, SR Please	ease enter you're current address on the lines below and, if necess		Certification(s) s	Certification(s) shown below will expire on: <b>10/1/2025</b>	
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$100</b>		
			Failure to complete or submit requirements by the expiration result in an additional late feedback described in Section V.		
I. CERTIFICATES				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		3	30	
OPERATOR	WASTEWATER TREATMENT		4	30	
OPERATOR	WATER TREATMENT		4	30	
OPERATOR	WATER TREATMENT		2	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT EMPL	<b>LOYMENT INFORMATION</b>				
Employer's Name:			Phone #:		
Number of Facilities (or I	Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operati	ing any Facility	Ι	provide contractual serv	vices to the Facility	
Please provide the follow	ving information about each Facility/Plant that you oper	ate. Use add	tional pages as needed.		
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WALKER	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	у,	Certification(s) s below will expi	
			The fee to renew certifica	\$50
		Failure to complete or requirements by the exp result in an addition described in Se		he expiration date will ditional late fees as
	CATES TO RENEW:			Training Units
Certification T	Type Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	Ιp	provide contractual serv	vices to the Facility
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This is page one of a two	o page form. Both pages must be completed and returne	ed. Op	perator Certifcation	on Number	: 2438
	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.	sary,	Certification below wil	n(s) shown l expire on	10/1/2025
correct t			The fee to re	enew these rtifications	\$50
			Failure to complete or submit rem requirements by the expiration da result in an additional late fees described in Section V.		piration date will nal late fees as
I. CERTIFICATES	TO RENEW:			٦	Fraining Units
Certification Type	Category		Class		Required
OPERATOR	WASTEWATER TREATMENT		5	3	30
OPERATOR	WASTEWATER TREATMENT		А	-	16
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities (or P	Plants) that you currently operate:		I am employ	red by the F	Facility owner
I am currently not operatir	ng any Facility	I p	rovide contractua	l services t	o the Facility
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Facility / Plant Name		Class I	PDWIS (Water)	NPDES (	Wastewater)



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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one	of a two page form. Both pages must be completed and returned.	Ope	Dperator Certifcation Number: 2451		
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
		Failure to complete or requirements by the exp result in an addition described in Se		he expiration date will ditional late fees as	
	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
SUPERINTEND	ENT WATER TREATMENT		4	7	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	I pro	ovide contractual serv	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Use	addtior	nal pages as needed.		
Facility / Plant Na	me Clas	ss Pl	DWIS (Water) NPI	DES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

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Name and Certification Number of Operator in Responsible Charge:

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Date

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This is page one	of a two page form. Both pages must be completed and returne	e <b>d.</b> O	perator Certifcation Nu	umber: 2466
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	sary,	Certification(s) s below will exp	
			The fee to renew certifica	\$50
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V	
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
SUPERINTEND	ENT WATER DISTRIBUTION		1	7
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	Ιı	provide contractual serv	vices to the Facility
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Date

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

This is page one of a two page form. Both pages must be completed and returned.			ed. Op	Operator Certification Number: 2500		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ssary,	Certification(s) shown below will expire on: <b>10/1/2025</b>			
			The fee to renew certifica	\$100		
				<ul> <li>Failure to complete or submit renew</li> <li>requirements by the expiration date v</li> <li>result in an additional late fees as</li> <li>described in Section V.</li> </ul>		
	CATES TO RENEW	-			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		А	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WATER TREATMENT		2	16	
OPERATOR		INDUSTRIAL WASTEWATER		7	16	
II. CURRENT	<b>FEMPLOYMENT INF</b>	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 not operating any Facility I provide contractual services to the			vices to the Facility			
Please provide t	the following information ab	out each Facility/Plant that you operate	e. Use addtio	onal pages as needed.		
Facility / Plant N	Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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This is page on	e of a two page form. Both pages must b	e completed and returned.	Operator Certification 1	Number: 2522
HOUSMAN	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex	
	correct the City, state and ZIP Code. Plea	se print legibly.	The fee to rene certifi	w these <b>\$50</b>
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification <sup>-</sup>	Type Category		Class	Required
OPERATOR	WASTEWATE	ER COLLECTION	2	16
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently no	ot operating any Facility		I provide contractual se	ervices to the Facility
Please provide t	he following information about each Facili	ty/Plant that you operate. Use ad	ldtional pages as neede	<i>d</i> .
Facility / Plant N	lame	Class	PDWIS (Water) N	PDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of	of a two page form. Both pages must be completed and returned	<b>I.</b> 0	perator Certifcation Nu	umber: 2786
	Please enter you're current address on the lines below and, if necessa	ıry,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as d in Section V.
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Certification Ty	pe Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
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I am currently not o	operating any Facility	Ιp	provide contractual serv	vices to the Facility
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 2790			
GRIMES	Please enter you're current address on the lines below and, if necessa	sary,	Certification( below will e			
co	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	these <b>\$100</b>		
			requirements l result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.		
I. CERTIFI	CATES TO RENEW:			<b>Training Units</b>		
Certification	Type Category		Class	Required		
OPERATOR	WATER TREATMENT		1	16		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nar	ne:		Phone #:			
Number of Faci	ilities (or Plants) that you currently operate:		I am employed	d by the Facility owner		
I am currently r	not operating any Facility	I pro	ovide contractual	services to the Facility		
Please provide	the following information about each Facility/Plant that you operate	. Use addtion	nal pages as need	ed.		
Facility / Plant	Name	Class Pl	DWIS (Water)	NPDES (Wastewater)		



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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one	of a two page form. Both pages must be completed and returned.	Op	erator Certifcation N	lumber: 2888	
	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) shown below will expire on: <b>10</b> ,		0/1/2025
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these <b>\$50</b> cations:	
		Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		the expiration da dditional late fees	te will
	ATES TO RENEW:			Training U	nits
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	by the Facility owne	er
I am currently not	operating any Facility	I pr	ovide contractual ser	rvices to the Facilit	у
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed.		
Facility / Plant Na	ume Cla	ass P	DWIS (Water) NP	DES (Wastewater)	)



## **III. CONTINUING EDUCATION:**

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

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Date

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Email Address

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

This is page one	of a two page form. Both pages must be completed and returned.	Op	Operator Certification Number: 2930		
	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
		requirements by th result in an add		ete or submit renewal he expiration date will ditional late fees as l in Section V.	
	ATES TO RENEW:			<b>Training Units</b>	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility	I pı	covide contractual service	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtic	onal pages as needed.		
Facility / Plant Na	cl	lass F	PDWIS (Water) NPI	DES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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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. (	ned. Operator Certification Number: <b>3001</b>		
	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s) shown below will expire on: <b>10/1/</b>			
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rend certif	ew these <b>\$100</b> fications:	
				requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
	<u>CATES TO RENEW</u> –				Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WATER TREATMENT		2	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
TEMPORARY		WATER TREATMENT		4	45	
II. CURRENT	Г EMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed	by the Facility owner	
I am currently no	ot operating any Facility		Ι	provide contractual s	ervices to the Facility	
Please provide t	the following information al	bout each Facility/Plant that you opera	te. Use addi	tional pages as neede	ed.	
Facility / Plant N	Name		Class	PDWIS (Water) N	IPDES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one	of a two page form. Both pages must be completed and returned	d. Operator Certification Number: <b>3041</b>			
	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(s) below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$50</b>	
		requirements by the e result in an addition		lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	ATES TO RENEW:			<b>Training Units</b>	
Certification T	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not	t operating any Facility	Ιp	provide contractual se	rvices to the Facility	
Please provide th	e following information about each Facility/Plant that you operate. U	Use addti	onal pages as needed	!	
Facility / Plant Na	ame	Class	PDWIS (Water) NF	PDES (Wastewater)	



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This is page one	of a two page form. Both pages must be completed and returned.	0	perator Certifcation N	umber: <b>3136</b>
	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
		requirements by the e result in an addition		ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	ΙI	provide contractual ser	vices to the Facility
Please provide th	e following information about each Facility/Plant that you operate. Us	se addt	ional pages as needed.	
Facility / Plant Na	ame Cl	lass	PDWIS (Water) NP	DES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 3149			
	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.	ecessary,	Certification below will	n(s) shown l expire on:	10/1/2025		
C			The fee to rec	enew these rtifications:	\$100		
				Failure to complete or submit r requirements by the expiration result in an additional late for described in Section V.		piration date will al late fees as	
I. CERTIFICA	TES TO RENEW:				Т	raining Units	
Certification Ty	ре	Category		Class	R	equired	
TEMPORARY		WASTEWATER TREATMENT		5	4	.5	
OPERATOR		WASTEWATER TREATMENT		А	1	6	
II. CURRENT E	MPLOYMENT INFO	ORMATION					
Employer's Name:				Phone #	#:		
Number of Facilitie	es (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner	
I am currently not o	operating any Facility	]	Ιŗ	provide contractua	l services to	o the Facility	
Please provide the	following information ab	out each Facility/Plant that you ope	rate. Use addti	onal pages as nee	eded.		
Facility / Plant Nan	ne		Class	PDWIS (Water)	NPDES (V	Wastewater)	



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

This is page one	of a two page form. Both pages must be completed and returned	d. Op	perator Certifcation Nu	mber: 3168
	Please enter you're current address on the lines below and, if necess	ary,	Certification(s) s below will expi	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.	
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	vpe Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pi	rovide contractual serv	vices to the Facility
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This is page on	e of a two page form. Both pages must be co	ompleted and returned.	Operator Certifcation Number: 3265			
CREGGER	Please enter you're current address on the lines below and, if necessary,		Certification(s) sh below will expire			
	correct the City, state and ZIP Code. Please p	print legibly.	The fee to renew the certifica	\$50		
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
	CATES TO RENEW:			<b>Training Units</b>		
Certification <sup>-</sup>	Type Category		Class	Required		
OPERATOR	WASTEWATER	COLLECTION	2	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	e:		Phone #:			
Number of Facil	ties (or Plants) that you currently operate:		I am employed by	the Facility owner		
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This is page one	of a two page form. Both pages must be completed and retur	ned. O	perator Certifcation Nu	umber: <b>3566</b>
	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s) s below will exp	
correct t	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
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Certification Ty	ype Category		Class	Required
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	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibl			The fee to renew certification	\$50
			- requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
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Certification T	ype Category		Class	Required
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CLEMENTSON Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.			sary,	Certification(s) sh below will expire		
				The fee to renew the certificat	\$50	
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I. CERTIFICA	ATES TO RENEW:				Training Units	
Certification Ty	rpe Ca	tegory		Class	Required	
OPERATOR	WA	ASTEWATER TREATMENT		А	16	
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	Please enter you're current address on the lines below and, if necessary,		Certificatior below will	n(s) shown l expire on:	10/1/2025	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$50</b>			
			requirements result in a	by the exp	submit renewal piration date will al late fees as ection V.	
	ATES TO RENEW:				raining Units	
Certification Ty	/pe Category		Class	R	Required	
OPERATOR	WATER TREATMENT		5RO	1	6	
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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	e addtion	ial pages as nee	ded.		
Facility / Plant Nar	me Cla	ass PI	OWIS (Water)	NPDES (V	Wastewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

This is page one	Op	Operator Certification Number: 4			
	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) below will exp		10/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these ations:	\$50
			- Failure to comp - requirements by result in an a describe	the exp ddition	iration date will al late fees as
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Fa	cility owner
I am currently not	operating any Facility	I pi	rovide contractual ser	vices to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed		
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This is page one	of a two page form. Both pages must be completed and returned.	. 0	perator Certifcation Nu	umber: <b>4082</b>	
	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s) s below will exp		
·	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
	ATES TO RENEW:			<b>Training Units</b>	
Certification Ty	ype Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
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	
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This is page one of a two page	form. Both pages must be completed and ret	urned. O	perator Certifcation N	umber: <b>4291</b>	
	Please enter you're current address on the lines below and, if necessar		Certification(s) below will exp	10/1/2025	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$100</b>		
			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 I	RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
SUPERINTENDENT	WATER TREATMENT		4	7	
II. CURRENT EMPLOYMI	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) the	hat you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any I	Facility	Ιŗ	provide contractual ser	vices to the Facility	
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Date

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Email Address

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This is page	one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	4485
MILLER	Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	10/1/2025
correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications:	\$100
		Failure to complete or requirements by the exp result in an addition described in Se	iration date will al late fees as
I. CERTIF	ICATES TO RENEW:	т	raining Units

II CENTIFICATED TO KENEN	<u>•</u>		Training Units
Certification Type	Category	Class	Required
OPERATOR	WATER TREATMENT	4	30
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	3	7
OPERATOR	WASTEWATER TREATMENT	3	30
SUPERINTENDENT	WATER TREATMENT	4	7
OPERATOR	WASTEWATER TREATMENT	5	30

## **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:	Phone #:
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner
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	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
	RTIFICATES TO RENEW:		Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		
				Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
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Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner	
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GOODWIN	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on: 10		10/1/2025
			The fee to renew certifica		\$50
			<ul> <li>Failure to complete</li> <li>requirements by t</li> <li>result in an ad</li> <li>described</li> </ul>	he expi ditiona	ration date will l late fees as
	CATES TO RENEW:				aining Units
Certification <sup>-</sup>	Type Category		Class	Re	quired
OPERATOR	WATER TREATMENT		1	16	
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Fac	cility owner
I am currently no	ot operating any Facility	I p	rovide contractual serv	vices to	the Facility
Please provide t	he following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed.		
Facility / Plant N	lame Cla	uss I	PDWIS (Water) NPI	DES (W	astewater)



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page on	e of a two page form. Both pages must be completed and returned.	Op	erator Certifcation N	umber: <b>4884</b>
WELLER, IV	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:		_	Training Units
Certification 7	Type Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		1	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	2:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	t operating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide th	ne following information about each Facility/Plant that you operate. U	se addtio	onal pages as needed.	
Facility / Plant N	ame C	Class P	DWIS (Water) NP	DES (Wastewater)



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This is page one of	This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number:		
	2	address on the lines below an		Certification( below will		10/1/2025	
cc	prrect the City, state and I	ZIP Code. Please print legibly	·.	The fee to rer cert	new these ifications:	\$50	
. CERTIFICATES TO RENEW:				requirements result in ar	ubmit renewal iration date will I late fees as ction V.		
						aining Units	
Certification Typ	e	Category		Class	Re	equired	
SUPERINTENDE	NT	WATER TREATMENT		4	7		
II. CURRENT E	MPLOYMENT INFO	ORMATION					
Employer's Name:				Phone #:	: 		
Number of Facilities	s (or Plants) that you cur	ently operate:		I am employe	d by the Fa	cility owner	
I am currently not op	perating any Facility	7		I provide contractual	services to	the Facility	
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Facility / Plant Nam	e		Class	PDWIS (Water)	NPDES (W	astewater)	



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This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	5377
RAWLINGS III Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	10/1/2025
correct the City, state and ZIP Code. Please print legibly.	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

	described	described in Section v.			
I. CERTIFICATES TO RENI Certification Type	<u>EW:</u> Category	Class	Training Units Required		
OPERATOR	WATER TREATMENT	1	16		
SUPERINTENDENT	WASTEWATER TREATMENT	А	7		
SUPERINTENDENT	WASTEWATER TREATMENT	5	7		
SUPERINTENDENT	WATER TREATMENT	1	7		
OPERATOR	WASTEWATER TREATMENT	А	16		
OPERATOR	WATER TREATMENT	2	16		
OPERATOR	WASTEWATER TREATMENT	5	30		

# **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:		Phone	#:	
Number of Facilities (or Plants) that you currently operate:		I am employ	ved by the Facility owner	
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	r you're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp	
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES T	O RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		А	7
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
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Employer's Name:			Phone #:	
Number of Facilities (or Plan	ts) that you currently operate:		I am employed by	the Facility owner
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This is page on	his is page one of a two page form. Both pages must be completed and returned.				n Number:	5566
MASCELLI	2	t address on the lines below and, if ne	cessary,	Certification below will		10/1/2025
	correct the City, state and	ZIP Code. Please print legibly.		The fee to ren cert	new these ifications:	\$50
				<ul> <li>requirements result in an</li> </ul>	by the exp	submit renewal iration date will Il late fees as ction V.
I. CERTIFIC	CATES TO RENEW:	<u>.</u>			ıΤ	raining Units
Certification	Туре	Category		Class	Re	equired
OPERATOR		INDUSTRIAL WASTEWATER		7	16	6
OPERATOR		INDUSTRIAL WASTEWATER		6	16	6
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	ne:			Phone #	:	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employe	d by the Fa	cility owner
I am currently no	ot operating any Facility		Ιp	provide contractual	services to	the Facility
Please provide t	he following information ab	pout each Facility/Plant that you oper	rate. Use addti	onal pages as need	led.	
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Email Address

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

		. Op	Operator Certification Number: 6102		
	ou're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp		
correct the Cit	ty, 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. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
SUPERINTENDENT	WASTEWATER TREATMENT		А	7	
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any	Facility	I pro	provide contractual services to the Facility		
Please provide the following info	formation about each Facility/Plant that you operate. U	Use addtio	nal pages as needed.		
Facility / Plant Name	(	Class P	DWIS (Water) NPI	DES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

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- 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.
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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

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This is page or	This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 6202			
DALLAS	Please enter you're current address on the lines below and		Certification( below will e				
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ifications: <b>\$100</b>			
			<ul> <li>requirements l result in an</li> </ul>	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.			
I. CERTIFI	CATES TO RENEW:			<b>Training Units</b>			
Certification	Type Category		Class	Required			
OPERATOR	WATER TREATMENT		2	16			
OPERATOR	WASTEWATER TREATMEN	ЛТ	5	30			
OPERATOR	WASTEWATER TREATMEN	NT	A	16			
II. CURREN	T EMPLOYMENT INFORMATION						
Employer's Nan	ne:		Phone #:				
Number of Faci	lities (or Plants) that you currently operate:		I am employed	d by the Facility owner			
I am currently n	ot operating any Facility	I p	rovide contractual	services to the Facility			
Please provide	the following information about each Facility/Plant that yo	u operate. Use addti	onal pages as need	led.			
Facility / Plant 1	Name	Class	PDWIS (Water)	NPDES (Wastewater)			



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

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This is page one of a two	nis is page one of a two page form. Both pages must be completed and returned.		erator Certification	n Number: 6528
	Please enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly.	ssary,	Certification( below will o	
correct			The fee to ren certi	new these <b>\$100</b>
			<ul> <li>requirements l result in an</li> </ul>	mplete or submit renewal by the expiration date will a additional late fees as ibed in Section V.
I. CERTIFICATES	TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
OPERATOR	WASTEWATER TREATMENT		3	30
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	:
Number of Facilities (or P	Plants) that you currently operate:		I am employe	d by the Facility owner
I am currently not operation	ng any Facility	I pı	ovide contractual	services to the Facility
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This is page on	This is page one of a two page form. Both pages must be completed and returned.		Operator Certifcation Number: 6529		
RAWLINGS	Please enter you're current address on the lines below and, if necessary	ecessary,	Certification(s below will e		
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these <b>\$100</b> fications:	
			<ul> <li>requirements b result in an</li> </ul>	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFIC	CATES TO RENEW:			<b>Training Units</b>	
Certification <sup>-</sup>	Type Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently no	ot operating any Facility	I pr	ovide contractual s	ervices to the Facility	
Please provide t	he following information about each Facility/Plant that you ope	erate. Use addtio	onal pages as neede	ed.	
Facility / Plant N	lame	Class P	DWIS (Water) N	IPDES (Wastewater)	



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		urned. Oj	Operator Certification Number: 6903				
DEGRANGE		se enter you're current address on the lines below and, if necessary,	ecessary,	Certification below will		10/1/2025	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re cer	new these tifications:	\$100	
				requirements by the result in an addit		te or submit renewal e expiration date will itional late fees as in Section V.	
	CATES TO RENEW:					raining Units	
Certification 7	Гуре	Category		Class	R	equired	
TEMPORARY		WASTEWATER TREATMENT		5A	6	9	
TEMPORARY		WATER TREATMENT		2	2	4	
TEMPORARY		WATER TREATMENT		5	2	4	
II. CURRENT	EMPLOYMENT INFO	ORMATION					
Employer's Name	ð:			Phone #	:		
Number of Facili	ties (or Plants) that you cur	ently operate:		I am employe	ed by the Fa	acility owner	
I am currently no	t operating any Facility	]	I p	rovide contractual	services to	the Facility	
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Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)	



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This is page or				perator Certifcation Number: 7138		
JAMES	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: <b>10/1/2025</b>			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100		
				ete or submit renewal the expiration date will		
			<ul> <li>requirements by the expiration date result in an additional late fees a described in Section V.</li> </ul>			
I. CERTIFIC	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
TEMPORARY	WATER TREATMENT		5	24		
TEMPORARY	WATER TREATMENT		3	45		
OPERATOR	WASTEWATER TREATMENT	Г	1	16		
OPERATOR	WASTEWATER TREATMENT	Г	5	30		
OPERATOR	WASTEWATER TREATMENT	Г	А	16		
II. CURRENT	F EMPLOYMENT INFORMATION					
Employer's Nam	ne:		Phone #:			
Number of Facil	lities (or Plants) that you currently operate:		I am employed by the Facility owner			
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Please provide t	the following information about each Facility/Plant that you	operate. Use addti	onal pages as needed.			
Facility / Plant N	Name	Class	PDWIS (Water) NPI	DES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one	his is page one of a two page form. Both pages must be completed and returned.		Operator Certification Number: 7626		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on: 10/1/		
			The fee to ren certi	ew these <b>\$100</b> fications:	
			<ul> <li>requirements b result in an</li> </ul>	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.	
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
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	l by the Facility owner	
I am currently not	operating any Facility	I pi	covide contractual s	services to the Facility	
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtic	onal pages as neede	ed.	
Facility / Plant Na	ime	Class F	PDWIS (Water) N	NPDES (Wastewater)	
Employer's Name Number of Facilit I am currently not <i>Please provide the</i>	ies (or Plants) that you currently operate: operating any Facility e following information about each Facility/Plant that you opera	te. Use addtio	I am employed covide contractual s onal pages as neede	services to the Facility	



## **III. CONTINUING EDUCATION:**

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- 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.
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Name and Certification Number of Operator in Responsible Charge:

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Date

Last 4 digits of Social Security Number

Email Address

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This is page or	ne of a two page form. Both	pages must be completed and returne	e <b>d.</b> O <sub>f</sub>	perator Certifcation Nu	umber: 7712	
GRIFFITH	Please enter you're current address on the lines below and, if necessary,	sary,	Certification(s) s below will exp			
correct t	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certifica	\$100	
				<ul> <li>Failure to complete or submit rend</li> <li>requirements by the expiration dat</li> <li>result in an additional late fees</li> <li>described in Section V.</li> </ul>		
I. CERTIFI	CATES TO RENEW:				<b>Training Units</b>	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION		2	16	
OPERATOR		WATER TREATMENT		4	30	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
SUPERINTEN	DENT	WATER TREATMENT		4	7	
II. CURRENT	<b>FEMPLOYMENT INFO</b>	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner	
I am currently n	ot operating any Facility	]	I p	I provide contractual services to the Facility		
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Facility / Plant N	Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



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

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	7838
WELCH, JR.	Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	10/1/2025
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100
		Failure to complete or requirements by the exp	iration date will

result in an additional late fees as described in Section V

		describe	bed in Section V.	
I. CERTIFICATES TO RENEW:			Training Units	
Certification Type	Category	Class	Required	
SUPERINTENDENT	WATER TREATMENT	1	7	
SUPERINTENDENT	WASTEWATER TREATMENT	2	7	
OPERATOR	WASTEWATER TREATMENT	2	16	
OPERATOR	WATER TREATMENT	4	30	
OPERATOR	WASTEWATER TREATMENT	3	30	

## **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:		Phone #	<i>‡</i> :	
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	l services to the Facility	
Please provide the following information about each Facility/Plant that you operate. Use addtional pages as needed.				
Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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Email Address

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This is page o	his is page one of a two page form. Both pages must be completed and returned.		eturned. O	perator Certifcation N	Number: 8334
SWANN	•	address on the lines below and, if	necessary,	Certification(s) below will ex	
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifi	w these <b>\$100</b> cations:
				<ul> <li>requirements by result in an a</li> </ul>	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIF	ICATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
OPERATOR		WATER TREATMENT		4	30
SUPERINTEN	IDENT	WATER TREATMENT		4	7
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Nat	me:			Phone #:	
Number of Fac	vilities (or Plants) that you curr	ently operate:		I am employed l	by the Facility owner
I am currently	not operating any Facility	]	Ιŗ	provide contractual se	rvices to the Facility
Please provide	the following information abo	out each Facility/Plant that you of	perate. Use addti	onal pages as needed	1.
Facility / Plant	Name		Class	PDWIS (Water) NI	PDES (Wastewater)



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This is page or	ne of a two page form. B	Operator Certifcation N	perator Certification Number: 8406				
MYERS	Please enter you're current address on the lines below and, if necessary		if necessary,	Certification(s) shown below will expire on: 10/1/2025			
	correct the City, state a	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	w these <b>\$100</b> cations:		
					Failure to complete or submit renewal		
				result in an a	requirements by the expiration date will result in an additional late fees as		
I. CERTIFICATES TO RENEW:				— describe	described in Section V.		
Certification		Category		Class	Training Units Required		
SUPERINTEN	DENT	WATER TREATMENT		4	7		
SUPERINTEN	DENT	WASTEWATER TREATMENT		5	7		
SUPERINTEN	DENT	WATER TREATMENT		2	7		
SUPERINTEN	DENT	WASTEWATER COLLECTIO	N	2	7		
SUPERINTEN	DENT	WASTEWATER TREATMENT		А	7		
II. CURRENT	Г EMPLOYMENT IN	FORMATION					
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			Ι	I provide contractual services to the Facility			
Please provide i	the following information	about each Facility/Plant that you	operate. Use add	tional pages as needed	!.		
Facility / Plant N	Name		Class	PDWIS (Water) NP	DES (Wastewater)		
					,		



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	Please enter you're current address on the lines below and, if necessary	/,	Certification(s) shown below will expire on: <b>10/1/2025</b>		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			<ul> <li>Failure to complete or submit renew</li> <li>requirements by the expiration date</li> <li>result in an additional late fees as</li> <li>described in Section V.</li> </ul>		
I. CERTIFICATES TO RENEW:				Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility	I pi	rovide contractual serv	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.		
Facility / Plant Na	cl	lass I	PDWIS (Water) NPI	DES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

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

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

Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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

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

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**Applicant's Signature** 

Date

Last 4 digits of Social Security Number

Email Address

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

This is page one of a two page form. Both pages must be completed and returned. Ope				erator Certifcatio	on Number:	8858	
	Please enter you're current address on the lines below and, if necess	ssary,	Certification below will	n(s) shown l expire on:	10/1/2025		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$50</b>			
				Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.		piration date will al late fees as	
I. CERTIFIC	ATES TO RENEW:				T	<b>Fraining Units</b>	
Certification Ty	ype C	Category		Class		Required	
OPERATOR	I	NDUSTRIAL WASTEWATER		5	З	30	
OPERATOR	I	NDUSTRIAL WASTEWATER		6	1	6	
II. CURRENT	EMPLOYMENT INFO	RMATION					
Employer's Name	:			Phone	#:		
Number of Facilit	ies (or Plants) that you curre	ntly operate:		I am employ	red by the F	acility owner	
I am currently not operating any Facility			I pr	I provide contractual services to the Facility			
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This is page one	Operator Certifcation Number: 9678						
MIDDLETON		current address on the lines below and, if necessary,	essary,	Certification(s) shown below will expire on: <b>10/1/2025</b>			
	correct the City, state and	e and ZIP Code. Please print legibly.		The fee to re- cert	new these tifications:	\$100	
				requirements result in a	Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.		
I. CERTIFICATES TO RENEW:					Training Units		
Certification T	уре	Category		Class	R	equired	
OPERATOR		WASTEWATER TREATMENT		А	16	6	
OPERATOR		INDUSTRIAL WASTEWATER		2	0		
OPERATOR		WATER TREATMENT		4	30	)	
OPERATOR		WASTEWATER TREATMENT		5	30	)	
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Employer's Name	2:			Phone #	:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner				
I am currently not operating any Facility			Ι	I provide contractual services to the Facility			
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