

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

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

| This is page one of a tw | vo page form. Both pages must be completed and ret | urned. O _l | perator Certification Nu | ımber: 0104 |
|---|---|-----------------------|--------------------------------------|---|
| | enter you're current address on the lines below and, if n | ecessary, | Certification(s) s below will exp | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certification | 450 |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as I in Section V. |
| I. CERTIFICATES | | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| II. CURRENT EMPL | OYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operat | ing any Facility | Ιp | rovide contractual serv | vices to the Facility |
| Please provide the follow | ing information about each Facility/Plant that you ope | rate. Use addti | onal pages as needed. | |
| Facility / Plant Name | | Class] | PDWIS (Water) NPI | DES (Wastewater) |
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| | | | | |
| | | | | |
| | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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|---------------------------|--|-----------------|---|--|--|
| | Please enter you're current address on the lines below and, if n | ecessary, | Certification(s) shown below will expire on: 10/1/202 | | |
| c | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 5 | 24 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
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| Please provide the | following information about each Facility/Plant that you ope | rate. Use addti | onal pages as needed. | _ | |
| Facility / Plant Nar | me | Class 1 | PDWIS (Water) NPI | DES (Wastewater) | |
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| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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| This is page one of | a two page form. Both pages must be completed and retu | rned. Op | erator Certification N | Number: 0411 |
|--|--|-----------------|-----------------------------------|---|
| GREGORY LYNN SMITH Please enter you're current address on the lines below and, if necessary | | | Certification(s) below will ex | |
| cor | correct the City, state and ZIP Code. Please print legibly. | | | w these cations: \$100 |
| | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFICAT | TES TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 5 | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | | Α | 7 |
| SUPERINTENDENT | WATER TREATMENT | | 4 | 7 |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WATER TREATMENT | | 4 | 30 |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed b | by the Facility owner |
| I am currently not op | erating any Facility | I pr | ovide contractual se | rvices to the Facility |
| Please provide the fo | llowing information about each Facility/Plant that you opera | ate. Use addtio | onal pages as needed | <u></u> |
| Facility / Plant Name | | Class P | DWIS (Water) NF | PDES (Wastewater) |
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| | (OVER) | | | |



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| Name and Certi | fication Number of |
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| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature: | | Date | |
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| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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|---------------------------|---|---|--|--|--|
| | enter you're current address on the lines below and, if necessity | essary, | Certification(s) sl below will expi | | |
| correc | t the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | w these ications: \$50 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as I in Section V. | |
| I. CERTIFICATE | S TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT EMP | LOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed by | the Facility owner | |
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| Please provide the follow | wing information about each Facility/Plant that you operat | te. Use addtio | onal pages as needed. | | |
| Facility / Plant Name | | Class F | PDWIS (Water) NPD | DES (Wastewater) | |
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Page 2

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| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| This is page one of | f a two page form. Both pages must be completed and return | ned. Operator Cen | rtifcation Numbe | r: 0645 | |
|-----------------------|---|------------------------|---|-----------------|--|
| JOSH HESTER | | | ification(s) shows | | |
| | ease enter you're current address on the lines below and, if nece rrect the City, state and ZIP Code. Please print legibly. | ssary, bel | below will expire on: | | |
| Co | frect the City, state and Zir Code. Thease print legiony. | The f | The fee to renew these certifications: \$50 | | |
| | | requir | | | |
| I. CERTIFICA | TES TO RENEW: | | | Training Units | |
| Certification Typ | e Category | (| | Required | |
| OPERATOR | WATER TREATMENT | 4 | ŀ | 30 | |
| II. CURRENT EN | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
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| Please provide the fe | ollowing information about each Facility/Plant that you operate | e. Use addtional pages | s as needed. | | |
| Facility / Plant Name | e | Class PDWIS (W | Vater) NPDES | (Wastewater) | |
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| This is page one of | a two page form. Both pages must be completed and | Operator Certification Number: 0779 | | | |
|---------------------------|---|--|--|---|--|
| | ease enter you're current address on the lines below and, i | f necessary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| coi | rrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | 450 | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Type | e Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT EN | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not op | perating any Facility | I | provide contractual ser | vices to the Facility | |
| Please provide the fo | ollowing information about each Facility/Plant that you o | perate. Use add | tional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- · 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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
|--|--------------|------------|----------------|----------|---------|---------|



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

| This is page one of a two | page form. Both pages must be completed and return | ned. Operator Certification N | fumber: 0818 |
|--|--|--------------------------------------|--|
| MARK ANTHONY RATLIFF Please enter you're current address on the lines below and, if n correct the City, state and ZIP Code. Please print legibly. | | Certification(s) below will exp | 111/1/1/1/ |
| | | The fee to renev certific | v these cations: \$50 |
| | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFICATES 7 | ΓO RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | А | 16 |
| II. CURRENT EMPLO | YMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (or Pla | ants) that you currently operate: | I am employed b | y the Facility owner |
| I am currently not operating | g any Facility | I provide contractual ser | vices to the Facility |
| Please provide the following | g information about each Facility/Plant that you operate | e. Use addtional pages as needed | • |
| Facility / Plant Name | | Class PDWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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| This is page one of a | two page form. Both pages must be completed and retu | Operator Certification Number: 0909 | | |
|--------------------------|--|-------------------------------------|--------------------------------------|--|
| | e enter you're current address on the lines below and, if ne | cessary, | Certification(s) s below will exp | |
| corre | et the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 620 |
| | | | requirements by result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| I. CERTIFICATE | S TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 5 | 7 |
| II. CURRENT EMP | PLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (o | r Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not opera | ating any Facility | I p | rovide contractual ser | vices to the Facility |
| Please provide the follo | owing information about each Facility/Plant that you opera | ate. Use addtio | onal pages as needed. | |
| Facility / Plant Name | | Class I | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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| This is page one | of a two page form. Both pages must be completed and retu | urned. Ope | erator Certifcation N | umber: 0942 |
|---|---|-----------------|---------------------------------|--|
| | Please enter you're current address on the lines below and, if ne | ecessary, | Certification(s) below will exp | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | v these cations: \$50 |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | | А | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | : | | Phone #: | |
| Number of Facility | ies (or Plants) that you currently operate: | | I am employed b | y the Facility owner |
| I am currently not | operating any Facility | I pro | ovide contractual ser | rvices to the Facility |
| Please provide the | e following information about each Facility/Plant that you oper | ate. Use addtio | nal pages as needed | • |
| Facility / Plant Na | ume | Class Pl | DWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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| Applicant's Signature: | | Date | |
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| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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

| This is page one | of a two page form. Both | pages must be completed and return | ned. O | perator Certification | Number: 0979 |
|---|--------------------------------|--|------------------------|---------------------------------|--|
| DALE WHITLEY Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly. | | | | Certification(s below will e | |
| | | | The fee to reno certif | ew these fications: \$100 | |
| | | | | requirements b | uplete or submit renewal by the expiration date will additional late fees as |
| | | | | | bed in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | | Training Units |
| Certification Ty | ype | Category | | Class | Required |
| OPERATOR | | WATER TREATMENT | | 1 | 16 |
| OPERATOR | | WASTEWATER TREATMENT | | 1 | 16 |
| SUPERINTENDE | NT | WATER TREATMENT | | 1 | 7 |
| SUPERINTENDE | NT | WASTEWATER TREATMENT | | 1 | 7 |
| II. CURRENT | EMPLOYMENT INFO | RMATION | | | |
| Employer's Name | : | | | Phone #: | |
| Number of Facilit | ties (or Plants) that you curr | rently operate: | | I am employed | by the Facility owner |
| I am currently not | t operating any Facility | | Ιp | rovide contractual s | ervices to the Facility |
| Please provide the | e following information abo | – out each Facility/Plant that you operat | e. Use addti | onal pages as neede | ed. |
| Facility / Plant Na | ame | | Class | PDWIS (Water) N | IPDES (Wastewater) |
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Page 2

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|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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| This is page one of a t | two page form. Both pages must be completed and return | ed. Operator Certification Nur | nber: 10002 |
|---|---|--|---|
| | e enter you're current address on the lines below and, if neces | Certification(s) sh ssary, below will expir | |
| correct the City, state and ZIP Code. Please print legibly. | | The fee to renew t certificat | 4 - 11 |
| | | requirements by the result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. |
| I. CERTIFICATE | ES TO RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | А | 16 |
| II. CURRENT EMP | PLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (o | or Plants) that you currently operate: | I am employed by | the Facility owner |
| I am currently not opera | ating any Facility | I provide contractual servi | ces to the Facility |
| Please provide the follo | owing information about each Facility/Plant that you operate. | . Use addtional pages as needed. | |
| Facility / Plant Name | | Class PDWIS (Water) NPD | ES (Wastewater) |
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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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

| This is page one of | of a two page form. Both pages must be completed and re | erator Certification N | umber: 10154 | |
|-------------------------|--|------------------------|--------------------------------------|---|
| | Please enter you're current address on the lines below and, if | necessary, | Certification(s) s below will exp | |
| c | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | 620 |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not | operating any Facility | I pr | ovide contractual ser | vices to the Facility |
| Please provide the | following information about each Facility/Plant that you op | erate. Use addtio | onal pages as needed. | |
| Facility / Plant Nar | me | Class P | DWIS (Water) NP | DES (Wastewater) |
| | | | | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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| This is page one | of a two page form. Both pages must be completed ar | perator Certification Nu | ımber: 10194 | |
|---|--|--------------------------|--------------------------------------|---|
| | Please enter you're current address on the lines below and | | Certification(s) s below will exp | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certification | X 1 1 1 1 1 1 |
| | | | requirements by to result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | N | 2 | 16 |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | : | | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not | t operating any Facility | Ιp | rovide contractual serv | vices to the Facility |
| Please provide the | e following information about each Facility/Plant that yo | u operate. Use addti | onal pages as needed. | |
| Facility / Plant Na | ame | Class 1 | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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

| This is page on | e of a two page form. Bot | n pages must be completed and retur | rned. O | perator Certification N | umber: 10221 |
|--------------------|---|--|---------------|--------------------------------------|---|
| CHAD COX | | t address on the lines below and, if nec | essary, | Certification(s) s below will exp | 111/1/1/1// |
| | correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certification | \$ 1000 |
| | | | | requirements by result in an ac | lete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| | CATES TO RENEW | | | | Training Units |
| Certification T | Гуре | Category | | Class | Required |
| OPERATOR | | WASTEWATER COLLECTION | | 2 | 16 |
| OPERATOR | | WATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | |
| Employer's Name | e: | | | Phone #: | |
| Number of Facili | ities (or Plants) that you cu | rently operate: | | I am employed by | y the Facility owner |
| I am currently no | ot operating any Facility | | Ιp | provide contractual ser | vices to the Facility |
| Please provide th | he following information al | out each Facility/Plant that you opera | te. Use addti | ional pages as needed. | |
| Facility / Plant N | lame | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 | Operator Certifcation I | Number: 10233 | |
|---|--|-------------------------|--------------------------------|---|
| | Please enter you're current address on the lines below | | Certification(s) below will ex | |
| correct the City, state and ZIP Code. Please print legibly. | | ly. | The fee to rene certifi | w these cations: \$50 |
| | | | requirements by result in an a | plete or submit renewal the expiration date will additional late fees as ted in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| SUPERINTENDEN | IT WASTEWATER TREATME | NT | 5 | 7 |
| SUPERINTENDEN | IT WASTEWATER TREATME | NT | Α | 7 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed | by the Facility owner |
| I am currently not | operating any Facility | I | provide contractual se | ervices to the Facility |
| Please provide the | e following information about each Facility/Plant that | you operate. Use ada | ltional pages as needed | <i>d</i> . |
| Facility / Plant Na | me | Class | PDWIS (Water) NI | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one of a t | wo page form. Both pages must be completed and retu | urned. Oper | ator Certification N | fumber: 1025 |
|---|--|---------------------------|------------------------------------|--|
| | e enter you're current address on the lines below and, if no | ecessary, | Certification(s) below will exp | 111/1/11/1 |
| correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these cations: \$100 | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFICATE | S TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT EMP | LOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed b | y the Facility owner |
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| Please provide the follo | wing information about each Facility/Plant that you open | rate. Use addtion | al pages as needed | • |
| Facility / Plant Name | | Class PD | WIS (Water) NP | DES (Wastewater) |
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Page 2

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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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one | of a two page form. Both pages must be completed and return | rned. Op | erator Certifcation N | umber: 1031 | |
|---------------------|--|-----------------|---|--|--|
| | Please enter you're current address on the lines below and, if nec | cessary, | Certification(s) shown below will expire on: 10/1/202 | | |
| (| correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | : | | Phone #: | | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed b | y the Facility owner | |
| I am currently not | operating any Facility | I pr | ovide contractual ser | vices to the Facility | |
| Please provide the | e following information about each Facility/Plant that you opera | ite. Use addtio | nal pages as needed. | | |
| Facility / Plant Na | me | Class P | DWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | f a two page form. Both pages must be completed and return | ned. Operator Certification Nun | nber: 10321 |
|--------------------------|--|--|--|
| DAVID HUTTO | N | Certification(s) sho | |
| | ease enter you're current address on the lines below and, if neces | essary, below will expire | on: 10/1/2022 |
| co | orrect the City, state and ZIP Code. Please print legibly. | The fee to renew the certification | 450 |
| | | requirements by th result in an add | e or submit renewal e expiration date will itional late fees as in Section V. |
| I. CERTIFICA | TES TO RENEW: | | Training Units |
| Certification Typ | e Category | Class | Required |
| OPERATOR | WATER TREATMENT | 1 | 16 |
| II. CURRENT E | MPLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities | s (or Plants) that you currently operate: | I am employed by t | he Facility owner |
| I am currently not of | perating any Facility | I provide contractual service | ces to the Facility |
| Please provide the f | following information about each Facility/Plant that you operate | e. Use addtional pages as needed. | |
| Facility / Plant Nam | ne e | Class PDWIS (Water) NPDI | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one | e of a two page form. Both pages must be con | Operator Certifcation Nun | nber: 10356 | |
|---|---|-------------------------------|---|--|
| DENARD FRE | Please enter you're current address on the lines below and, if necessar | | Certification(s) sho below will expire | |
| correct the City, state and ZIP Code. Please print legi | | nt legibly. | The fee to renew the certification | 620 |
| | | | — requirements by th result in an add | e or submit renewal e expiration date will itional late fees as in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| TEMPORARY | INDUSTRIAL WAS | TEWATER | 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 t | he Facility owner |
| I am currently no | t operating any Facility | 1 | provide contractual service | ces to the Facility |
| Please provide th | e following information about each Facility/Pla | ant that you operate. Use add | dtional pages as needed. | _ |
| Facility / Plant N | ame | Class | PDWIS (Water) NPDI | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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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|---|----------------------------------|----------------------------------|--|
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| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| | | | |

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

| This is page one of | of a two page form. Both pages must be completed and retu | Operator Certification Number: 10380 Certification(s) shown below will expire on: 10/1/2022 | | |
|---------------------------|---|--|--------------------------------------|---|
| | Please enter you're current address on the lines below and, if necessary, | | | |
| correct th | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| I. CERTIFICATES TO RENEW: | | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not o | operating any Facility | I p | rovide contractual serv | vices to the Facility |
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| Facility / Plant Nan | me | Class I | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Operator in Res | ponsible Charge: |

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| This is page one of | of a two page form. Both pages must be completed and re | eturned. O _j | perator Certification Nu | ımber: 10385 | |
|---------------------------|---|-------------------------|---|--|--|
| | Please enter you're current address on the lines below and, if necessary, | necessary, | Certification(s) shown below will expire on: 10/1/202 | | |
| cc | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
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| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Typ | oe Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
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III. CONTINUING EDUCATION:

Page 2

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| | | | |

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



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

| This is page one of a tv | vo page form. Both pages must be completed and returned | d. Ope | rator Certifcation Nu | ımber: 1051 |
|---------------------------|---|-------------|--------------------------------------|--|
| MARK A. TAYLOR Please | enter you're current address on the lines below and, if necessa | ary, | Certification(s) s below will exp | |
| correct | t the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 620 |
| | | | requirements by t | ete or submit renewal the expiration date will lditional late fees as d in Section V. |
| I. CERTIFICATES | S TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 |
| II. CURRENT EMPI | LOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operat | ting any Facility | I pro | vide contractual serv | vices to the Facility |
| Please provide the follow | wing information about each Facility/Plant that you operate. U | Use addtion | nal pages as needed. | |
| Facility / Plant Name | | Class PI | OWIS (Water) NPI | DES (Wastewater) |
| | | | | |
| | | | | |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

- 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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

| This is page one of | of a two page form. Both pages must be completed and return | rned. Op | perator Certification Nu | mber: 10522 |
|----------------------|---|----------------|--|--|
| | 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/ | |
| С | | | The fee to renew certifica | 450 |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not o | operating any Facility | Ιp | rovide contractual serv | rices to the Facility |
| Please provide the | following information about each Facility/Plant that you opera | ate. Use addti | onal pages as needed. | _ |
| Facility / Plant Nan | me | Class I | PDWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a | two page form. Both pages must be completed and retu | erator Certification Nu | mber: 10605 | |
|--------------------------|--|-------------------------|---|--|
| OSCAR GARCIA Pleas | e enter you're current address on the lines below and, if ne | cessary, | Certification(s) sh below will expir | |
| corre | ct the City, state and ZIP Code. Please print legibly. | · | The fee to renew to certificate | 620 |
| | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICATE | ES TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT EMP | PLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (o | r Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not oper | ating any Facility | I pr | ovide contractual serv | ices to the Facility |
| Please provide the follo | owing information about each Facility/Plant that you opera | ate. Use addtio | onal pages as needed. | |
| Facility / Plant Name | | Class P | PDWIS (Water) NPD | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page on | ne of a two page form. Both pages must be completed and returne | ed. Operator Certifca | tion Number: 10642 |
|---|---|--------------------------|---|
| GARRETT IN | Please enter you're current address on the lines below and, if necess | | ion(s) shown vill expire on: 10/1/2022 |
| correct the City, state and ZIP Code. Please print legibly. | | | renew these ertifications: \$100 |
| | | requiremen | complete or submit renewal nts by the expiration date will n an additional late fees as |
| | | | escribed in Section V. |
| I. CERTIFIC | CATES TO RENEW: | | Training Units |
| Certification ⁻ | Type Category | Class | |
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |
| TEMPORARY | WASTEWATER TREATMENT | 1 | 24 |
| TEMPORARY | INDUSTRIAL WASTEWATER | 1 | 0 |
| TEMPORARY | WATER TREATMENT | 1 | 24 |
| II. CURRENT | FEMPLOYMENT INFORMATION | | |
| Employer's Nam | ne: | Phone | e #: |
| Number of Facil | lities (or Plants) that you currently operate: | I am emplo | oyed by the Facility owner |
| I am currently no | ot operating any Facility | I provide contract | ual services to the Facility |
| Please provide t | the following information about each Facility/Plant that you operate. | Use addtional pages as n | eeded. |
| Facility / Plant N | Name | Class PDWIS (Water) |) NPDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

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



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

| This is page one of a | two page form. Both pages must be completed and ret | perator Certification Number: 10654 | | | |
|--|---|-------------------------------------|--|---|--|
| | Please enter you're current address on the lines below and, if necessary, | ecessary, | Certification(s) shown below will expire on: 10/1/20 | | |
| correct the City, state and ZIP Code. Please print legibly | ect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 620 | |
| | | | requirements by result in an ad | lete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICATI | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT EMI | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (c | or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not oper | ating any Facility | I pro | vide contractual ser | vices to the Facility | |
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| Facility / Plant Name | | Class PI | OWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one | e of a two page form. Both pages must be completed and retu | perator Certification Number: 10693 | | |
|---------------------|--|-------------------------------------|---|--|
| JAMES ALLEN | Please enter you're current address on the lines below and, if ned | cessary, | Certification(s) shown below will expire on: 10/1/2 | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | these sations: \$50 |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| | CATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 1 | 24 |
| TEMPORARY | WATER TREATMENT | | 5 | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | o: | | Phone #: | |
| Number of Facili | ties (or Plants) that you currently operate: | | I am employed b | y the Facility owner |
| I am currently no | t operating any Facility | I pr | rovide contractual ser | vices to the Facility |
| Please provide th | e following information about each Facility/Plant that you opera | ate. Use addtio | onal pages as needed | |
| Facility / Plant Na | ame | Class I | PDWIS (Water) NP | DES (Wastewater) |
| | | | | |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- 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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

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

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



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

| This is page one of | a two page form. Both pages must be completed and re | Operator Certification Number: 10823 | | |
|---------------------------|---|--------------------------------------|---------------------------------------|--|
| | ase enter you're current address on the lines below and, if | necessary, | Certification(s) s below will expi | |
| cor | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | 450 |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICATES TO RENEW: | | | | Training Units |
| Certification Type | e Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 1 | 16 |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not op | erating any Facility | I | provide contractual serv | rices to the Facility |
| Please provide the fo | llowing information about each Facility/Plant that you op | perate. Use addi | tional pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
|--|--------------|------------|----------------|----------|---------|---------|



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| This is page one o | of a two page form. Both pages must be completed and return | ned. Operator Certification N | umber: 10941 |
|----------------------|---|--------------------------------------|--|
| | lease enter you're current address on the lines below and, if neces | Certification(s) below will exp | |
| Co | orrect the City, state and ZIP Code. Please print legibly. | The fee to renew certific | v these sations: \$50 |
| | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | Training Units |
| Certification Typ | pe Category | Class | Required |
| OPERATOR | WATER TREATMENT | 1 | 16 |
| II. CURRENT E | MPLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | I am employed b | y the Facility owner |
| I am currently not o | operating any Facility | I provide contractual ser | vices to the Facility |
| Please provide the | following information about each Facility/Plant that you operate | e. Use addtional pages as needed | . — |
| Facility / Plant Nan | ne | Class PDWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page | ge form. Both pages must be completed and return | ned. Op | perator Certifcation Num | mber: 10957 |
|---------------------------------|--|---------------|---|---|
| | you're current address on the lines below and, if nece | essary, | Certification(s) she below will expire | |
| correct the C | ity, state and ZIP Code. Please print legibly. | | The fee to renew the certificate | 620 |
| | | | - requirements by th result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. |
| I. CERTIFICATES TO | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 2 | 0 |
| II. CURRENT EMPLOYN | MENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants | s) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating an | ny Facility | I pr | rovide contractual servi | ces to the Facility |
| Please provide the following in | nformation about each Facility/Plant that you operat | e. Use addtio | onal pages as needed. | |
| Facility / Plant Name | | Class P | PDWIS (Water) NPDI | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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



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

| This is page one | e of a two page form. Both pages must be co | mpleted and returned. | Operator Certification Numb | er: 11067 |
|--------------------|--|-------------------------------|---|---|
| TYLER FINK | Please enter you're current address on the line | • | Certification(s) show below will expire | |
| | correct the City, state and ZIP Code. Please print leg | rint legibly. | The fee to renew the certificatio | 450 |
| | | | Failure to complete requirements by the result in an addit described in | expiration date will ional late fees as |
| I. CERTIFIC | CATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| OPERATOR | INDUSTRIAL WA | STEWATER | 3 | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | e: _ | | Phone #: | |
| Number of Facili | ties (or Plants) that you currently operate: | | I am employed by th | e Facility owner |
| I am currently no | t operating any Facility | _ | I provide contractual service | es to the Facility |
| Please provide th | e following information about each Facility/F | lant that you operate. Use ad | ldtional pages as needed. | _ |
| Facility / Plant N | ame | Class | PDWIS (Water) NPDES | S (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
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| Operator in Res | ponsible Charge: |

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|--|--------------|------------|----------------|----------|---------|---------|
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| This is page one of | of a two page form. Both pages must be completed and | perator Certification Nu | umber: 11068 | | |
|----------------------|---|--------------------------|--|---|--|
| | Please enter you're current address on the lines below and, i | f necessary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| С | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 620 | |
| | | | requirements by result in an ad | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
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Page 2

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

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



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

| This is page one of a two page form. Both pages must be completed and returned. Ope | | | | perator Certifcation N | umber: 11069 | |
|---|-----------------------------|--|--------------|---|--|--|
| LEVI BRADSHAW Please enter you're current address on the lines below and, if correct the City, state and ZIP Code. Please print legibly. | | | ssary, | Certification(s) shown below will expire on: 10/1/202 | | |
| | | | | The fee to renew certific | (51) | |
| | | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| | TES TO RENEW: | | | | Training Units | |
| Certification Typ | pe | Category | | Class | Required | |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | 45 | |
| TEMPORARY | | WASTEWATER TREATMENT | | А | 24 | |
| II. CURRENT E | MPLOYMENT INFO | ORMATION | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you cur | rently operate: | | I am employed b | y the Facility owner | |
| I am currently not o | operating any Facility | | Ιp | provide contractual services to the Facility | | |
| Please provide the | following information ab | — out each Facility/Plant that you operat | e. Use addti | onal pages as needed | | |
| Facility / Plant Nan | ne | | Class | PDWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two | o page form. Both pages must be completed and returned | d. Ope | erator Certifcation Nu | umber: 11072 | |
|------------------------------|---|-------------|---|---|--|
| | enter you're current address on the lines below and, if necessa | ary, | Certification(s) s below will exp | | |
| correct t | the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | requirements by t | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | Unknown | | 1 | ??? | |
| II. CURRENT EMPL | OYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or F | Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not operation | ng any Facility | I pro | ovide contractual serv | vices to the Facility | |
| Please provide the follows | ing information about each Facility/Plant that you operate. U | Use addtioi | nal pages as needed. | | |
| Facility / Plant Name | | Class PI | OWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | a two page form. Both pages must be completed and ret | t urned. Op | Operator Certification Number: 11073 | | | |
|---------------------------|---|--------------------|---|--|--|--|
| | ase enter you're current address on the lines below and, if n | ecessary, | Certification(s) shown below will expire on: 10/1/202 | | | |
| cor | rrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | | |
| Certification Type | e Category | | Class | Required | | |
| TEMPORARY | WATER TREATMENT | | 4 | 45 | | |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | the Facility owner | | |
| I am currently not op | erating any Facility | I p | rovide contractual serv | vices to the Facility | | |
| Please provide the fo | llowing information about each Facility/Plant that you ope | rate. Use addti | onal pages as needed. | | | |
| Facility / Plant Name | | Class I | PDWIS (Water) NPI | DES (Wastewater) | | |
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III. CONTINUING EDUCATION:

Page 2

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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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| | | | |

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

| This is page one of | f a two page form. Both pages must be completed and return | rned. Ope | perator Certification Number: 11074 | | |
|--------------------------|--|-----------------|--------------------------------------|---|--|
| | ease enter you're current address on the lines below and, if nec | cessary, | Certification(s) s below will exp | | |
| со | rrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | 620 | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICA | TES TO RENEW: | | | Training Units | |
| Certification Typ | e Category | | Class | Required | |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT EN | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | s (or Plants) that you currently operate: | | I am employed b | y the Facility owner | |
| I am currently not op | perating any Facility | I pr | ovide contractual ser | vices to the Facility | |
| Please provide the fe | ollowing information about each Facility/Plant that you opera | ıte. Use addtio | nal pages as needed. | _ | |
| Facility / Plant Name | e | Class P | DWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
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| Operator in Res | ponsible Charge: |

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

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| This is page one of a two page | ge form. Both pages must be completed and return | ned. Ope | rator Certifcation Nu | umber: 11075 |
|---|---|----------------|--|---|
| MICHAEL STUBBLEFIELD Please enter you're current address on the lines below and, if necessary the City of the Please wind laid to the control of the Please wind laid to the control of the City of the Please wind laid to the control of the Please wind laid. | | essary, | Certification(s) shown below will expire on: | |
| correct the C | City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 620 |
| | | | requirements by t | lete or submit renewal the expiration date will lditional late fees as d in Section V. |
| I. CERTIFICATES TO | D RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 2 | 0 |
| II. CURRENT EMPLOY | MENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants | s) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operating ar | ny Facility | I pro | vide contractual serv | vices to the Facility |
| Please provide the following in | nformation about each Facility/Plant that you operate | e. Use addtion | al pages as needed. | _ |
| Facility / Plant Name | | Class PD | OWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page | ge form. Both pages must be completed and re | eturned. Oper | Operator Certification Number: 11077 | | |
|--|--|---|---|--|--|
| Please enter you're current address on the lines below and, if necessary | | | Certification(s) shown below will expire on: 10/1/202 | | |
| correct the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICATES TO | RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 5 | 24 | |
| TEMPORARY | WATER TREATMENT | | 1 | 24 | |
| II. CURRENT EMPLOYN | MENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plants | s) that you currently operate: | | I am employed b | y the Facility owner | |
| I am currently not operating an | ny Facility | I prov | vide contractual ser | vices to the Facility | |
| Please provide the following in | nformation about each Facility/Plant that you op | erate. Use addtiond | al pages as needed | | |
| Facility / Plant Name | | Class PD | WIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| This is page one of a two p | age form. Both pages must be completed and re | turned. Op | perator Certification Nu | ımber: 11078 | |
|---|---|------------------|--|--|--|
| ANTHONY ORTIZ CEPEDA Please enter you're current address on the lines below and, if necessary, | | | Certification(s) shown below will expire on: 10/1/ | | |
| correct the | e City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. | |
| I. CERTIFICATES T | O RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 1 | 24 | |
| II. CURRENT EMPLOY | MENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plan | nts) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating a | any Facility | Ιp | rovide contractual serv | vices to the Facility | |
| Please provide the following | information about each Facility/Plant that you open | erate. Use addti | onal pages as needed. | | |
| Facility / Plant Name | | Class I | PDWIS (Water) NPI | DES (Wastewater) | |
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Page 2

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
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| Mail to: Maryland Department o | f 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 return | rator Certifcation N | umber: 11079 | | |
|--------------------------|--|----------------------|--|---|--|
| | se enter you're current address on the lines below and, if nec | cessary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| corre | ect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | XIIII | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATI | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT EMP | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (c | or Plants) that you currently operate: | | I am employed b | y the Facility owner | |
| I am currently not oper | rating any Facility | I pro | vide contractual ser | vices to the Facility | |
| Please provide the follo | owing information about each Facility/Plant that you opera | ite. Use addtion | al pages as needed. | | |
| Facility / Plant Name | | Class PI | OWIS (Water) NP | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

| This is page one of a two page form. Both pages must be completed and returned. Op | | | | erator Certification | Number: 11080 |
|--|--|---------------------------------------|------------|--|---|
| P | DAMON BRAXTON Please enter you're current address on the lines below and, | | | Certification(s) shown below will expire on: 10/1/20 | |
| correct the City, state and ZIP Code. Please print legibly. | | | | The fee to ren | ew these fications: \$100 |
| | | | | requirements b | nplete or submit renewal by the expiration date will additional late fees as bed in Section V. |
| I. CERTIFICA | TES TO RENEW: | | | | Training Units |
| Certification Type | oe Cat | egory | | Class | Required |
| TEMPORARY | WA | STEWATER COLLECTION | | 2 | 24 |
| TEMPORARY | WA | TER DISTRIBUTION | | 1 | 24 |
| II. CURRENT E | MPLOYMENT INFORM | IATION | | | |
| Employer's Name: | | | | Phone #: | |
| Number of Facilitie | s (or Plants) that you current | y operate: | | I am employed | l by the Facility owner |
| I am currently not o | perating any Facility | | I pr | ovide contractual s | services to the Facility |
| Please provide the | following information about e | each Facility/Plant that you operate. | Use addtio | nal pages as need | ed. |
| Facility / Plant Nam | ne | | Class P | DWIS (Water) N | NPDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| This is page | one of a two page form | Operator Certification N | umber: 11081 | | |
|-----------------|------------------------------|---|-----------------|--------------------------------------|--|
| GREGORY | • | current address on the lines below and, i | if necessary, | Certification(s) s below will exp | |
| | correct the City, sta | te and ZIP Code. Please print legibly. | | The fee to renew certific | 620 |
| | | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIF | FICATES TO REI | <u> 1EW:</u> | | | Training Units |
| Certificatio | n Type | Category | | Class | Required |
| TEMPORARY | (| WASTEWATER COLLECTION | | 2 | 24 |
| II. CURRE | NT EMPLOYMENT | INFORMATION | | | |
| Employer's N | ame: | | | Phone #: | |
| Number of Fa | acilities (or Plants) that y | you currently operate: | | I am employed b | y the Facility owner |
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| Facility / Plan | nt Name | | Class | PDWIS (Water) NP | DES (Wastewater) |
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Page 2

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| Last 4 digits of Social Security Number | Email Address | | |
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| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| | | | |

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

| This is page one of a two pag | perator Certification Nu | ımber: 11082 | | | | |
|--|--|-----------------|---|--|--|--|
| KATHY RUSHING Please enter you're current address on the lines below and, if nece | | cessary, | Certification(s) si below will expi | | | |
| correct the Ci | ty, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as I in Section V. | | |
| I. CERTIFICATES TO | RENEW: | | | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | | |
| II. CURRENT EMPLOYM | IENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or Plants) | that you currently operate: | | I am employed by | the Facility owner | | |
| I am currently not operating any | y Facility | I pı | rovide contractual serv | vices to the Facility | | |
| Please provide the following inj | formation about each Facility/Plant that you operc | ite. Use addtio | onal pages as needed. | | | |
| Facility / Plant Name | | Class I | PDWIS (Water) NPD | DES (Wastewater) | | |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

- 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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

| This is page one of a two page | age form. Both pages must be completed and returned | . Operator Cer | Operator Certification Number: 11083 | | |
|---|---|--------------------|--|---|--|
| | er you're current address on the lines below and, if necessar | | Certification(s) shown below will expire on: 10/1/2022 | | |
| correct the City, state and ZIP Code. Please print legibly. | | The fo | ee to rene certifi | ew these ications: \$50 | |
| | | require | ements by ult in an a | plete or submit renewal y the expiration date will additional late fees as ped in Section V. | |
| I. CERTIFICATES T | O RENEW: | | | Training Units | |
| Certification Type | Category | C | lass | Required | |
| TEMPORARY | WASTEWATER TREATMENT | 5 | | 45 | |
| TEMPORARY | WASTEWATER TREATMENT | A | | 24 | |
| II. CURRENT EMPLOY | MENT INFORMATION | | | | |
| Employer's Name: | | I | Phone #: | | |
| Number of Facilities (or Plan | nts) that you currently operate: | I am e | mployed | by the Facility owner | |
| I am currently not operating a | any Facility | I provide con | tractual se | ervices to the Facility | |
| Please provide the following | information about each Facility/Plant that you operate. U | se addtional pages | as needed | <i>d</i> . | |
| Facility / Plant Name | | Class PDWIS (W | ater) N | PDES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

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

| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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

| This is page one | e of a two page form. Both pages must be completed and return | ned. Operat | or Certification N | umber: 11084 |
|---|--|------------------|------------------------------------|--|
| | Please enter you're current address on the lines below and, if necessity | essary, | Certification(s) below will exp | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | v these cations: \$50 |
| | | | equirements 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 |
| TEMPORARY | WASTEWATER TREATMENT | | 1 | 24 |
| TEMPORARY | WASTEWATER TREATMENT | | Α | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | :: | | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed b | y the Facility owner |
| I am currently not | t operating any Facility | I provid | de contractual ser | rvices to the Facility |
| Please provide the | e following information about each Facility/Plant that you operat | e. Use addtional | pages as needed | • |
| Facility / Plant Na | ame | Class PDW | VIS (Water) NP | DES (Wastewater) |
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| | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

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

| This is page one of a tv | wo page form. Both pages must be completed and return | ed. Operator Certifo | cation Number: | 11085 | |
|----------------------------|---|---------------------------|--------------------------------|---------------|--|
| JAMES L LOCKARD Please | enter you're current address on the lines below and, if neces | | ation(s) shown will expire on: | 10/1/2022 | |
| correct | t the City, state and ZIP Code. Please print legibly. | The fee | to renew these certifications: | \$50 | |
| | | requiremeresult | | | |
| I. CERTIFICATES | S TO RENEW: | | Tı | raining Units | |
| Certification Type | Category | Clas | | equired | |
| TEMPORARY | WATER TREATMENT | 3 | 45 | 5 | |
| II. CURRENT EMPI | LOYMENT INFORMATION | | | | |
| Employer's Name: | | Pho | one #: | | |
| Number of Facilities (or | Plants) that you currently operate: | I am emp | ployed by the Fa | cility owner | |
| I am currently not operate | ting any Facility | I provide contrac | ctual services to | the Facility | |
| Please provide the follow | wing information about each Facility/Plant that you operate | e. Use addtional pages as | needed. | | |
| Facility / Plant Name | | Class PDWIS (Water | er) NPDES (W | /astewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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| This is page one | e of a two page form. Both pages must be completed and retur | ned. Operator | Certification Nu | ımber: 11086 |
|---|--|----------------------|---------------------------------------|---|
| | Please enter you're current address on the lines below and, if nec | | Certification(s) s below will expi | |
| correct the City, state and ZIP Code. Please print legibly. | | Т | he fee to renew certification | 450 |
| | | req | uirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as I in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | Α | 24 |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name |); | | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | Ιa | am employed by | the Facility owner |
| I am currently not | t operating any Facility | I provide | contractual serv | vices to the Facility |
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| Facility / Plant Na | ame | Class PDWIS | S (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one | of a two page form. Both pages must be completed and retu | perator Certification Nu | ımber: 11087 | |
|---------------------|---|--------------------------|--------------------------------------|--|
| | Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | Certification(s) s below will exp | |
| (| | | The fee to renew certification | 450 |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as d in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 1 | 24 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | : | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not | operating any Facility | I p | rovide contractual serv | vices to the Facility |
| Please provide the | e following information about each Facility/Plant that you opera | ate. Use addti | onal pages as needed. | |
| Facility / Plant Na | me | Class I | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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| This is page on | e of a two page form. Both pag | perator Certification Number: 11088 | | | | |
|--------------------|---|-------------------------------------|----------------|--|---|--|
| JIMMY HIGI | Please enter you're current address on the lines below and, if necessary, | | cessary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| | correct the City, state and ZIP (| Code. Please print legibly. | | The fee to renew certification | 620 | |
| | | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. | |
| I. CERTIFIC | CATES TO RENEW: | | | | Training Units | |
| Certification - | Гуре Cat | egory | | Class | Required | |
| TEMPORARY | WA | TER TREATMENT | | 1 | 24 | |
| II. CURRENT | EMPLOYMENT INFORM | ATION | | | | |
| 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 | |
| Please provide t | he following information about e | ach Facility/Plant that you oper | ate. Use addti | ional pages as needed. | _ | |
| Facility / Plant N | Vame | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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| This is page one of | of a two page form. Both pages must be completed and retu | urned. Op | perator Certification Nu | ımber: 11089 | |
|---------------------------|---|-----------------|---|--|--|
| | Please enter you're current address on the lines below and, if no | ecessary, | Certification(s) shown below will expire on: 10/1/2 | | |
| С | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 4 | 45 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not | operating any Facility | I p: | rovide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you oper | rate. Use addti | onal pages as needed. | | |
| Facility / Plant Nar | me | Class I | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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| This is page one of a tw | vo page form. Both pages must be completed and returne | rator Certifcation N | umber: 11090 | |
|---|---|--|---------------------------------|---|
| ARETHA M MAYFIEI Please | LD enter you're current address on the lines below and, if necess | Certification(s) shown below will expire on: | | |
| correct the City, state and ZIP Code. Please print legibly. | the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 620 |
| | | | requirements by result in an ad | lete or submit renewal the expiration date will lditional late fees as d in Section V. |
| I. CERTIFICATES | S TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT EMPI | LOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed by | y the Facility owner |
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| Facility / Plant Name | | Class PI | OWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Operator in Res | ponsible 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: 11091 | |
|---------------------------|---|------------------|--|---|--|
| | se enter you're current address on the lines below and, i | f necessary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| corre | ect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | 450 | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| II. CURRENT EM | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (| or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not open | rating any Facility | I | provide contractual ser | vices to the Facility | |
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| | | | |

| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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| This is page one | of a two page form. Both pages must be completed and return | ed. Operator Ce | perator Certification Number: 11093 | | | |
|-------------------------|--|-----------------------|--------------------------------------|---|--|--|
| | Please enter you're current address on the lines below and, if neces | | tification(s) sho low will expire | | | |
| C | correct the City, state and ZIP Code. Please print legibly. | The | fee to renew the | 6.20 | | |
| | | requi | rements by the sult in an addit | or submit renewal expiration date will tional late fees as n Section V. | | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | | |
| Certification Ty | rpe 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 | ne Facility owner | | |
| I am currently not | operating any Facility | I provide con | ntractual service | es to the Facility | | |
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| Facility / Plant Na | me | Class PDWIS (V | Water) NPDE | S (Wastewater) | | |
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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.
- 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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

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



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

| This is page one of | a two page form. Both pages must be completed and return | ned. Operate | or Certifcation Nu | ımber: 11094 | |
|------------------------|---|-------------------|---|--|--|
| GERALD HARVE | Y | | Certification(s) s | | |
| | essary, | below will exp | ire on: 10/1/2022 | | |
| con | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | equirements by t result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICAT | TES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not ope | erating any Facility | I provid | le contractual serv | vices to the Facility | |
| Please provide the fo | llowing information about each Facility/Plant that you operat | te. Use addtional | pages as needed. | | |
| Facility / Plant Name | | Class PDW | 'IS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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|---|----------------------------------|----------------------------------|--|
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| Mail to: Maryland Department o | f 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 o | f a two page form. Both pages must be completed and r | Operator Certification Number: 11095 Certification(s) shown below will expire on: 10/1/2022 | | |
|----------------------|---|--|--------------------------------|---|
| | Please enter you're current address on the lines below and, if necessary, | | | |
| correct the Cit | rrect the City, state and ZIP Code. Please print legibly. | | The fee to renev | w these cations: \$50 |
| | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFICA | TES TO RENEW: | | 2222 | Training Units |
| Certification Typ | oe Category | | Class | Required |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 2 | 0 |
| II. CURRENT E | MPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilitie | s (or Plants) that you currently operate: | | I am employed l | by the Facility owner |
| I am currently not o | perating any Facility | I pı | rovide contractual se | rvices to the Facility |
| Please provide the j | following information about each Facility/Plant that you op | perate. Use addtio | onal pages as needea | <i></i> |
| Facility / Plant Nam | ne | Class I | PDWIS (Water) NF | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one o | f a two page form. Both pages must be completed and ret | urned. Oj | perator Certifcation Nu | ımber: 11096 |
|---------------------------|--|-----------------|--|---|
| | MIL 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/ | |
| co | | | The fee to renew certification | 450 |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| I. CERTIFICATES TO RENEW: | | | | Training Units |
| Certification Typ | oe Category | | Class | Required |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 2 | 0 |
| II. CURRENT E | MPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilitie | s (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not o | perating any Facility | Ιp | rovide contractual serv | vices to the Facility |
| Please provide the j | following information about each Facility/Plant that you oper | rate. Use addti | onal pages as needed. | |
| Facility / Plant Nam | ne | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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| * AN INCOMPL | ETE 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 ref | Operator Certification Number: 11097 | | | |
|---------------------------|--|--------------------------------------|---|---|--|
| | ease enter you're current address on the lines below and, if n | necessary, | Certification(s) shown below will expire on: 10/1/202 | | |
| co | rrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Typ | e Category | | Class | Required | |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT EN | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | s (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not op | perating any Facility | Ιp | provide contractual serv | vices to the Facility | |
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Page 2

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| This is page one of | a two page form. Both pages must be completed and re | Operator Certification Number: 11098 | | | |
|---------------------------|---|--------------------------------------|--------------------------------------|---|--|
| | ase enter you're current address on the lines below and, if | necessary, | Certification(s) s below will exp | | |
| cor | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. | |
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| Certification Type | e Category | | Class | Required | |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 2 | 0 | |
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| I am currently not op | erating any Facility | ΙI | provide contractual serv | vices to the Facility | |
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Page 2

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| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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| This is page one of | a two page form. Both pages must be completed and ret | perator Certification Number: 11099 | | | |
|---------------------------|--|-------------------------------------|--------------------------------------|--|--|
| | L, II Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | Certification(s) s below will exp | | |
| cor | | | The fee to renew certification | 450 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER TREATMENT | | 1 | 24 | |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not op | erating any Facility | Ιp | rovide contractual serv | vices to the Facility | |
| Please provide the fo | llowing information about each Facility/Plant that you ope | erate. Use addti | onal pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
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| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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| | ease enter you're current address on the lines below and, if | necessary, | Certification(s) s below will exp | |
| co | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | 620 |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as ed in Section V. |
| I. CERTIFICA | TES TO RENEW: | | | Training Units |
| Certification Typ | e Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 1 | 24 |
| II. CURRENT E | MPLOYMENT INFORMATION | | | |
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| I am currently not of | perating any Facility | I p | rovide contractual ser | vices to the Facility |
| Please provide the f | ollowing information about each Facility/Plant that you op | erate. Use addtio | onal pages as needed. | |
| Facility / Plant Nam | e | Class I | PDWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICAT | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER TREATMENT | | 1 | 24 | |
| II. CURRENT EM | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
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Page 2

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| Operator in Res | ponsible Charge: |

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| This is page one of a | two page form. Both pages must be completed and ret | Operator Certification Number: 11102 | | | |
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| | se enter you're current address on the lines below and, if n | necessary, | Certification(s) below will exp | | |
| corre | ect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | £50 | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICATI | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER TREATMENT | | 1 | 24 | |
| II. CURRENT EMI | PLOYMENT INFORMATION | | | | |
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| Facility / Plant Name | | Class F | PDWIS (Water) NP | DES (Wastewater) | |
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Page 2

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|-----------------------|---|-------------------------------------|--|--|--|
| | ease enter you're current address on the lines below and, if nece | essary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| coi | rrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these cations: \$50 | |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICAT | <u>ΓES TO RENEW:</u> | | | Training Units | |
| Certification Type | e Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
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Page 2

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| This is page one | of a two page form. Both pages must be completed and r | perator Certification Number: 11182 | | | |
|-------------------------|--|-------------------------------------|---|---|--|
| | Please enter you're current address on the lines below and, if | necessary, | Certification(s) shown below will expire on: 10/1/202 | | |
| corre | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | requirements by result in an ad | lete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| II. CURRENT F | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not | operating any Facility | Ij | provide contractual ser | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you op | perate. Use addt | ional pages as needed. | | |
| Facility / Plant Nar | me | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

- 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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

| This is page one | of a two page form. Both pages must be completed and retu | rned. Operator Certifcati | on Number: 11197 |
|---------------------|--|--------------------------------|---|
| | Please enter you're current address on the lines below and, if nec | | on(s) shown Il expire on: 10/1/2022 |
| C | correct the City, state and ZIP Code. Please print legibly. | The fee to 1 | renew these striffications: \$100 |
| | | requirement | complete or submit renewal as by the expiration date will |
| | | | an additional late fees as cribed in Section V. |
| I. CERTIFICA | ATES TO RENEW: | des | Training Units |
| Certification Ty | pe Category | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | А | 24 |
| 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 employ | yed by the Facility owner |
| I am currently not | operating any Facility | I provide contractu | al services to the Facility |
| Please provide the | following information about each Facility/Plant that you opera | ite. Use addtional pages as ne | eded. |
| Facility / Plant Na | me | Class PDWIS (Water) | NPDES (Wastewater) |
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| | (OVER) | | |



III. CONTINUING EDUCATION:

Page 2

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

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- 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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
|--|--------------|------------|----------------|----------|---------|---------|



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

| This is page one of a two pag | perator Certifcation Nu | ımber: 11323 | | |
|---------------------------------|---|------------------|--------------------------------|--|
| PATRICK MURPHY | | C | Certification(s) s | |
| • | you're current address on the lines below and, i ity, state and ZIP Code. Please print legibly. | f necessary, | below will expi | ire on: |
| | | | The fee to renew certification | 450 |
| | | | requirements by t | ete or submit renewal he expiration date will |
| | | | | ditional late fees as l in Section V. |
| I. CERTIFICATES TO | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 1 | 24 |
| II. CURRENT EMPLOYM | MENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants |) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating an | y Facility | Į I | provide contractual serv | rices to the Facility |
| Please provide the following in | formation about each Facility/Plant that you o | perate. Use addt | ional pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- No course can be used more than one time for any three-year renewal period.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two | page form. Both pages must be completed and retur | ned. | Operator Certification Number: 1132 | | | |
|------------------------------|---|--------------|--|--|--|--|
| | se enter you're current address on the lines below and, if necessary, | essary, | Certification(s) shown below will expire on: 10/1/20 | | | |
| correct the | he City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | d. F 11 | | |
| | | | requirements by to result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. | | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| TEMPORARY | WATER TREATMENT | | 1 | 24 | | |
| II. CURRENT EMPLO | OYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or Pl | lants) that you currently operate: | | I am employed by | the Facility owner | | |
| I am currently not operating | ng any Facility | I | provide contractual serv | rices to the Facility | | |
| Please provide the following | mg information about each Facility/Plant that you operat | te. Use addı | tional pages as needed. | | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | DES (Wastewater) | | |
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III. CONTINUING EDUCATION:

Page 2

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

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

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



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

| This is page one of | a two page form. Both pages must be completed and re- | turned. O | Operator Certification Number: 1258 | | | |
|---------------------------|---|------------------|--|--|--|--|
| | ase enter you're current address on the lines below and, if r | necessary, | Certification(s) shown below will expire on: 10/1/20 | | | |
| cor | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. | | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 5 | 30 | | |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | the Facility owner | | |
| I am currently not op | erating any Facility | Ιp | provide contractual serv | vices to the Facility | | |
| Please provide the fo | llowing information about each Facility/Plant that you ope | erate. Use addti | ional pages as needed. | | | |
| Facility / Plant Name | ; | Class | PDWIS (Water) NPI | DES (Wastewater) | | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one of a two page | ge form. Both pages must be completed and | Operator Certification Number: 1369 | | |
|--|---|-------------------------------------|--|---|
| EDWARD RAYMOND COPE, JR Please enter you're current address on the lines below and, if necess | | | Certification(s) shown below will expire on: | |
| correct the C | ity, state and ZIP Code. Please print legibly. | | The fee to renew certific | 620 |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. |
| I. CERTIFICATES TO RENEW: | | | | Training Units |
| Certification Type | Category | | Class | Required |
| SUPERINTENDENT | WATER TREATMENT | | 4 | 7 |
| II. CURRENT EMPLOY | MENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants | s) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operating ar | ny Facility | I | provide contractual ser | vices to the Facility |
| Please provide the following in | nformation about each Facility/Plant that you o | perate. Use add | tional pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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

| This is page one | of a two page form. Both pages must be completed and return | perator Certification Number: 1405 | | |
|---------------------------|--|------------------------------------|---------------------------------|--|
| | Please enter you're current address on the lines below and, if nec | essary, | Certification(s) below will exp | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these cations: \$50 |
| | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFICATES TO RENEW: | | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | : | | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed b | by the Facility owner |
| I am currently not | t operating any Facility | I pr | ovide contractual ser | vices to the Facility |
| Please provide the | e following information about each Facility/Plant that you opera | te. Use addtio | onal pages as needed | <u> </u> |
| Facility / Plant Na | ame | Class P | DWIS (Water) NP | DES (Wastewater) |
| | | | | |
| | | | | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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| This is page one of a two page | l. Ope | Operator Certification Number: 1435 | | |
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| | ou're current address on the lines below and, if necessa | nry, | Certification(s) s below will exp | |
| correct the Cit | ty, state and ZIP Code. Please print legibly. | | The fee to renew certification | 4 17171 |
| | | | requirements by t | lete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| I. CERTIFICATES TO | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 |
| II. CURRENT EMPLOYM | IENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) | that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operating any | y Facility | I pro | ovide contractual serv | vices to the Facility |
| Please provide the following inf | formation about each Facility/Plant that you operate. U | Jse addtio | nal pages as needed. | _ |
| Facility / Plant Name | | Class P | DWIS (Water) NPI | DES (Wastewater) |
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Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ret | perator Certification Number: 1474 | | | |
|---------------------------|---|------------------------------------|--|---|--|
| | ase enter you're current address on the lines below and, if n | necessary, | Certification(s) shown below will expire on: 10/1/20 | | |
| corr | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew to certificate | 450 | |
| | | | requirements by the result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 5RO | 16 | |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not ope | erating any Facility | Ιp | provide contractual serv | ices to the Facility | |
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| Facility / Plant Name | | Class | PDWIS (Water) NPD | ES (Wastewater) | |
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| Operator in Res | ponsible Charge: |

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| This is page one of | of a two page form. Both pages must be completed and retu | urned. Operator Cer | rtifcation Number | 1532 |
|----------------------|--|---------------------------|---|--------------------|
| | lease enter you're current address on the lines below and, if ne | | ification(s) shown ow will expire on | 111/1/11/11// |
| c | orrect the City, state and ZIP Code. Please print legibly. | The f | fee to renew these certifications: | |
| | | requir | | piration date will |
| | | res | ult in an addition described in S | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | | Required |
| SUPERINTENDEN | T WASTEWATER TREATMENT | 4 | 1 7 | 7 |
| SUPERINTENDEN | T WASTEWATER TREATMENT | 5 | , | 7 |
| SUPERINTENDEN | T WASTEWATER TREATMENT | A | 4 7 | 7 |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | - | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | I am | employed by the F | Facility owner |
| I am currently not | operating any Facility | I provide con | ntractual services t | to the Facility |
| Please provide the | following information about each Facility/Plant that you oper | rate. Use addtional pages | s as needed. | |
| Facility / Plant Nar | me | Class PDWIS (W | Vater) NPDES (| Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| * AN INCOMPL | ETE 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 pag | ed. Opera | perator Certification Number: 1552 | | |
|---------------------------------|--|------------------------------------|--------------------------------------|--|
| | you're current address on the lines below and, if necess | sary, | Certification(s) s below will exp | |
| correct the C | ity, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. |
| I. CERTIFICATES TO | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 4 | 24 |
| II. CURRENT EMPLOYM | MENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants |) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operating an | y Facility | I prov | ide contractual serv | vices to the Facility |
| Please provide the following in | formation about each Facility/Plant that you operate. | Use addtiona | el pages as needed. | |
| Facility / Plant Name | | Class PDV | WIS (Water) NPI | DES (Wastewater) |
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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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VII. APPLICANT'S STATEMENT

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one of | of a two page form. Both pages must be completed and re | perator Certifcation Nu | mber: 1615 | | |
|---------------------------|---|-------------------------|---|--|--|
| | lease enter you're current address on the lines below and, if | necessary, | Certification(s) shown below will expire on: 10/1/202 | | |
| С | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not o | operating any Facility | Ιp | rovide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you ope | erate. Use addti | onal pages as needed. | | |
| Facility / Plant Nan | ne | Class | PDWIS (Water) NPI | DES (Wastewater) | |
| | | | | | |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two | page form. Both pages must be completed and ret | urned. Operato | or Certification N | Number: 1617 |
|---|---|-----------------------|--|---|
| | nter you're current address on the lines below and, if no | | Certification(s) shown below will expire on: 10/1/20 | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to rene certifi | w these ications: \$50 |
| | | | equirements by result in an a | plete or submit renewal y the expiration date will additional late fees as oed in Section V. |
| I. CERTIFICATES | TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| II. CURRENT EMPLO | DYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Pl | ants) that you currently operate: |] | am employed | by the Facility owner |
| I am currently not operating | g any Facility | I provid | e contractual se | ervices to the Facility |
| Please provide the following | ng information about each Facility/Plant that you oper | rate. Use addtional j | pages as needed | d. |
| Facility / Plant Name | | Class PDW | IS (Water) N | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one | of a two page form. Both pages must be completed and retur | ned. Ope | rator Certifcation Nu | umber: 1626 |
|----------------------|--|-----------------|--------------------------------------|---|
| | Please enter you're current address on the lines below and, if nec | essary, | Certification(s) s below will exp | |
| C | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 |
| | | | requirements by result in an ad | lete or submit renewal the expiration date will lditional late fees as d in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not | operating any Facility | I pro | ovide contractual serv | vices to the Facility |
| Please provide the | following information about each Facility/Plant that you opera | te. Use addtion | ıal pages as needed. | |
| Facility / Plant Nar | me | Class PI | OWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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

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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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

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

| This is page one of a two | o page form. Both pages must be completed and retur | ned. Operator Certif | Cation Number: 1631 |
|------------------------------|---|-----------------------------|---|
| | enter you're current address on the lines below and, if nec | | ation(s) shown will expire on: 10/1/2022 |
| correct t | correct the City, state and ZIP Code. Please print legibly. | | to renew these certifications: \$100 |
| | | requirem result | to complete or submit renewal nents by the expiration date will in an additional late fees as described in Section V. |
| I. CERTIFICATES | TO RENEW: | | Training Units |
| Certification Type | Category | Cla | ss Required |
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |
| OPERATOR | WATER TREATMENT | 3 | 30 |
| II. CURRENT EMPLO | OYMENT INFORMATION | | |
| Employer's Name: | | Pho | one #: |
| Number of Facilities (or P | Plants) that you currently operate: | I am em | ployed by the Facility owner |
| I am currently not operating | ng any Facility | I provide contra | actual services to the Facility |
| Please provide the followi | ing information about each Facility/Plant that you opera | te. Use addtional pages as | s needed. |
| Facility / Plant Name | | Class PDWIS (Wat | er) NPDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature: | | Date | |
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| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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

| This is page one of a two page | d. Ope | erator Certification N | umber: 1634 | |
|---|---|------------------------|--------------------------------------|---|
| JAMES K. FULTON 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 | 4 I / W |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. |
| I. CERTIFICATES TO | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 3 | 30 |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT EMPLOYM | IENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) | that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operating any | Facility | I pro | ovide contractual ser | vices to the Facility |
| Please provide the following inf | formation about each Facility/Plant that you operate. | Use addtio | nal pages as needed. | |
| Facility / Plant Name | | Class Pl | DWIS (Water) NP | DES (Wastewater) |
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Page 2

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|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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|---|----------------------------------|----------------------------------|--|
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| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one | of a two page form. Both pages must be completed | perator Certifcation Nu | ımber: 1652 | | |
|---|---|---------------------------------------|---|--|--|
| CHRISTOPHER COKER Please enter you're current address on the lines below and, if necessarises the City state and ZIR Code Please print legibly | | Certification(s) s below will expi | | | |
| C | correct the City, state and ZIP Code. Please print legi | bly. | The fee to renew these certifications: \$50 | | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWA | ΓER | 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 | ΙI | provide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that | t you operate. Use addt | ional pages as needed. | | |
| Facility / Plant Na | me | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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

- 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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

| This is page one of a two | page form. Both pages must be completed and returne | ed. Opera | Operator Certification Number: 1728 | | | |
|--|--|--------------|-------------------------------------|--|--|--|
| WILLIAM GARY SERMAN 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) below will ex | | | |
| | | | The fee to rene certifi | w these cations: \$100 | | |
| | | | requirements by | plete or submit renewal v the expiration date will | | |
| | | | | additional late fees as eed in Section V. | | |
| I. CERTIFICATES | TO RENEW: | | uesei is | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| SUPERINTENDENT | WASTEWATER COLLECTION | | 2 | 7 | | |
| SUPERINTENDENT | WATER TREATMENT | | 3 | 7 | | |
| SUPERINTENDENT | WATER TREATMENT | | 4 | 7 | | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 1 | 7 | | |
| II. CURRENT EMPLO | DYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or Pl | lants) that you currently operate: | | I am employed | by the Facility owner | | |
| I am currently not operating | g any Facility | I prov | ide contractual se | ervices to the Facility | | |
| Please provide the following | ng information about each Facility/Plant that you operate. | Use addtiona | l pages as needed | d. | | |
| Facility / Plant Name | | Class PDV | WIS (Water) N | PDES (Wastewater) | | |
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III. CONTINUING EDUCATION:

Page 2

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- No course can be used more than one time for any three-year renewal period.
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- 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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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

- 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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

| This is page one | of a two page form. Both pages must be completed and retu | urned. Op | perator Certification Nu | ımber: 1756 |
|-------------------------|---|-----------------|--------------------------------------|---|
| | Please enter you're current address on the lines below and, if ne | ecessary, | Certification(s) s below will exp | |
| (| correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | : | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not | operating any Facility | I p | rovide contractual serv | vices to the Facility |
| Please provide the | e following information about each Facility/Plant that you oper | rate. Use addti | onal pages as needed. | |
| Facility / Plant Na | me | Class I | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- 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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a | two page form. Both pages must be completed and ret | Operator Certification Number: 1777 | | | |
|---------------------------|--|-------------------------------------|--------------------------------------|---|--|
| | JOHNSON 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 | | |
| corr | | | The fee to renew certification | 450 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 2 | 16 | |
| II. CURRENT EM | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (| or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not ope | rating any Facility | Ιp | provide contractual serv | vices to the Facility | |
| Please provide the fol | lowing information about each Facility/Plant that you oper | rate. Use addti | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | a two page form. Both pages must be completed and r | Operator Certification Number: 1802 | | | |
|---------------------------|--|-------------------------------------|---|--|--|
| | ease enter you're current address on the lines below and, if | necessary, | Certification(s) shown below will expire on: 10/1/202 | | |
| correct the City, stat | rrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Type | e Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT EN | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not op | perating any Facility | Ij | provide contractual serv | vices to the Facility | |
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| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page on | ne of a two page form. Both pages must be completed and retu | perator Certification Number: 1932 | | |
|----------------------------|---|------------------------------------|--------------------------------------|--|
| BHARAT SIT | SITAPARA Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. | | Certification(s) s below will exp | |
| | | | The fee to renew certification | 450 |
| | | | requirements by result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| I. CERTIFICATES TO RENEW: | | | | Training Units |
| Certification ⁻ | Type Category | | Class | Required |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 |
| II. CURRENT | Γ EMPLOYMENT INFORMATION | | | |
| Employer's Nam | ne: | | Phone #: | |
| Number of Facil | lities (or Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently no | ot operating any Facility | Ιp | provide contractual serv | vices to the Facility |
| Please provide t | the following information about each Facility/Plant that you oper | ate. Use addti | ional pages as needed. | |
| Facility / Plant N | Name | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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

- 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one of a two | o page form. Both pages must be completed and retur | Operator Certification Number: 1992 | | |
|---|---|-------------------------------------|--------------------------------------|---|
| | enter you're current address on the lines below and, if nec | essary, | Certification(s) s below will exp | 111/1/1/1// |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | 450 |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. |
| I. CERTIFICATES | TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| SUPERINTENDENT | WASTEWATER TREATMENT | | Α | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 5 | 7 |
| II. CURRENT EMPLO | OYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or P | Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operating | ng any Facility | I pr | ovide contractual ser | vices to the Facility |
| Please provide the followi | ing information about each Facility/Plant that you opera | te. Use addtio | onal pages as needed. | |
| Facility / Plant Name | | Class P | PDWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one of | of a two page form. Both pages must be completed and re | perator Certification Number: 2087 | | | |
|---------------------------|--|------------------------------------|--|--|--|
| | Please enter you're current address on the lines below and, if | necessary, | Certification(s) shown below will expire on: 10/1/20 | | |
| c | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not | operating any Facility | ΙI | provide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you op | perate. Use addt | ional pages as needed. | | |
| Facility / Plant Nar | me | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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- No course can be used more than one time for any three-year renewal period.
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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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

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| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | of a two page form. Both pages must be completed and ret | turned. Op | erator Certification N | Number: 2166 |
|---|--|------------------|-----------------------------------|---|
| | Please enter you're current address on the lines below and, if n | ecessary, | Certification(s) below will ex | |
| correct the City, state and ZIP Code. Please print legibly. | | The fee to renev | w these cations: \$50 | |
| | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 3 | 30 |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed b | by the Facility owner |
| I am currently not | operating any Facility | I pr | ovide contractual se | rvices to the Facility |
| Please provide the | following information about each Facility/Plant that you ope | rate. Use addtio | onal pages as needed | <i></i> |
| Facility / Plant Nar | me | Class P | PDWIS (Water) NF | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

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

| This is page one of a two p | page form. Both pages must be completed and returned. | Operator Certification 1 | Operator Certification Number: 2191 | | |
|---|---|--------------------------------|---|--|--|
| | er you're current address on the lines below and, if necessar | | Certification(s) shown below will expire on: 10/1/2022 | | |
| correct the City, state and ZIP Code. Please print legibly. | | The fee to rene certifi | ew these ications: \$50 | | |
| | | requirements by result in an a | plete or submit renewal y the expiration date will additional late fees as ped in Section V. | | |
| I. CERTIFICATES T | TO RENEW: | | Training Units | | |
| Certification Type | Category | Class | Required | | |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 | | |
| OPERATOR | WASTEWATER TREATMENT | А | 16 | | |
| II. CURRENT EMPLOY | YMENT INFORMATION | | | | |
| Employer's Name: | | Phone #: | | | |
| Number of Facilities (or Plan | nts) that you currently operate: | I am employed | by the Facility owner | | |
| I am currently not operating | any Facility | I provide contractual se | ervices to the Facility | | |
| Please provide the following | g information about each Facility/Plant that you operate. Us | se addtional pages as neede | <i>d</i> . | | |
| Facility / Plant Name | C | Class PDWIS (Water) N | PDES (Wastewater) | | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| | | | |

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

| This is page one of a two page form. B | Both pages must be completed and returned. | Operator Certificati | on Number: 2210 |
|---|--|-----------------------|---|
| | rent address on the lines below and, if necessary, | | on(s) shown Il expire on: 10/1/2022 |
| correct the City, state and ZIP Code. Please print legibly. | | The fee to r | renew these rrtifications: \$100 |
| | | requirement result in | complete or submit renewal as by the expiration date will an additional late fees as cribed in Section V. |
| I. CERTIFICATES TO RENE | <u>W:</u> | | Training Units |
| Certification Type | Category | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | А | 16 |
| OPERATOR | INDUSTRIAL WASTEWATER | 6 | 16 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| II. CURRENT EMPLOYMENT IN | NFORMATION | | |
| Employer's Name: | | Phone | #: |
| Number of Facilities (or Plants) that you | currently operate: | I am employ | yed by the Facility owner |
| I am currently not operating any Facility | | I provide contractua | al services to the Facility |
| Please provide the following information | about each Facility/Plant that you operate. Use a | addtional pages as ne | eded. |
| Facility / Plant Name | Clas | s PDWIS (Water) | NPDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one of a tw | o page form. Both pages must be completed and returned | ed. Operator Certification | n Number: 2222 |
|----------------------------|--|-----------------------------|--|
| | enter you're current address on the lines below and, if necess | Certification below will | |
| correct | the City, state and ZIP Code. Please print legibly. | The fee to re | new these tifications: \$50 |
| | | requirements | mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V. |
| I. CERTIFICATES | TO RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | 1 | 24 |
| II. CURRENT EMPL | OYMENT INFORMATION | | |
| Employer's Name: | | Phone # | : |
| Number of Facilities (or I | Plants) that you currently operate: | I am employe | ed by the Facility owner |
| I am currently not operati | ng any Facility | I provide contractual | services to the Facility |
| Please provide the follow | ing information about each Facility/Plant that you operate. | Use addtional pages as need | ded. |
| Facility / Plant Name | | Class PDWIS (Water) | NPDES (Wastewater) |
| | | | |
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III. CONTINUING EDUCATION:

Page 2

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

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

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

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



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| This is page one of a two | page form. Both pages must be completed and returned | I. Op | erator Certification N | umber: 22512 |
|------------------------------|--|------------|--------------------------------------|--|
| | nter you're current address on the lines below and, if necessa | nry, | Certification(s) s below will exp | |
| correct th | ne City, state and ZIP Code. Please print legibly. | | The fee to renew certific | |
| | | | requirements by | lete or submit renewal the expiration date will |
| | | | | lditional late fees as d in Section V. |
| I. CERTIFICATES | TO RENEW: | | - describe | Training Units |
| Certification Type | Category | | Class | Required |
| SUPERINTENDENT | WATER TREATMENT | | 1 | 7 |
| SUPERINTENDENT | WATER TREATMENT | | 2 | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 1 | 7 |
| II. CURRENT EMPLO | DYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Pla | ants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operating | g any Facility | I pı | ovide contractual ser | vices to the Facility |
| Please provide the following | ng information about each Facility/Plant that you operate. U | Use addtio | onal pages as needed. | |
| Facility / Plant Name | | Class F | PDWIS (Water) NPI | DES (Wastewater) |
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| | (OVER) | | <u> </u> | |



III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page form. Both pages must be completed and returned. | | | Operator Certification Number: 2252 | | |
|--|---|--------------|--|---|--|
| STEPHEN E KNEPP, SR Please enter you're current address on the lines below and, if no correct the City, state and ZIP Code. Please print legibly. | | | Certification(s) shown below will expire on: 10/1/2022 | | |
| | | Th | ne fee to rene certifi | w these cations: \$100 | |
| | | requ | uirements by result in an a | plete or submit renewal y the expiration date will additional late fees as sed in Section V. | |
| I. CERTIFICATES TO | O RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 2 | 16 | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | | 3 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | | 4 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | |
| II. CURRENT EMPLOY | MENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plant | s) that you currently operate: | I a | m employed | by the Facility owner | |
| I am currently not operating a | ny Facility | I provide | contractual se | ervices to the Facility | |
| Please provide the following i | information about each Facility/Plant that you operate. Use a | addtional pa | ges as neede | d | |
| Facility / Plant Name | Class | s PDWIS | (Water) N | PDES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | a two page form. Both pages must be completed and r | perator Certifcation Nu | ımber: 2392 | | |
|---------------------------|---|-------------------------|--|--|--|
| | ase enter you're current address on the lines below and, if | necessary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| cor | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not op- | erating any Facility | Ιj | provide contractual serv | vices to the Facility | |
| Please provide the fo | llowing information about each Facility/Plant that you op | perate. Use addt | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
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| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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| This is page one | e of a two page form. Both pages must be completed and retur | ned. Oper | ator Certification N | umber: 2438 |
|---|--|-----------------|--------------------------------------|--|
| | Please enter you're current address on the lines below and, if necessary | essary, | Certification(s) s below will exp | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | (51) |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name |); | | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed b | y the Facility owner |
| I am currently not | t operating any Facility | I prov | vide contractual ser | vices to the Facility |
| Please provide th | e following information about each Facility/Plant that you operate | te. Use addtion | al pages as needed. | |
| Facility / Plant Na | ame | Class PD | WIS (Water) NP | DES (Wastewater) |
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Page 2

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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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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| This is page or | ne of a two page form. Bot | h pages must be completed and returne | ed. Op | erator Certifcation Nu | umber: 2500 |
|---|--------------------------------|--|------------|--------------------------------------|---|
| GARRETT SCHELLER 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 certification | |
| | | | | requirements by to result in an ad | lete or submit renewal the expiration date will lditional late fees as d in Section V. |
| I. CERTIFI | CATES TO RENEW | <u>.</u> | | | Training Units |
| Certification | Type | Category | | Class | Required |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | | WASTEWATER TREATMENT | | А | 16 |
| OPERATOR | | WATER TREATMENT | | 2 | 16 |
| OPERATOR | | INDUSTRIAL WASTEWATER | | 7 | 16 |
| II. CURREN | ΓEMPLOYMENT INF | ORMATION | | | |
| Employer's Nan | ne: | | | Phone #: | |
| Number of Faci | lities (or Plants) that you cu | rrently operate: | | I am employed by | y the Facility owner |
| I am currently n | ot operating any Facility | | I pr | ovide contractual serv | vices to the Facility |
| Please provide i | the following information a | bout each Facility/Plant that you operate. | Use addtio | onal pages as needed. | |
| Facility / Plant 1 | Name | | Class P | DWIS (Water) NPI | DES (Wastewater) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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

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

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
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| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one o | f a two page form. Both pages must be completed an | Operator Certification Number: 2522 | | | |
|---------------------------|--|--|--|--|--|
| | lease enter you're current address on the lines below and | l, if necessary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| co | prrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Typ | oe Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | s (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not o | perating any Facility | Ιŗ | provide contractual serv | vices to the Facility | |
| Please provide the j | following information about each Facility/Plant that you | ı operate. Use addtı | ional pages as needed. | | |
| Facility / Plant Nan | ne | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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Page 2

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | of a two page form. Both pages must be completed and retu | Operator Certification Number: 2786 | | | |
|---------------------------|---|-------------------------------------|--|---|--|
| | Please enter you're current address on the lines below and, if no | ecessary, | Certification(s) shown below will expire on: 10/1/ | | |
| correc | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not | operating any Facility | Ιp | rovide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you oper | rate. Use addti | onal pages as needed. | | |
| Facility / Plant Nar | me | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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| This is page one of | f a two page form. Both pages must be completed and | d returned. O _l | perator Certification Nu | ımber: 2790 |
|----------------------|--|----------------------------|---|---|
| | ease enter you're current address on the lines below and | , if necessary, | Certification(s) shown below will expire on: 10/1/2 | |
| cc | prrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | ¥ 100 |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as I in Section V. |
| I. CERTIFICA | TES TO RENEW: | | | Training Units |
| Certification Typ | e Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 1 | 16 |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| II. CURRENT E | MPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilitie | s (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not o | perating any Facility | I p | rovide contractual serv | vices to the Facility |
| Please provide the f | ollowing information about each Facility/Plant that you | operate. Use addti | onal pages as needed. | |
| Facility / Plant Nam | e | Class 1 | PDWIS (Water) NPI | DES (Wastewater) |
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Page 2

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| Operator in Res | ponsible 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 pa | ge form. Both pages must be completed and | returned. | Operator Certifcation Nu | ımber: 2888 | |
|---------------------------------|--|------------------|---|--|--|
| | MIN BRANDENBERG Please enter you're current address on the lines below and, if nece correct the City, state and ZIP Code. Please print legibly. | f necessary, | Certification(s) s below will exp | | |
| correct the C | City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT EMPLOY | MENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Plant | s) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not operating as | ny Facility | I | provide contractual serv | vices to the Facility | |
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| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one o | of a two page form. Both pages must be completed and ret | turned. Oj | perator Certification Nu | ımber: 2930 | |
|---------------------------|---|-----------------|--|--|--|
| | lease enter you're current address on the lines below and, if n | ecessary, | Certification(s) shown below will expire on: The fee to renew these certifications: \$50\$ | | |
| CO | orrect the City, state and ZIP Code. Please print legibly. | | | | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Typ | oe Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not o | operating any Facility | Ιp | rovide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you ope | rate. Use addti | onal pages as needed. | | |
| Facility / Plant Nan | ne | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| This is page one | of a two page form. Both pages must be completed and retur | ned. Op | Operator Certification Number: 2990 | | | |
|---|--|----------------|--------------------------------------|---|--|--|
| | Please enter you're current address on the lines below and, if nec | essary, | Certification(s) s below will exp | | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certification | 1511 | | |
| | | | requirements by result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. | | |
| | ATES TO RENEW: | | | Training Units | | |
| Certification Ty | ype Category | | Class | Required | | |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 | | |
| TEMPORARY | WASTEWATER TREATMENT | | Α | 24 | | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | | |
| Employer's Name | : | | Phone #: | | | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed by | y the Facility owner | | |
| I am currently not | t operating any Facility | I pr | ovide contractual ser- | vices to the Facility | | |
| Please provide the | e following information about each Facility/Plant that you opera | te. Use addtio | nal pages as needed. | | | |
| Facility / Plant Na | ame | Class P | DWIS (Water) NPI | DES (Wastewater) | | |
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| | (OVER) | | | | | |



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Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 | |
|---|----------------------------------|----------------------------------|--|
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| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| This is page one of a two page form. Both pages must be completed and returned. Ope | | | | rator Certifcation N | Number: 3001 |
|---|--------------------------------|--|-------------|-----------------------------------|---|
| ANTHONY A | Please enter you're curren | t address on the lines below and, if neces | sary, | Certification(s) below will ex | |
| correct the City, state and ZIP Code. Please print legibly. | | | | The fee to renev | w these cations: \$100 |
| | | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFIC | CATES TO RENEW | <u> </u> | | | Training Units |
| Certification ⁷ | Type | Category | | Class | Required |
| OPERATOR | | WATER TREATMENT | | 2 | 16 |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | | WASTEWATER TREATMENT | | Α | 16 |
| TEMPORARY | | INDUSTRIAL WASTEWATER | | 7 | 24 |
| TEMPORARY | | WATER TREATMENT | | 4 | 45 |
| TEMPORARY | | WASTEWATER TREATMENT | | 4 | 24 |
| II. CURRENT | ΓEMPLOYMENT INF | ORMATION | | | |
| Employer's Nam | ne: | | | Phone #: | |
| Number of Facil | lities (or Plants) that you cu | rrently operate: | | I am employed b | by the Facility owner |
| I am currently no | ot operating any Facility | | I pro | vide contractual se | rvices to the Facility |
| Please provide t | the following information al | oout each Facility/Plant that you operate. | Use addtion | al pages as needea | <i></i> |
| Facility / Plant N | Name | | Class PI | OWIS (Water) NF | PDES (Wastewater) |
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| | | (OVER) | | | |
| | | (UVER) | | | |



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Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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| Mail to: Maryland Department o | f 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 ref | turned. Op | erator Certifcation N | umber: 3041 | |
|---|--|-------------------|--|--|--|
| | se enter you're current address on the lines below and, if n | necessary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | 620 | |
| | | | - requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICAT | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| II. CURRENT EM | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (| or Plants) that you currently operate: | | I am employed b | y the Facility owner | |
| I am currently not open | rating any Facility | I pı | rovide contractual ser | vices to the Facility | |
| Please provide the foll | owing information about each Facility/Plant that you ope | erate. Use addtio | onal pages as needed. | | |
| Facility / Plant Name | | Class P | PDWIS (Water) NP | DES (Wastewater) | |
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Page 2

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| This is page one | of a two page form. Both pages must be co | mpleted and returned. | Operator Certification | on Number: | 3043 |
|---------------------|---|-------------------------------|------------------------|--|---|
| | Please enter you're current address on the line | | | Certification(s) shown below will expire on: 10/ | |
| | correct the City, state and ZIP Code. Please p | rint legibly. | The fee to re | enew these rtifications: | \$100 |
| | | | requirements | s by the exp | submit renewal viration date will al late fees as ction V. |
| | ATES TO RENEW: | | | | raining Units |
| Certification Ty | pe Category | | Class | Re | equired |
| SUPERINTENDE | NT WATER DISTRIBU | JTION | 1 | 7 | |
| SUPERINTENDE | NT WASTEWATER CO | OLLECTION | 2 | 7 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | : | | Phone | #: | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employ | ed by the Fa | acility owner |
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| Facility / Plant Na | ame | Class | PDWIS (Water) | NPDES (W | Vastewater) |
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Page 2

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| This is page one | e of a two page form. Both pages must be completed and ret | turned. Op | erator Certifcation Nu | ımber: 3136 |
|---|--|------------------|--------------------------------------|---|
| | Please enter you're current address on the lines below and, if n | ecessary, | Certification(s) s below will exp | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certification | X 1 1 1 1 1 |
| | | | requirements by t | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| | CATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 1 | 24 |
| TEMPORARY | WASTEWATER TREATMENT | | 1 | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | e: | | Phone #: | |
| Number of Facilit | ties (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not | t operating any Facility | I pr | ovide contractual serv | vices to the Facility |
| Please provide th | ne following information about each Facility/Plant that you ope | rate. Use addtio | nal pages as needed. | |
| Facility / Plant Na | ame | Class P | DWIS (Water) NPI | DES (Wastewater) |
| | | | | |
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| | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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

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

V. LATE FEES AND REINSTATEMENT

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|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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|---|--|-------------------------|--|--|
| | ease 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 le | | | The fee to renew certifica | ¥ 1000 |
| | | | requirements by to result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| | TES TO RENEW: | | | Training Units |
| Certification Typ | e Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| II. CURRENT EN | MPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | s (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not op | perating any Facility | Ιp | rovide contractual serv | vices to the Facility |
| Please provide the fe | ollowing information about each Facility/Plant that you op | erate. Use addti | onal pages as needed. | |
| Facility / Plant Name | e | Class] | PDWIS (Water) NPD | DES (Wastewater) |
| | | | | |
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| | | | | |
| | (OVER) | | | |



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Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | a two page form. Both pages must be | Operator Certification Nu | mber: 3162 | |
|---|---|----------------------------------|---|--|
| | ase enter you're current address on the | | Certification(s) sl below will expi | 111/11/11/ |
| correct the City, state and ZIP Code. Please print legibly. | | e print legibly. | The fee to renew certifica | |
| | | | — requirements by t result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| | TES TO RENEW: | | | Training Units |
| Certification Typ | e Category | | Class | Required |
| TEMPORARY | WASTEWATER | RTREATMENT | А | 24 |
| TEMPORARY | WASTEWATER | RTREATMENT | 5 | 45 |
| II. CURRENT EN | IPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not op | erating any Facility | | I provide contractual serv | rices to the Facility |
| Please provide the fo | llowing information about each Facilit | y/Plant that you operate. Use ad | dtional pages as needed. | |
| Facility / Plant Name | , | Class | PDWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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| This is page one | of a two page form. Both pages must be completed and retur | perator Certification Nu | mber: 3175 | | |
|---------------------------|---|--------------------------|--|--|--|
| | Please enter you're current address on the lines below and, if necessary, | | Certification(s) shown below will expire on: 10/1/ | | |
| • | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | 450 | |
| | | | - requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | 1 | 24 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
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| Facility / Plant Na | me | Class I | PDWIS (Water) NPI | DES (Wastewater) | |
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| This is page on | erator Certifcation | 3265 | | | |
|--|--|---------------|---|------------------------|---|
| SAMANTHA | lease enter you're current address on the lines below and, if necessary, | | Certification(s) shown below will expire on: 10/1 | | 10/1/2022 |
| correct the City, state and ZIP Code. Please print | correct the City, state and ZIP Code. Please print legibly. | | The fee to recept | new these cifications: | \$50 |
| | | | requirements result in a | by the exp | ubmit renewal iration date will all late fees as etion V. |
| I. CERTIFICATES TO RENEW: | | | | Tr | aining Units |
| Certification 7 | Type Category | | Class | | equired |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | j |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Nam | ne: | | Phone # | : | |
| Number of Facil | lities (or Plants) that you currently operate: | | I am employe | d by the Fa | cility owner |
| I am currently no | ot operating any Facility | I pr | ovide contractual | services to | the Facility |
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| Facility / Plant N | Name | Class P | DWIS (Water) | NPDES (W | astewater) |
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| This is page one o | of a two page form. Both pages must be completed and return | erator Certifcation Nu | umber: 3344 | | |
|--|--|------------------------|--|---|--|
| | lease enter you're current address on the lines below and, if nece | essary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| correct the City, state and ZIP Code. Please print legible | | | The fee to renew certification | 620 | |
| | | | requirements by result in an ad | lete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Typ | oe Category | | Class | Required | |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not o | operating any Facility | I pr | ovide contractual ser | vices to the Facility | |
| Please provide the j | following information about each Facility/Plant that you operate | e. Use addtio | nal pages as needed. | _ | |
| Facility / Plant Nan | ne | Class P | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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| This is page one of a two | o page form. Both pages must be completed and returned | l. Ope | rator Certifcation N | umber: 3552 | | |
|------------------------------|---|-------------|---|---|--|--|
| SOPHIA OBERTON | | | Certification(s) s | | | |
| | enter you're current address on the lines below and, if necessarthe City, state and ZIP Code. Please print legibly. | ıry, | below will exp | ire on: 10/1/2022 | | |
| correct t | the City, state and ZIF Code. Flease print legiory. | | The fee to renew these certifications: \$50 | | | |
| | | | requirements by result in an ad | lete or submit renewal the expiration date will Iditional late fees as d in Section V. | | |
| I. CERTIFICATES | TO RENEW: | | describe | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | | |
| II. CURRENT EMPLO | OYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or P | Plants) that you currently operate: | | I am employed by | y the Facility owner | | |
| I am currently not operating | ng any Facility | I pro | vide contractual ser | vices to the Facility | | |
| Please provide the followi | ing information about each Facility/Plant that you operate. U | Use addtion | al pages as needed. | | | |
| Facility / Plant Name | | Class PE | OWIS (Water) NPI | DES (Wastewater) | | |
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Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | of a two page form. Both pages must be completed and i | Operator Certification Number: 3573 | | | |
|---------------------------|--|-------------------------------------|--|---|--|
| | lease enter you're current address on the lines below and, i | f necessary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| C | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Type | pe Category | | Class | Required | |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not o | operating any Facility | Ιp | provide contractual ser | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you o | perate. Use addti | ional pages as needed. | | |
| Facility / Plant Nan | ne | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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| This is page one of a two | page form. Both pages must be completed and returned | ed. Oper | Operator Certification Number: 3603 | | |
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| | ter you're current address on the lines below and, if necess | sary, | Certification(s) s below will exp | | |
| correct th | e City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | requirements by t | ete or submit renewal the expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICATES | TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT EMPLO | DYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Pla | ants) that you currently operate: | | I am employed by | y the Facility owner | |
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| Facility / Plant Name | | Class PD | OWIS (Water) NPI | DES (Wastewater) | |
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Page 2

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| Name and Certi | fication Number of |
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| This is page one | of a two page form. Both pages | nust be completed and returned. | Operator Certi | fcation Numbe | er: 3714 |
|---|--------------------------------------|--------------------------------------|---------------------|---------------------------------------|---|
| | Please enter you're current address | on the lines below and, if necessary | | cation(s) shows www.www.expire.org | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee | e to renew these certifications | |
| | | | requiren | nents by the e | or submit renewal xpiration date will onal late fees as Section V. |
| | ATES TO RENEW: | | | | Training Units |
| Certification Ty | /pe Catego | pry | Cla | ISS | Required |
| OPERATOR | WASTE | WATER TREATMENT | А | | 16 |
| OPERATOR | WASTE | WATER TREATMENT | 5 | | 30 |
| II. CURRENT | EMPLOYMENT INFORMA | ΓΙΟΝ | | | |
| Employer's Name | : | | Ph | one #: | |
| Number of Facilit | ies (or Plants) that you currently o | perate: | I am em | ployed by the | Facility owner |
| I am currently not | operating any Facility | | I provide contra | actual services | to the Facility |
| Please provide the | e following information about each | Facility/Plant that you operate. Us | e addtional pages a | s needed. | |
| Facility / Plant Na | me | Cl | ass PDWIS (Wa | ter) NPDES | (Wastewater) |
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| This is page one of a t | two page form. Both pages must be completed and retur | erator Certifcation Num | nber: 3981 | |
|--------------------------|--|-------------------------|---|--|
| WALTER MEADE | e enter you're current address on the lines below and, if nece | eccami | Certification(s) sho | |
| | et the City, state and ZIP Code. Please print legibly. | essary, | The fee to renew the certification | nese \$50 |
| | | | requirements by the result in an additional control of the result in a control of the result | e or submit renewal e expiration date will itional late fees as in Section V. |
| I. CERTIFICATE | S TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 5RO | 16 |
| II. CURRENT EMP | LOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or | r Plants) that you currently operate: | | I am employed by t | he Facility owner |
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| Facility / Plant Name | | Class P | PDWIS (Water) NPDF | ES (Wastewater) |
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- No course can be used more than one time for any three-year renewal period.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- 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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one of a | two page form. Both pages must be completed and re | Operator Certification Number: 4082 | | | |
|---------------------------|--|-------------------------------------|---|--|--|
| | se enter you're current address on the lines below and, if | necessary, | Certification(s) shown below will expire on: 10/1/202 | | |
| corre | ect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | |
| II. CURRENT EM | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (| or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not open | rating any Facility | Ιŗ | provide contractual serv | rices to the Facility | |
| Please provide the foll | owing information about each Facility/Plant that you op | erate. Use addt | ional pages as needed. | _ | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | of a two page form. Both pages must be completed and ret | Operator Certification Number: 4249 | | | |
|---------------------------|--|-------------------------------------|--|--|--|
| | Please enter you're current address on the lines below and, if n | ecessary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| С | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not | operating any Facility | Ιp | provide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you ope | rate. Use addti | ional pages as needed. | | |
| Facility / Plant Nar | me | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
|--|--------------|------------|----------------|----------|---------|---------|



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

| This is page one o | of a two page form. Both pages must be completed and retu | rned. Op | Operator Certification Number: 4291 | | | |
|---------------------------|--|-----------------|--|--|--|--|
| | lease enter you're current address on the lines below and, if ne | cessary, | Certification(s) shown below will expire on: 10/1/2022 | | | |
| co | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | | | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. | | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | | |
| Certification Typ | pe Category | | Class | Required | | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed b | y the Facility owner | | |
| I am currently not o | operating any Facility | I pı | rovide contractual ser | vices to the Facility | | |
| Please provide the | following information about each Facility/Plant that you oper | ate. Use addtio | onal pages as needed. | | | |
| Facility / Plant Nan | ne | Class F | PDWIS (Water) NP | DES (Wastewater) | | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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|---|----------------------------------|----------------------------------|--|
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| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | of a two page form. Both pages must be completed and ret | Operator Certification Number: 4301 | | | |
|---------------------------|--|-------------------------------------|--|---|--|
| | lease enter you're current address on the lines below and, if no | ecessary, | Certification(s) shown below will expire on: 10/1/20 | | |
| С | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not o | operating any Facility | Ιp | rovide contractual serv | vices to the Facility | |
| Please provide the | following information about each Facility/Plant that you open | rate. Use addti | onal pages as needed. | | |
| Facility / Plant Nan | ne | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Operator in Res | ponsible Charge: |

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| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| | | | |

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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 | urned. Op | perator Certification N | Number: 4305 | |
|---------------------------|---|------------------|--|---|--|
| | Please enter you're current address on the lines below and, if no | ecessary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| C | correct the City, state and ZIP Code. Please print legibly. | | The fee to renev | w these cations: \$50 | |
| | | | requirements by result in an a | plete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed l | by the Facility owner | |
| I am currently not | operating any Facility | I p | rovide contractual se | rvices to the Facility | |
| Please provide the | following information about each Facility/Plant that you oper | rate. Use addtie | onal pages as needed | <i></i> | |
| Facility / Plant Na | me | Class I | PDWIS (Water) NI | PDES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Operator in Res | ponsible Charge: |

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

| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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

| This is page one of | f a two page form. Both pages must be completed and | erator Certification Number: 4312 | | | |
|---------------------------|--|-----------------------------------|--|---|--|
| | ease enter you're current address on the lines below and, | if necessary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| co | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by result in an ad | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Typ | e Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | s (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not o | perating any Facility | ΙI | provide contractual serv | vices to the Facility | |
| Please provide the f | following information about each Facility/Plant that you | operate. Use addt | ional pages as needed. | | |
| Facility / Plant Nam | e | Class | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- · Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| | you're current address on the lines below and, if nec | essary, | Certification(s) so below will expi | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certifica | 4 - 11 |
| | | | requirements by t result in an ad | 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 |
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| II. CURRENT EMPLOY | MENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plant | s) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating as | ny Facility | ΙĮ | provide contractual serv | vices to the Facility |
| Please provide the following i | nformation about each Facility/Plant that you operc | ite. Use addt | ional pages as needed. | _ |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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| Mail to: Maryland Department o | f 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 return | rned. Ope | erator Certification N | umber: 4360 |
|---|--|-----------------|--------------------------------------|---|
| | Please enter you're current address on the lines below and, if nec | essary, | Certification(s) s below will exp | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification 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 | ties (or Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not | t operating any Facility | I pro | ovide contractual ser | vices to the Facility |
| Please provide th | e following information about each Facility/Plant that you opera | te. Use addtion | ıal pages as needed. | |
| Facility / Plant Na | ame | Class PI | OWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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| This is page one of a t | wo page form. Both pages must be completed and return | r ned. Op | perator Certification N | umber: 4485 |
|---|---|------------------|---------------------------|--|
| | Please enter you're current address on the lines below and, if no | | | shown ire on: 10/1/2022 |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | |
| | | | | lete or submit renewal the expiration date will |
| | | | result in an ac | lditional late fees as d in Section V. |
| I. CERTIFICATE | S TO RENEW: | | - describe | Training Units |
| Certification Type | Category | | Class | Required |
| SUPERINTENDENT | WATER TREATMENT | | 4 | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 3 | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 5 | 7 |
| II. CURRENT EMP | LOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not opera | ating any Facility | I pı | rovide contractual ser | vices to the Facility |
| Please provide the follo | wing information about each Facility/Plant that you opera | te. Use addtio | onal pages as needed. | |
| Facility / Plant Name | | Class F | PDWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one | of a two page form. Both pages must be completed and return | Operator Certification Number: 4499 | | | |
|---------------------|---|-------------------------------------|---|--|--|
| | 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: 10/1/2 | | |
| • | | | The fee to renew certification | w these ications: \$50 | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Ty | ype Category | | Class | Required | |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | : | | Phone #: | | |
| Number of Facility | ies (or Plants) that you currently operate: | | I am employed by | the Facility owner | |
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III. CONTINUING EDUCATION:

Page 2

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

| This is page one of a tv | wo page form. Both pages must be completed and return | ned. O | Operator Certification Number: 4521 | | | |
|---------------------------|--|-------------|--|--|--|--|
| | enter you're current address on the lines below and, if nece | essary, | Certification(s) shown below will expire on: 10/1/2022 | | | |
| correct | t the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | | |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. | | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | | |
| Certification Type | Category | | Class | Required | | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | | |
| II. CURRENT EMPI | LOYMENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed by | the Facility owner | | |
| I am currently not operat | ting any Facility | Ιį | provide contractual serv | rices to the Facility | | |
| Please provide the follow | wing information about each Facility/Plant that you operat | e. Use addt | ional pages as needed. | _ | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) | | |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- 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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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| This is page one of a | two page form. Both pages must be completed and retu | urned. Op | perator Certifcation Nu | ımber: 4538 | |
|--------------------------|--|---|--|--|--|
| ROY LANCRAFT Pleas | e enter you're current address on the lines below and, if ne | ecessary. | Certification(s) shown below will expire on: | | |
| | ct the City, state and ZIP Code. Please print legibly. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | The fee to renew certification | these \$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. CERTIFICATE | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| TEMPORARY | WATER TREATMENT | | G | 7 | |
| II. CURRENT EMP | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (o | r Plants) that you currently operate: | | I am employed by | the Facility owner | |
| I am currently not oper | ating any Facility | I pı | rovide contractual serv | vices to the Facility | |
| Please provide the follo | owing information about each Facility/Plant that you oper | ate. Use addtio | onal pages as needed. | | |
| Facility / Plant Name | | Class P | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a tw | vo page form. Both pages must be completed and returned | d. Ope | Operator Certification Number: 4610 | | |
|----------------------------|---|------------|--------------------------------------|--|--|
| | 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 certification | 450 | |
| | | | requirements by tresult in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES | S TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 1 | 16 | |
| II. CURRENT EMPL | OYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or I | Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not operate | ing any Facility | I pro | ovide contractual serv | vices to the Facility | |
| Please provide the follow | ving information about each Facility/Plant that you operate. | Use addtio | nal pages as needed. | | |
| Facility / Plant Name | | Class Pl | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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



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

| This is page one of | f a two page form. Both pages must be completed and r | Operator Certification Number: 4884 | | |
|-----------------------------|--|-------------------------------------|---|--|
| | ease enter you're current address on the lines below and, if | necessary, | Certification(s) shown below will expire on: 10/1/202 | |
| correct the City, state and | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 |
| | | | requirements by result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| I. CERTIFICA | TES TO RENEW: | | | Training Units |
| Certification Typ | e Category | | Class | Required |
| OPERATOR | INDUSTRIAL WASTEWATER | | 1 | 0 |
| II. CURRENT E | MPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | s (or Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not o | perating any Facility | Į I | provide contractual serv | vices to the Facility |
| Please provide the f | following information about each Facility/Plant that you op | perate. Use addt | ional pages as needed. | |
| Facility / Plant Nam | e | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| | | | |

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| This is page one of a two page | $form.\ Both\ pages\ must\ be\ completed\ and\ returned.$ | Operator Certification Nu | ımber: 5377 |
|-----------------------------------|--|--|---|
| | ou're current address on the lines below and, if necessary | Certification(s) s y, below will expi | |
| correct the City | y, state and ZIP Code. Please print legibly. | The fee to renew certification | 4 5 11 |
| | | requirements by t | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| I. CERTIFICATES TO | RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| 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 provide contractual serv | vices to the Facility |
| Please provide the following info | ormation about each Facility/Plant that you operate. Us | se addtional pages as needed. | |
| Facility / Plant Name | C | lass PDWIS (Water) NPI | DES (Wastewater) |
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Page 2

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|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one | of a two page form. Both pages must be | completed and returned. | Operator Certification | on Number: 5566 |
|---|--|---------------------------------|--------------------------|--|
| | Please enter you're current address on the l | | Certification below will | n(s) shown l expire on: 10/1/2022 |
| correct the City, state and ZIP Code. Please print legibly. | | print legibly. | The fee to recer | enew these tiffications: \$50 |
| | | | requirements | omplete or submit renewal by the expiration date will an additional late fees as ribed in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| OPERATOR | INDUSTRIAL W | ASTEWATER | 6 | 16 |
| OPERATOR | INDUSTRIAL W | ASTEWATER | 7 | 16 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone # | #: |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employ | ed by the Facility owner |
| I am currently not | operating any Facility | | I provide contractua | l services to the Facility |
| Please provide the | following information about each Facility | /Plant that you operate. Use ac | ddtional pages as nee | ded. |
| Facility / Plant Na | me | Class | PDWIS (Water) | NPDES (Wastewater) |
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| | | (OVER) | | |



III. CONTINUING EDUCATION:

Page 2

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

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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| This is page one of a two page | e form. Both pages must be completed and returned. | Operator Certification N | umber: 5991 |
|---|---|--------------------------------------|---|
| | rou're current address on the lines below and, if necessary | Certification(s) s below will exp | 111/11/11/ |
| correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 |
| | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. |
| I. CERTIFICATES TO | | Training Units | |
| Certification Type | Category | Class | Required |
| SUPERINTENDENT | WASTEWATER TREATMENT | 5 | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | А | 7 |
| II. CURRENT EMPLOYM | IENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (or Plants) | that you currently operate: | I am employed by | y the Facility owner |
| I am currently not operating any | y Facility | I provide contractual ser | vices to the Facility |
| Please provide the following inj | formation about each Facility/Plant that you operate. Use | e addtional pages as needed. | |
| Facility / Plant Name | Cla | ass PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| This is page one of | of a two page form. Both pages must be completed and ret | erator Certifcation Nu | ımber: 6202 | | |
|---------------------------|--|------------------------|--|--|--|
| | lease enter you're current address on the lines below and, if no | ecessary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| c | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 | |
| | | | requirements by to result in an ad | ete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES TO RENEW: | | | | Training Units | |
| Certification Ty | pe Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not o | operating any Facility | I pı | I provide contractual services to the Facility | | |
| Please provide the | following information about each Facility/Plant that you open | rate. Use addtio | onal pages as needed. | | |
| Facility / Plant Nan | ne | Class F | PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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|---|----------------------------------|----------------------------------|--|
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| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page form. Both pages must be completed and returned. | | | ed. Ope | Operator Certification Number: 6528 | | | |
|---|-------------------------------|---|---------------|-------------------------------------|-----------------------|--|--|
| ROBERT J LA | Please enter you're curren | nt address on the lines below and, if neces | ssary, | Certification(below will of | | 10/1/2022 | |
| correct the City, state and ZIP Code. Please print legibly. | | | | The fee to ren | new these ifications: | \$100 | |
| | | | | requirements l result in an | by the exp | submit renewal iration date will all late fees as ction V. | |
| I. CERTIFICATES TO RENEW: | | | | | Tr | Training Units | |
| Certification T | Гуре | Category | | Class | Re | equired | |
| OPERATOR | | WATER TREATMENT | | 4 | 30 |) | |
| OPERATOR | | WASTEWATER TREATMENT | | 3 | 30 |) | |
| SUPERINTENDE | ENT | WATER TREATMENT | | 3 | 7 | | |
| SUPERINTENDE | ENT | WASTEWATER TREATMENT | | 1 | 7 | | |
| SUPERINTENDE | ENT | WASTEWATER TREATMENT | | 3 | 7 | | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | | |
| Employer's Name | e: | | | Phone #: | | | |
| Number of Facili | ities (or Plants) that you cu | rrently operate: | | I am employed | d by the Fa | cility owner | |
| I am currently no | ot operating any Facility | | I pro | vide contractual | services to | the Facility | |
| Please provide th | he following information a | bout each Facility/Plant that you operate | . Use addtior | nal pages as need | led. | | |
| Facility / Plant N | lame | | Class PI | OWIS (Water) | NPDES (W | astewater) | |
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Page 2

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| This is page one o | f a two page form. Both pages must be completed and retu | rned. Op | erator Certifcation Nu | ımber: 6529 |
|---|--|-----------------|--------------------------------------|---|
| | lease enter you're current address on the lines below and, if ne | cessary, | Certification(s) s below will exp | 111/11/11/ |
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| | | | requirements by t | ete or submit renewal the expiration date will |
| | | | | ditional late fees as d in Section V. |
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| Certification Typ | oe Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 |
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|---|---|---------------|--------------------------------------|---|
| | enter you're current address on the lines below and, if neces | ssary, | Certification(s) s below will exp | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certification | |
| | | | | ete or submit renewal the expiration date will |
| | | | | lditional late fees as d in Section V. |
| I. CERTIFICATES | TO RENEW: | | - describe | Training Units |
| Certification Type | Category | | Class | Required |
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| SUPERINTENDENT | WASTEWATER TREATMENT | | 1 | 7 |
| OPERATOR | WATER TREATMENT | | 1 | 16 |
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Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a | two page form. Both pages must be completed and return | ed. Oper | rator Certification Nu | umber: 6903 |
|-------------------------|--|---------------|--------------------------------------|--|
| | se enter you're current address on the lines below and, if neces | ssary, | Certification(s) s below will exp | |
| corre | ect the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | |
| | | | requirements by | lete or submit renewal the expiration date will |
| | | | | lditional late fees as d in Section V. |
| I. CERTIFICAT | ES TO RENEW: | | describe | |
| Certification Type | Category | | Class | Training Units Required |
| TEMPORARY | WATER TREATMENT | | 2 | 24 |
| TEMPORARY | WATER TREATMENT | | 5 | 24 |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| II. CURRENT EMI | PLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (| or Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not open | rating any Facility | I prov | vide contractual ser | vices to the Facility |
| Please provide the foll | owing information about each Facility/Plant that you operate. | . Use addtion | al pages as needed. | |
| Facility / Plant Name | | Class PD | WIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Operator in Res | ponsible Charge: |

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| This is page one of a | two page form. Both pages must be completed and returned | l. Opera | perator Certification Number: 7138 | | |
|---|---|--------------|------------------------------------|---|--|
| | Please enter you're current address on the lines below and, if necessar | | | shown spire on: 10/1/2022 | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to rene | w these ications: \$100 | |
| | | | requirements by result in an a | plete or submit renewal y the expiration date will additional late fees as ped in Section V. | |
| I. CERTIFICATI | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WASTEWATER TREATMENT | | 1 | 16 | |
| TEMPORARY | WATER TREATMENT | | 5 | 24 | |
| TEMPORARY | WATER TREATMENT | | 3 | 45 | |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 | |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 | |
| II. CURRENT EMI | PLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (c | or Plants) that you currently operate: | | I am employed | by the Facility owner | |
| I am currently not oper | rating any Facility | I provi | ide contractual se | ervices to the Facility | |
| Please provide the follo | owing information about each Facility/Plant that you operate. U | Use addtiona | l pages as neede | <i>d</i> . | |
| Facility / Plant Name | | Class PDV | WIS (Water) N | PDES (Wastewater) | |
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Page 2

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| Operator in Res | ponsible Charge: |

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| This is page one of | a two page form. Both pages must be completed and re | turned. Operator C | ertifcation Num | nber: 7626 |
|-----------------------|---|--------------------------|-------------------------------------|--|
| | ase enter you're current address on the lines below and, if | | rtification(s) sho | 111/1/201/ |
| cor | rect the City, state and ZIP Code. Please print legibly. | The | e fee to renew th | X 1 (1)(1) |
| | | requi | irements by the esult in an addi | e or submit renewal e expiration date will itional late fees as in Section V. |
| | TES TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | (or Plants) that you currently operate: | I am | n employed by t | he Facility owner |
| I am currently not op | erating any Facility | I provide co | ontractual servic | ces to the Facility |
| Please provide the fo | llowing information about each Facility/Plant that you ope | erate. Use addtional pag | es as needed. | |
| Facility / Plant Name | | Class PDWIS (| Water) NPDF | ES (Wastewater) |
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|--------------------|-------------------------------|---|-------------|-----------------------------|------------------------|--|
| BRANDON D. | Please enter you're curren | t address on the lines below and, if necess | sary, | Certification below will | | 10/1/2022 |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to recent | new these tifications: | \$100 |
| | | | | requirements result in a | by the exp | submit renewal piration date will al late fees as ection V. |
| I. CERTIFIC | CATES TO RENEW | | | | Т | raining Units |
| Certification 7 | Гуре | Category | | Class | R | equired |
| OPERATOR | | WASTEWATER TREATMENT | | Α | 1 | 6 |
| SUPERINTENDE | ENT | WATER TREATMENT | | 4 | 7 | |
| OPERATOR | | WATER TREATMENT | | 4 | 3 | 0 |
| OPERATOR | | WASTEWATER COLLECTION | | 2 | 1 | 6 |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 3 | 0 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Nam | e: | | | Phone # | <u>.</u> | |
| Number of Facil | ities (or Plants) that you cu | rrently operate: | | I am employe | ed by the F | acility owner |
| I am currently no | ot operating any Facility | | I pro | vide contractual | services to | o the Facility |
| Please provide ti | he following information a | bout each Facility/Plant that you operate. | Use addtion | al pages as need | ded. | |
| Facility / Plant N | lame | | Class PI | OWIS (Water) | NPDES (V | Wastewater) |
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|---|---|--|------------------|---------------------------------|--|
| | lease enter you're current | nt address on the lines below and, if necessary, | ecessary, | Certification(s) below will exp | 111/1/11/1 |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renev | v these cations: \$100 | |
| | | | | requirements by result in an a | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | | | Training Units |
| Certification Type | pe | Category | | Class | Required |
| SUPERINTENDEN [*] | Т | WATER TREATMENT | | 1 | 7 |
| SUPERINTENDEN | Т | WASTEWATER TREATMENT | | 2 | 7 |
| II. CURRENT E | EMPLOYMENT INFO | ORMATION | | | |
| Employer's Name: | | | | Phone #: | |
| Number of Facilitie | es (or Plants) that you cur | rently operate: | | I am employed b | by the Facility owner |
| I am currently not o | operating any Facility | | Ij | provide contractual ser | vices to the Facility |
| Please provide the | following information ab | out each Facility/Plant that you oper | rate. Use addt | ional pages as needed | · - |
| Facility / Plant Nan | me | | Class | PDWIS (Water) NP | DES (Wastewater) |
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- 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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one of | a two page form. Both pages must be completed and retu | Operator Certification Number: 8042 | | | |
|---------------------------|--|--|---|---|--|
| | ase enter you're current address on the lines below and, if ne | cessary, | Certification(s) s below will exp | | |
| cori | rect the City, state and ZIP Code. Please print legibly. | | The fee to renew these certifications: \$50 | | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICAT | ES TO RENEW: | | | Training Units | |
| Certification Type | Category | | Class | Required | |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed by | y the Facility owner | |
| I am currently not ope | erating any Facility | I pr | ovide contractual ser | vices to the Facility | |
| Please provide the fo | llowing information about each Facility/Plant that you oper | ate. Use addtio | onal pages as needed. | | |
| Facility / Plant Name | | Class P | DWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
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- 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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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

| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one of a two p | page form. Both pages must be completed and retu | irned. Operator Certifcat | tion Number: 8334 |
|-------------------------------|---|----------------------------------|---|
| | er you're current address on the lines below and, if ne | | on(s) shown ill expire on: 10/1/2022 |
| correct the | City, state and ZIP Code. Please print legibly. | | renew these ertifications: \$100 |
| | | requiremen result in | complete or submit renewal its by the expiration date will an additional late fees as scribed in Section V. |
| I. CERTIFICATES T | O RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| OPERATOR | WATER TREATMENT | 4 | 30 |
| SUPERINTENDENT | WATER TREATMENT | 4 | 7 |
| II. CURRENT EMPLOY | YMENT INFORMATION | | |
| Employer's Name: | | Phone | ÷#: |
| Number of Facilities (or Plan | nts) that you currently operate: | I am emplo | yed by the Facility owner |
| I am currently not operating | any Facility | I provide contractu | al services to the Facility |
| Please provide the following | ; information about each Facility/Plant that you oper | ate. Use addtional pages as ne | eeded. |
| Facility / Plant Name | | Class PDWIS (Water) | NPDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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

| This is page one of a two page | ge form. Both pages must be completed and returned. | Operator Certification | Number: 8406 |
|---|--|---------------------------------|---|
| JUSTIN F. MYERS Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly. | | Certification(s below will e | |
| | | The fee to reno certif | ew these fications: \$100 |
| | | requirements b | nplete or submit renewal ny the expiration date will additional late fees as bed in Section V. |
| I. CERTIFICATES TO | O RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| SUPERINTENDENT | WASTEWATER COLLECTION | 2 | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | А | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | 5 | 7 |
| SUPERINTENDENT | WATER TREATMENT | 2 | 7 |
| SUPERINTENDENT | WATER TREATMENT | 4 | 7 |
| II. CURRENT EMPLOY | MENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (or Plants | s) that you currently operate: | I am employed | by the Facility owner |
| I am currently not operating an | ny Facility | I provide contractual s | services to the Facility |
| Please provide the following it | nformation about each Facility/Plant that you operate. Use | addtional pages as neede | ed. |
| Facility / Plant Name | Clas | ss PDWIS (Water) N | IPDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

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



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| This is page one | of a two page form. Both pages must be completed and return | ned. Open | rator Certifcation N | umber: 8551 |
|---------------------|--|----------------|--------------------------------------|---|
| | Please enter you're current address on the lines below and, if necessity | essary, | Certification(s) s below will exp | |
| • | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | : | | Phone #: | |
| Number of Facility | ies (or Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not | operating any Facility | I pro | vide contractual ser | vices to the Facility |
| Please provide the | e following information about each Facility/Plant that you operat | e. Use addtion | al pages as needed. | |
| Facility / Plant Na | ame | Class PD | OWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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| This is page one of a two | page form. Both pages must be completed and retu | urned. O | perator Certifcation Nu | umber: 8841 |
|---|--|--------------------------------------|------------------------------------|--|
| EDWARD JESSE BLOU Please er | ecessary, | Certification(s) s below will exp | | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certification | \$ 100 |
| | | | requirements by to result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| I. CERTIFICATES | | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT EMPLO | DYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Pl | lants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operatin | g any Facility | Ιj | provide contractual serv | vices to the Facility |
| Please provide the following | ng information about each Facility/Plant that you oper | rate. Use addt | ional pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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| | | | | |
| | | | | |
| | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
|--|--------------|------------|----------------|----------|---------|---------|
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| This is page one of a tw | vo page form. Both pages must be completed and return | ned. Op | perator Certifcation Nu | ımber: 8850 |
|----------------------------|--|----------------------------|--|---|
| | enter you're current address on the lines below and, if nece | essary, | Certification(s) sl below will expi | |
| correct | | The fee to renew certifica | 1511 | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as I in Section V. |
| I. CERTIFICATES | S TO RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 4 | 30 |
| II. CURRENT EMPL | OYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or I | Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operate | ing any Facility | I p | rovide contractual serv | vices to the Facility |
| Please provide the follow | ving information about each Facility/Plant that you operat | e. Use addti | onal pages as needed. | |
| Facility / Plant Name | | Class I | PDWIS (Water) NPD | DES (Wastewater) |
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| | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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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 Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

| This is page one of a two page form. Both pages must be completed and returned. Opera | | | | perator Certifcation Nu | ımber: 8858 |
|---|--------------------------------|---------------------------------------|---------------|--------------------------------------|---|
| | Please enter you're current a | ddress on the lines below and, if nec | essary, | Certification(s) s below will exp | 111/1/201/2 |
| correct the City, state and ZIP Code. Please print legibly. | | P Code. Please print legibly. | | The fee to renew certification | 450 |
| | | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as I in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | | Training Units |
| Certification Ty | ype C | ategory | | Class | Required |
| OPERATOR | II | NDUSTRIAL WASTEWATER | | 5 | 30 |
| OPERATOR | II | NDUSTRIAL WASTEWATER | | 6 | 16 |
| II. CURRENT | EMPLOYMENT INFO | RMATION | | | |
| Employer's Name | : | | | Phone #: | |
| Number of Facilit | ies (or Plants) that you curre | ntly operate: | | I am employed by | the Facility owner |
| I am currently not | operating any Facility | | Ιp | provide contractual serv | vices to the Facility |
| Please provide the | e following information abou | ut each Facility/Plant that you opera | te. Use addti | ional pages as needed. | |
| Facility / Plant Na | me | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible 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 ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f 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. Open | | | rator Certifcation N | umber: 8925 |
|---|--|-----------|--------------------------------------|---|
| CAMELE WINKLER 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 | \$ 100 |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. |
| I. CERTIFICATES TO | <u> PRENEW:</u> | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 5 | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | | Α | 7 |
| TEMPORARY | WATER TREATMENT | | 2 | 24 |
| II. CURRENT EMPLOYN | MENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants | s) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operating an | y Facility | I pro | vide contractual ser | vices to the Facility |
| Please provide the following in | nformation about each Facility/Plant that you operate. Use | e addtion | al pages as needed. | _ |
| Facility / Plant Name | Cla | ass PD | OWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
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| | I consent to | receive my | certificate(s) | by emial | in lieu | of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be c | ompleted and returned. | Operator Certificatio | n Number: 9678 |
|---|--|--------------------------------|--------------------------|---|
| | Please enter you're current address on the lir | | Certification below will | |
| correct the City, state and ZIP Code. Please print legi | | print legibly. | The fee to re | new these tifications: \$100 |
| | | | requirements result in a | mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| OPERATOR | INDUSTRIAL WA | ASTEWATER | 2 | 0 |
| OPERATOR | WASTEWATER | TREATMENT | Α | 16 |
| OPERATOR | WATER TREATM | MENT | 4 | 30 |
| OPERATOR | WASTEWATER | TREATMENT | 5 | 30 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | : | | Phone # | ! : |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employe | ed by the Facility owner |
| I am currently not | operating any Facility | | I provide contractual | services to the Facility |
| Please provide the | e following information about each Facility/. | Plant that you operate. Use ad | dtional pages as nee | ded. |
| Facility / Plant Na | ame | Class | PDWIS (Water) | NPDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one of | f a two page form. Both pages must be completed and ret | t urned. Op | perator Certification N | Tumber: 9726 | |
|---|--|--------------------|--|---|--|
| | ease enter you're current address on the lines below and, if n | ecessary, | Certification(s) shown below will expire on: 10/1/2022 | | |
| correct the City, state and ZIP Code. Please print legibly. | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these cations: \$50 | |
| | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. | |
| I. CERTIFICA | TES TO RENEW: | | | Training Units | |
| Certification Typ | e Category | | Class | Required | |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 | |
| II. CURRENT EN | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | s (or Plants) that you currently operate: | | I am employed b | by the Facility owner | |
| I am currently not of | perating any Facility | I pı | rovide contractual ser | rvices to the Facility | |
| Please provide the fe | ollowing information about each Facility/Plant that you ope | rate. Use addtio | onal pages as needed | <u> </u> | |
| Facility / Plant Nam | e | Class F | PDWIS (Water) NF | DES (Wastewater) | |
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|---|----------------------------------|----------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | , Baltimore, Maryland 21203-1708 | |
| * AN INCOMPL | ETE APPLICATION WILL | BE RETURNED * | |
| | | | |

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



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 pag | e form. Both pages must be completed and returned. | Operator Certification Number: 9811 | | |
|----------------------------------|--|--------------------------------------|---|--|
| | you're current address on the lines below and, if necessary, | Certification(s) s below will exp | | |
| correct the Ci | ty, state and ZIP Code. Please print legibly. | The fee to renew certific | \$ 100 | |
| | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. | |
| I. CERTIFICATES TO | RENEW: | | Training Units | |
| Certification Type | Category | Class | Required | |
| SUPERINTENDENT | WASTEWATER TREATMENT | А | 7 | |
| SUPERINTENDENT | WASTEWATER COLLECTION | 2 | 7 | |
| SUPERINTENDENT | WATER TREATMENT | 1 | 7 | |
| SUPERINTENDENT | WASTEWATER TREATMENT | 3 | 7 | |
| SUPERINTENDENT | WASTEWATER TREATMENT | 5 | 7 | |
| II. CURRENT EMPLOYM | IENT INFORMATION | | | |
| Employer's Name: | | Phone #: | | |
| Number of Facilities (or Plants) | that you currently operate: | I am employed by | y the Facility owner | |
| I am currently not operating any | y Facility | I provide contractual ser | vices to the Facility | |
| Please provide the following in | formation about each Facility/Plant that you operate. Use | addtional pages as needed. | | |
| Facility / Plant Name | Clas | ss PDWIS (Water) NP | DES (Wastewater) | |
| | | | | |
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III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

| Name and Certi | fication Number of |
|-----------------|--------------------|
| Operator in Res | ponsible Charge: |

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

| Applicant's Signature: | | Date | |
|---|----------------------------------|----------------------------------|--|
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