

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

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 0017		
	lease enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp		
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER TREATMENT		5	16	
II. CURRENT E	CMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	Ιŗ	provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you operat	te. Use addti	ional pages as needed.		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- 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

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 0281			
	Please enter you're current address on t		· ,	Certification(s) shown below will expire on: 11/1/2023		
	correct the City, state and ZIP Code. Pl	lease print legibly.		The fee to rener certifi	w these \$100 cations:	
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as red in Section V.	
I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	ype Category			Class	Required	
OPERATOR	WATER TR	EATMENT		3	30	
OPERATOR	WATER TR	EATMENT		4	30	
OPERATOR	WASTEWA	TER TREATMENT		5	30	
II. CURRENT	EMPLOYMENT INFORMATIC	DN				
Employer's Name				Phone #:		
Number of Facilit	ies (or Plants) that you currently operat	e:		I am employed	by the Facility owner	
I am currently not	operating any Facility		I prov	ide contractual se	ervices to the Facility	
Please provide the	e following information about each Fac	cility/Plant that you operate. Use	e addtiona	l pages as needed	1.	
Facility / Plant Na	me	Cla	ass PD	WIS (Water) NI	PDES (Wastewater)	



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Date

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DOMINIC DILE			Certification(s)		
	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.	ary,	below will ex	xpire on:	11/1/2020
c	sorrect the City, state and ZIP Code. Please print legioly.		The fee to rene certif	ew these ications:	\$50
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section		ration date will late fees as
I. CERTIFICA	ATES TO RENEW:			Tra	aining Units
Certification Ty	pe Category		Class	Re	quired
TEMPORARY	WATER TREATMENT		3	45	
II. CURRENT F	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	by the Fac	ility owner
I am currently not o	operating any Facility	I pro	ovide contractual se	ervices to t	he Facility
Please provide the	following information about each Facility/Plant that you operate. U	Use addtio	nal pages as neede	d.	
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	Please enter you're current address on t		/,	Certification(below will e	/	11/1/2023	
C	Forrect the City, state and ZIP Code. P	lease print legibly.		The fee to ren certi	ew these fications:	\$50	
			Failure to complete requirements by the result in an addit described in		by the exp addition	expiration date will	
I. CERTIFICA	ATES TO RENEW:				т	raining Units	
Certification Ty	pe Category			Class	R	equired	
OPERATOR	WASTEWA	TER COLLECTION		2	1	6	
II. CURRENT I	EMPLOYMENT INFORMATIC	DN					
Employer's Name:				Phone #:	_		
Number of Faciliti	es (or Plants) that you currently operat	e:		I am employed	l by the Fa	acility owner	
I am currently not	operating any Facility		I pro	provide contractual services to the Facility			
Please provide the	following information about each Fac	cility/Plant that you operate. Us	se addtio	nal pages as need	ed.		
Facility / Plant Nat	ne	Cl	lass P	DWIS (Water) N	NPDES (V	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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	Please enter you're current address on the lines below and, if r	necessary,	Certification(s) below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these \$50	
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification Ty	/pe Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	operating any Facility	Ι	provide contractual services to the Facility		
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			requirements by result in an ac	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFICATES				Training Units		
Certification Type	Category		Class	Required		
SUPERINTENDENT	WATER DISTRIBUTION		1	7		
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	ing any Facility	I	I provide contractual services to the Facility			
Please provide the follow	ving information about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.			
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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 0568			
	Please enter you're current address on the lines below and, i	f necessary,	Certification(s) below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	850		
			— requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFIC	ATES TO RENEW:			Training Units		
Certification Ty	ype Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:	:		Phone #:			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner		
I am currently not	operating any Facility	Ι	provide contractual ser	vices to the Facility		
Please provide the	e following information about each Facility/Plant that you o	perate. Use ada	ltional pages as needed.			
Facility / Plant Na	me	Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned. Op			Operator Certifcation Number: 0679		
MILTON WEIS			Certification(s)		
	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.	ary,	below will exp	ire on: 11, 1, 2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by result in an ac	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #:		
Number of 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 operate.	Use addtio	nal pages as needed.		
Facility / Plant Na	ame	Class P	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 0838		
	ease enter you're current address on the lines below and, if necess	ary,	Certification(s) below will ex	/ / // /	
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certifi	w these \$50	
			requirements by result in an a	plete or submit renewal v the expiration date will additional late fees as bed in Section V.	
	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not of	perating any Facility	I pr	provide contractual services to the Facility		
Please provide the f	following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed	<i>d</i> .	
Facility / Plant Nam	e	Class P	DWIS (Water) N	PDES (Wastewater)	



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 10004		
STEPHEN LLOY	D MITCHELL		Certification(s) s	/ / / / /	
	Please enter you're current address on the lines below and, if necessary	ary,	below will exp	ire on: 11/1/2025	
c	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
II. CURRENT E	CMPLOYMENT 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	provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.		
Facility / Plant Nan	ne	Class P	DWIS (Water) NPI	DES (Wastewater)	



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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Email Address

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This is page one of a two page form. Both pages must be completed and returned. Op			Operator Certifcation Number: 10009		
CASEY E RAUS	CH Please enter you're current address on the lines below and, if necessary,	,	Certification(s) s below will exp		
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
SUPERINTENDEN	T WASTEWATER COLLECTION		2	7	
II. CURRENT F	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not o	operating any Facility	I pr	provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.		
Facility / Plant Nar	ne Cla	ass P	DWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 10044		
SCOTT MCCLAS			Certification(s)		
	ase enter you're current address on the lines below and, if neces	ssary,	below will ex	pire on: 11/1/2025	
con	rect the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these \$50 cations:	
			 Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. 		
I. CERTIFICAT	<u>'ES TO RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	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 ope	erating any Facility	I pr	ovide contractual se	rvices to the Facility	
Please provide the fo	llowing information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed	1.	
Facility / Plant Name		Class P	DWIS (Water) N	PDES (Wastewater)	



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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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				Derator Certifcation Number: 10063			
NICHOLAS S MATTHEWS Please enter you're current address on the lines below and, if necessary			ecessary,	Certification(s) s below will expi			
	correct the City, state and ZIP Code. Please print legibly.				The fee to renew these certifications: \$100		
				 Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. 		piration date will al late fees as	
I. CERTIFIC	ATES TO RENEW	<u>.</u>			г	raining Units	
Certification Ty	уре	Category		Class	R	Required	
OPERATOR		WASTEWATER COLLECTION		2	1	.6	
OPERATOR		WATER DISTRIBUTION		1	1	.6	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name:	:			Phone #	#:		
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am employe	ed by the F	acility owner	
I am currently not	operating any Facility		Ι	provide contractual	l services to	o the Facility	
Please provide the	e following information al	pout each Facility/Plant that you oper	rate. Use add	tional pages as nee	eded.		
Facility / Plant Na	me		Class	PDWIS (Water)	NPDES (V	Wastewater)	



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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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.

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This is page one of a two page form. Both pages must be completed and returned. Oper				erator Certifcation Number: 10182			
JUAN C. SPEARMAN Please enter you're current address on the lines below and, if nec			sary,	Certification(below will e		11/1/2023	
С	correct the City, state and ZIP Code. Please print legibly.			The fee to ren certi	ew these fications:	\$50	
			requirements by th result in an add		by the exp	te or submit renewal he expiration date will litional late fees as in Section V.	
I. CERTIFICA	TES TO RENEW:				т	raining Units	
Certification Ty	pe Cat	egory		Class		equired	
OPERATOR	WA	STEWATER TREATMENT		5	3	0	
OPERATOR	WA	STEWATER TREATMENT		А	1	6	
II. CURRENT E	MPLOYMENT INFORM	IATION					
Employer's Name:				Phone #:			
Number of Facilitie	es (or Plants) that you currently	operate:		I am employed	l by the Fa	acility owner	
I am currently not o	operating any Facility		I p	rovide contractual s	services to	the Facility	
Please provide the	following information about e	ach Facility/Plant that you operate	. Use addtio	onal pages as need	ed.		
Facility / Plant Nan	ne		Class I	PDWIS (Water) N	NPDES (V	Vastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one o	f a two page form. Both pages must be compl	Operator Certification 1	Number: 10245	
JEFFREY JAMES	SHAPANKA	Certification(s)) shown 11/1/2023	
	lease enter you're current address on the lines be		below will ex	xpire on: 11/1/2023
C	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these \$50 ications:
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	INDUSTRIAL WASTE	WATER	6	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 provide contractual se	ervices to the Facility
Please provide the	following information about each Facility/Plant	that you operate. Use ad	dtional pages as needed	<i>d</i> .
Facility / Plant Nan	ne	Class	PDWIS (Water) N	PDES (Wastewater)



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This is page one	of a two page form. Both pages must be completed and retu	irned. Op	erator Certifcation N	umber: 10246
	Please enter you're current address on the lines below and, if necessa		Certification(s) s below will exp	
со	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
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 oper	rate. Use addtio	nal pages as needed.	
Facility / Plant Nat	me	Class P	DWIS (Water) NP	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of	f a two page form. Both pages must be completed and returned	d. Ope	erator Certifcation Nu	umber: 10258	
GRACE COUNTS-SMITH			Certification(s) s	shown 11/1/2023	
	ease enter you're current address on the lines below and, if necessa	ary,	below will exp	ire on: 11/1/2025	
co	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific:	\$50	
			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.		
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	De Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		7	16	
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	
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Please provide the f	following information about each Facility/Plant that you operate.	Use addtion	nal pages as needed.		
Facility / Plant Nam	e	Class Pl	DWIS (Water) NPI	DES (Wastewater)	



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This is page one o	f a two page form. Both pages must be completed and	returned. O	perator Certifcation Nu	umber: 10262
TYLER WILLIAMS			Certification(s) s	shown 11/1/2023
	lease enter you're current address on the lines below and, if necessar	f necessary,	below will exp	ire on: 11/1/2025
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			Failure to complete or submit r requirements by the expiration or result in an additional late fe described in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	pe Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
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
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Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)



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VII. APPLICANT'S STATEMENT

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page on	e of a two page form. Both pages mu	ist be completed and returned.	Ope	erator Certifcation Nu	mber: 10266	
FRANCISCO				Certification(s) s	1 1 / 1 / 1 / 2 1 / 3 = 1	
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	у,	below will expi	re on:		
	concer the endy, state and En Code.	r lease print regiony.		The fee to renew certifica	\$50	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as	
I. CERTIFICATES TO RENEW:				described in Section V.		
Certification ⁻		y		Class	Training Units Required	
OPERATOR	WATER T	REATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMAT	ION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you currently open	rate:		I am employed by	the Facility owner	
I am currently no	t operating any Facility		I pro	ovide contractual serv	vices to the Facility	
Please provide th	he following information about each F	acility/Plant that you operate. Us	se addtion	ial pages as needed.		
Facility / Plant N	ame	Cl	lass PI	OWIS (Water) NPE	DES (Wastewater)	



III. CONTINUING EDUCATION:

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one	of a two page form. Both pages must be completed and returned	perator Certifcation Number: 10268		
FRANCIS S MC	HANA Please enter you're current address on the lines below and, if necessa	ury,	Certification(s) s below will exp	/ / / / /
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT H	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate. U	Use addtio	nal pages as needed.	
Facility / Plant Nar	me	Class P	DWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page one of	of a two page form. Both pages must be completed and returned	perator Certifcation Number: 10269		
JESSE V PRATH	IER		Certification(s) s	shown 11/1/2022
	Please enter you're current address on the lines below and, if necessar	ury,	below will exp	ire on: 11/1/2023
с	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific:	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT F	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not o	operating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate. U	Use addtion	nal pages as needed.	
Facility / Plant Nar	ne	Class Pl	DWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 10271			
	r you're current address on the lines below and, if neces	sary,	Certification below will		23	
correct the City, state and ZIP Code. Please print legibly.			The fee to receive	tifications: \$100		
			 Failure to complete or submit n requirements by the expiration result in an additional late for described in Section V. 		will	
I. CERTIFICATES TO	O RENEW:			Training Un	its	
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #	<i>t</i> :		
Number of Facilities (or Plant	ts) that you currently operate:		I am employe	ed by the Facility owner		
I am currently not operating a	my Facility	I pr	ovide contractual	services to the Facility		
Please provide the following	information about each Facility/Plant that you operate	. Use addtio	onal pages as need	ded.		
Facility / Plant Name		Class P	DWIS (Water)	NPDES (Wastewater)		



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This is page one of	of a two page form. Both pages must be completed and returned	Derator Certifcation Number: 10272			
	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) below will exp		
с	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			— requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT F	EMPLOYMENT INFORMATION				
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This is page one	of a two page form. Both pages must be completed and return	perator Certifcation Number: 10323			
JORDAN DOR	SEY		Certification(s) s	hown 11/1/2023	
	Please enter you're current address on the lines below and, if neces	ssary,	below will exp	ire on: 11/1/2025	
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
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Employer's Name:			Phone #:		
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Facility / Plant Nat	me	Class	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

This is page one of	f a two page form. Both pages must be completed and returned	d. Op	erator Certifcation	Number:	10469
	ease enter you're current address on the lines below and, if necessa	ary,	Certification(s below will e		11/1/2023
cc	prrect the City, state and ZIP Code. Please print legibly.		The fee to rend certi	ew these fications:	\$50
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V		iration date will al late fees as
I. CERTIFICA	TES TO RENEW:			т	raining Units
Certification Typ	De Category		Class	R	equired
OPERATOR	WASTEWATER COLLECTION		2	1	6
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed	by the Fa	cility owner
I am currently not o	perating any Facility	I pr	ovide contractual s	services to	the Facility
Please provide the f	following information about each Facility/Plant that you operate.	Use addtio	nal pages as neede	ed.	
Facility / Plant Nam	e	Class P	DWIS (Water) N	IPDES (W	Vastewater)



III. CONTINUING EDUCATION:

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

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Date

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 10471			
Pleas	JOSE ALEXANDER ZAVALA GUARDADO Please enter you're current address on the lines below and, if necessary			nown re on: 11/1/2023		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50		
			 requirements by the result in an address 	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 COLLECTION		2	24		
II. CURRENT EMI	PLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not oper	rating any Facility	I p	provide contractual serv	ices to the Facility		
Please provide the foll	owing information about each Facility/Plant that you operate. U	Jse addti	onal pages as needed.			
Facility / Plant Name	(Class	PDWIS (Water) NPD	DES (Wastewater)		



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of	of a two page form. Both pages must be completed and returned	perator Certifcation Number: 10654			
	Please enter you're current address on the lines below and, if necessa	ary,	Certification(s) below will exp		
с	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			 requirements by result in an ac 	lete or submit renewal the expiration date will Iditional late fees as ed 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 b	y the Facility owner	
I am currently not o	operating any Facility	I p	rovide contractual ser	vices to the Facility	
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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Email Address

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	nter you're current address on the lines below and, if neces	ssary,	Certification(s below will ex			
correct th	he City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these \$100 ications:		
			requirements by result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.		
I. CERTIFICATES	TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
SUPERINTENDENT	WATER TREATMENT		4	7		
II. CURRENT EMPLO	DYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Pl	ants) that you currently operate:		I am employed	by the Facility owner		
I am currently not operating	g any Facility	I pro	ovide contractual se	ervices to the Facility		
Please provide the following	ng information about each Facility/Plant that you operate	e. Use addtio	nal pages as neede	<i>d</i> .		
Facility / Plant Name		Class Pl	DWIS (Water) N	PDES (Wastewater)		



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This is page one of a two page form. Both pages must be completed and returned. Ope			Derator Certifcation Number: 10834		
Р	E VAN DE CRUIZE 'lease enter you're current address on the lines below and, if necess	ary,	Certification(s) s below will expi		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
			— requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
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This is page one of	of a two page form. Both pages must be completed and returned	l. Op	erator Certifcation	Number:	1088
CHARLES AMB	BROSE		Certification(s	11/1/2023	
	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.	ary,	below will e	xpire on:	11/1/2023
c	orrect the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these fications:	\$50
			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		iration date will al late fees as
I. CERTIFICA	ATES TO RENEW:			т	raining Units
Certification Ty	pe Category		Class	R	equired
TEMPORARY	WASTEWATER COLLECTION		2	24	4
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Number of Facilitie	es (or Plants) that you currently operate:		I am employed	l by the Fa	cility owner
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Please provide the	following information about each Facility/Plant that you operate. U	Use addtio	nal pages as neede	ed.	
Facility / Plant Nar	ne	Class P	DWIS (Water) N	NPDES (W	Vastewater)



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V. LATE FEES AND REINSTATEMENT

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This is page one	of a two page form. Both pages must be completed and return	perator Certification Number: 10912			
	se enter you're current address on the lines below and, if necessary	essary,	Certification(s) below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	these \$50	
			- requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner			
I am currently not operating any Facility			rovide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you operat	e. Use addti	onal pages as needed		
Facility / Plant Na	me	Class]	PDWIS (Water) NF	PDES (Wastewater)	



III. CONTINUING EDUCATION:

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This is page one	e of a two page form. Both pages must be completed and	returned. Oper	Derator Certifcation Number: 11330		
	HENDERSON Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	f necessary,	Certification(s) s below will exp	/ / / / / / /	
			The fee to renew certific	\$50	
			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification T	Type Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	2:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide th	ne following information about each Facility/Plant that you	operate. Use addtion	al pages as needed.		
Facility / Plant Name		Class PD	Class PDWIS (Water) NPDES (Wastewater)		



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TIMOTHY TH			Certification(s)	/ / / / / / / /	
	Please enter you're current address on the lines below and, if necessary,	sary,	below will exp	oire on: 11/1/2025	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	2:		Phone #:		
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This is page one of a two	erator Certifcatio	on Number:	11515		
	BADMUS Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	sary,	Certificatior below will	n(s) shown expire on:	11/1/2023
correct th			The fee to re cer	enew these tifications:	\$50
			Failure to complete or submit rem requirements by the expiration dat result in an additional late fees described in Section V.		piration date will al late fees as
I. CERTIFICATES	TO RENEW:			т	raining Units
Certification Type	Category		Class		equired
TEMPORARY	WASTEWATER TREATMENT		5	4	5
TEMPORARY	WASTEWATER TREATMENT		А	2	4
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:			Phone #	<i>‡</i> :	
Number of Facilities (or Pl	lants) that you currently operate:		I am employ	ed by the Fa	acility owner
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Facility / Plant Name		Class P	DWIS (Water)	NPDES (V	Wastewater)



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The fee to renew these \$50	ire on: 11/1/2023		
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	e enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	1 1 / 1 / 1 / 2 1 / 3 = 1	
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			 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 Typ	e Category		Class	Required	
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V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one of a two pag	ge form. Both pages must be completed and returned	. Operator Certifcatio	on Number: 11518
JASON ANDREW HAWKINS Please enter you're current address on the lines below and, if necessary		ry, Certification	n(s) shown l expire on: 11/1/2023
correct the C	ity, state and ZIP Code. Please print legibly.	The fee to receive	enew these \$50
		requirements result in a	omplete or submit renewal by the expiration date will an additional late fees as ribed in Section V.
I. CERTIFICATES TO			Training Units
Certification Type	Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT EMPLOYN	MENT INFORMATION		
Employer's Name:		Phone #	¥:
Number of Facilities (or Plants) that you currently operate:	I am employ	ed by the Facility owner
I am currently not operating an	y Facility	I provide contractua	l services to the Facility
Please provide the following in	formation about each Facility/Plant that you operate. U	Use addtional pages as nee	ded.
Facility / Plant Name		Class PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

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

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- 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.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of a	two page form. Both pages must be completed and returne	ed. Ope	rator Certifcation Nu	umber: 11519	
	Please enter you're current address on the lines below and, if necessary		Certification(s) s below will expi		
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
		requirements by result in an a		ete or submit renewal he 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		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not ope	any Facility	I pro	rovide contractual services to the Facility		
Please provide the fol	lowing information about each Facility/Plant that you operate.	. Use addtion	al pages as needed.		
Facility / Plant Name		Class PE	OWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one o	f a two page form. Bot	h pages must be completed and return	rned. O	perator Certifcation N	Number: 1152
JAMES R. LARIMORE, JR. Please enter you're current address on t			cessary,	Certification(s) below will ex	
CC	orrect the City, state and	ZIP Code. Please print legibly.		The fee to renew certific	w these \$50 cations:
					olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	TES TO RENEW	<u>.</u>			Training Units
Certification Typ	pe	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		А	16
II. CURRENT E	MPLOYMENT INF	ORMATION			
Employer's Name:				Phone #:	
Number of Facilitie	s (or Plants) that you cur	rently operate:		I am employed b	by the Facility owner
I am currently not o	perating any Facility		Ιp	provide contractual se	rvices to the Facility
Please provide the j	following information al	pout each Facility/Plant that you oper	ate. Use addti	onal pages as needea	1.
Facility / Plant Nam	ne		Class	PDWIS (Water) NI	PDES (Wastewater)
_					



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one	of a two page form. Both pages must be	completed and returned.	Operator Certifcatio	on Number: 115	20
	Please enter you're current address on the		Certification below will	n(s) shown l expire on: 11/	′1/2023
correct the City,	correct the City, state and ZIP Code. Pleas	e print legibly.	The fee to receive	enew these \$10 tifications:	0
			requirements result in a	Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.	
	ATES TO RENEW:				ng Units
Certification T	ype Category		Class	Requii	red
TEMPORARY	WATER TREA	TMENT	4	45	
TEMPORARY	WASTEWATE	R TREATMENT	5	45	
TEMPORARY	WASTEWATE	R TREATMENT	A	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #	#:	
Number of Facilit	ies (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 F	acility
Please provide th	e following information about each Facilit	y/Plant that you operate. Use ad	dtional pages as nee	eded.	
Facility / Plant Na	ume	Class	PDWIS (Water)	NPDES (Wastew	vater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one	of a two page form. Both pages must be completed and returned.	Ope	erator Certifcation N	Number: 11521
	Please enter you're current address on the lines below and, if necessary,	ζ,	Certification(s) below will ex	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these \$50 cations:
			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.	
	ATES TO RENEW:			Training Units
Certification Ty	vpe Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT H	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility	I pro	ovide contractual se	ervices to the Facility
Please provide the	following information about each Facility/Plant that you operate. Use	e addtion	nal pages as needed	<i>d.</i>
Facility / Plant Nar	me Cla	lass Pl	DWIS (Water) NI	PDES (Wastewater)



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This is page one	e of a two page form. Bot	h pages must be completed and ret	urned. (Operator Certifcation	Number: 11522
NICHOLAS YOCOM Please enter you're current address on			ecessary,	Certification(s below will e	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rend certif	ew these \$50 fications:
				requirements b result in an	pplete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFIC	CATES TO RENEW	<u>-</u>			Training Units
Certification T	уре	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
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Employer's Name	2:			Phone #:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed	by the Facility owner
I am currently no	t operating any Facility		Ι	provide contractual s	ervices to the Facility
Please provide th	ne following information al	pout each Facility/Plant that you ope	erate. Use addi	tional pages as neede	ed.
Facility / Plant Na	ame		Class	PDWIS (Water) N	IPDES (Wastewater)



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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page or	ne of a two page form. Bot	h pages must be completed and retu	rned. O	perator Certifcation N	Number: 11523
	Please enter you're curren	e current address on the lines below and, if necessary,		Certification(s) below will ex	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rene certifi	w these \$50 cations:
				 requirements by result in an a 	olete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW	<u>.</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURREN	Г EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cur	rrently operate:		I am employed	by the Facility owner
I am currently n	ot operating any Facility		I p	rovide contractual se	rvices to the Facility
Please provide	the following information al	oout each Facility/Plant that you oper	ate. Use addti	onal pages as needed	<i>l</i> .
Facility / Plant 1	Name		Class	PDWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 11524			
JONATHAN HAIDEN GAY Please enter you're current address on the lines below				Certification(s) shown below will expire on: 11/1/2023		
cor	rect the City, state and I	ZIP Code. Please print legibly		The fee to rer	new these \$100	
				requirements result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.	
I. CERTIFICAT	TES TO RENEW:				Training Units	
Certification Type	2	Category		Class	Required	
TEMPORARY		WATER TREATMENT		3	45	
TEMPORARY		WASTEWATER TREATMEN	IT	5	45	
TEMPORARY		WASTEWATER TREATMEN	IT	А	24	
II. CURRENT EM	IPLOYMENT INFO	ORMATION				
Employer's Name:				Phone #:		
Number of Facilities	(or Plants) that you cur	cently operate:		I am employe	d by the Facility owner	
I am currently not ope	erating any Facility			I provide contractual	services to the Facility	
Please provide the fo	llowing information ab	out each Facility/Plant that ye	ou operate. Use ad	dtional pages as need	led.	
Facility / Plant Name			Class	PDWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- 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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one	of a two page form. Both pages must be completed and returned.	. Op	erator Certifcation N	umber: 11533	
	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp		
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or submit renews requirements by the expiration date w result in an additional late fees as described in Section V.		
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	vpe Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		1	0	
II. CURRENT H	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 pr	ovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate. U	Jse addtio	nal pages as needed.		
Facility / Plant Nar	me C	Class P	DWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page on	e of a two page form. Both pages must be completed and returned.	Ope	erator Certifcation	n Number:	11542
	Please enter you're current address on the lines below and, if necessary,		Certification below will		11/1/2023
	correct the City, state and ZIP Code. Please print legibly.		The fee to re	new these tifications:	\$50
			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.		
	CATES TO RENEW:				raining Units
Certification ⁻	Type Category		Class	R	equired
TEMPORARY	WATER TREATMENT		4	4	5
II. CURRENT	SEMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #	:	
Number of Facil	ities (or Plants) that you currently operate:		I am employe	ed by the F	acility owner
I am currently no	ot operating any Facility	I pro	ovide contractual	services to	o the Facility
Please provide th	he following information about each Facility/Plant that you operate. Use	e addtion	nal pages as need	ded.	
Facility / Plant N	Vame Clas	ass PI	OWIS (Water)	NPDES (V	Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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

This is page one	of a two page form. Both pages must be completed and returned	d. Op	perator Certifcation 1	Number: 11551	
	Please enter you're current address on the lines below and, if necess	ary,	Certification(s) below will ex		
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these \$50	
			Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.		
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	t operating any Facility	I pi	rovide contractual se	ervices to the Facility	
Please provide th	e following information about each Facility/Plant that you operate.	Use addtio	onal pages as needed	<i>d</i> .	
Facility / Plant Na	ame	Class I	PDWIS (Water) N	PDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Date

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This is page one of a tw	vo page form. Both pages must be completed and returned.	Ope	erator Certifcation Nu	umber: 11554	
	enter you're current address on the lines below and, if necessary	у,	Certification(s) s below will exp	11/1/201/3	
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFICATES	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT EMPI	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or 1	Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operation	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. U	se addtion	al pages as needed.		
Facility / Plant Name	С	Class PI	OWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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This is page one	of a two page form. Bot	Dperator Certification Number: 11555				
	Please enter you're curren	you're current address on the lines below and, if necessar	essary,	Certification(s below will e		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50		
				Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.		
I. CERTIFIC	ATES TO RENEW	<u>:</u>			Training Units	
Certification T	уре	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	:			Phone #:		
Number of Facilit	ties (or Plants) that you cur	rrently operate:		I am employed	by the Facility owner	
I am currently not operating any Facility			I p	provide contractual services to the Facility		
Please provide the	e following information al	bout each Facility/Plant that you opera	te. Use addtio	onal pages as neede	ed.	
Facility / Plant Na	ame		Class 1	PDWIS (Water) N	IPDES (Wastewater)	



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Applicant's Signature

Date

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This is page on	e of a two page form. Both p	perator Certification Number: 11556				
THOMAS JO	Please enter you're current a	're current address on the lines below and, if necessar state and ZIP Code. Please print legibly.	ssary,	Certification(s) sh below will expir	e on: 11/1/2023	
	contect the enty, state and Zh Code. I lease print regiony.			The fee to renew these certifications: \$50		
				 requirements by th result in an add 	te or submit renewal le expiration date will litional late fees as in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification 7	Гуре С	ategory		Class	Required	
TEMPORARY	V	VASTEWATER TREATMENT		5	45	
TEMPORARY	V	VASTEWATER TREATMENT		А	24	
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ities (or Plants) that you current	ntly operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			Ιp	provide contractual services to the Facility		
Please provide th	he following information about	nt each Facility/Plant that you operate	e. Use addti	onal pages as needed.		
Facility / Plant N	ame		Class	PDWIS (Water) NPD	ES (Wastewater)	



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This is page one	e of a two page form. Both pages must be completed and ret	urned. (Operator Certifcation N	Jumber: 1196	
SHAWN JORDAN			Certification(s)		
	Please enter you're current address on the lines below and, if n correct the City, state and ZIP Code. Please print legibly.	ecessary,	below will exp	pire on:	
	confoct the Chy, state and Zhr Code. I lease print regiony.		The fee to renew certific	w these \$50 cations:	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not	t operating any Facility	Ι	provide contractual se	rvices to the Facility	
Please provide th	e following information about each Facility/Plant that you ope	erate. Use addi	tional pages as needed	!.	
Facility / Plant Na	ame	Class	PDWIS (Water) NF	DES (Wastewater)	



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LILIAN KRES	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) s below will exp		
			The fee to renew certifica		
				Failure to complete or submit n requirements by the expiration result in an additional late for described in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification 7	Гуре Са	itegory		Class	Required
TEMPORARY	W	ATER TREATMENT		2	24
OPERATOR	W	ASTEWATER TREATMENT		3	30
II. CURRENT	EMPLOYMENT INFOR	MATION			
Employer's Name	2:			Phone #:	
Number of Facili	ties (or Plants) that you curren	tly operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility		I p	rovide contractual serv	vices to the Facility
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	Please enter you're current	you're current address on the lines below and, if necess	necessary,		Certification(s) shown below will expire on: 11/1/2023		
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I. CERTIFIC	ATES TO RENEW:				1	Fraining Units	
Certification T	уре	Category		Class		Required	
OPERATOR		WASTEWATER TREATMENT		5	3	80	
OPERATOR		WASTEWATER TREATMENT		А	1	.6	
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Employer's Name	:			Phone	#:		
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employ	red by the F	acility owner	
I am currently not	t operating any Facility		Ι	provide contractua	l services t	o the Facility	
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Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)	



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	Please enter you're current address on the lines below and, if necessar	ıry,	Certification(s) shown below will expire on: 11/1/2		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	/pe Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. U	Use addtio	nal pages as needed.		
Facility / Plant Nat	me	Class P	DWIS (Water) NPI	DES (Wastewater)	



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This is page one	of a two page form. Both pages must be completed an	nd returned.	Operator Certifcation	Number: 1227
STUART JOHN	ISON		Certification(
	Please enter you're current address on the lines below an correct the City, state and ZIP Code. Please print legibly		below will e	expire on:
concer the enty, state and Zh Code. I lease print legioly.			The fee to ren certi	ew these fications: \$50
			requirements h result in an	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	vpe Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATE	R	2	0
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed	l by the Facility owner
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Facility / Plant Nar	me	Class	PDWIS (Water) N	NPDES (Wastewater)



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This is page on	e of a two page form. Bot	h pages must be completed and retu	rned. O	perator Certifcatio	n Number:	1363
JACOB BRYA	Please enter you're curren	I're current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.	cessary,	Certification below will The fee to re	expire on:	
					tifications:	\$100
				 Failure to complete or submit representation of the expiration of the e		piration date will al late fees as
I. CERTIFIC	CATES TO RENEW	<u>.</u>			т	raining Units
Certification	Туре	Category		Class		equired
OPERATOR		WASTEWATER COLLECTION		2	1	6
OPERATOR		WATER DISTRIBUTION		1	1	6
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	le:			Phone #	±:	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employe	ed by the F	acility owner
I am currently no	ot operating any Facility		Ιı	provide contractual services to the Facility		
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Facility / Plant N	Vame		Class	PDWIS (Water)	NPDES (V	Wastewater)



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	se enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will expi		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
I. CERTIFICATI	ES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
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	
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JOSHUA QUESENBERY Please enter you're current address on the lines below and, correct the City, state and ZIP Code. Please print legibly.		у,	Certification(s) shown below will expire on: 11/1/2023		
concet the City, state and Zir Code. I lease print regiony.			The fee to renew certific	\$100	
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES T	O RENEW:			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER COLLECTION		2	7	
SUPERINTENDENT	WATER DISTRIBUTION		1	7	
II. CURRENT EMPLOY	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	y the Facility owner	
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Facility / Plant Name	C	lass P	DWIS (Water) NPI	DES (Wastewater)	



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	Please enter you're curren	t address on the lines below and, if nec	essary,	Certification(s) shown below will expire on:		11/1/2023
	correct the City, state and	ZIP Code. Please print legibly.		The fee to ren cert	\$50	
				 Failure to complete or submit re- requirements by the expiration d result in an additional late feed described in Section V. 		ration date will I late fees as
I. CERTIFIC	ATES TO RENEW	<u>.</u>			Tr	aining Units
Certification T	уре	Category		Class	Re	equired
OPERATOR		WASTEWATER TREATMENT		5	30)
OPERATOR		WASTEWATER TREATMENT		А	16	;
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	:			Phone #:	:	
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am employe	d by the Fa	cility owner
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This is page one of a	two page form. Both pages must be completed and returned	d. Ope	rator Certifcation N	umber: 2249	
	se enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
			 Failure to complete or submit re- requirements by the expiration d result in an additional late fee described in Section V. 		
I. CERTIFICATI	ES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		А	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
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	provide contractual services 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 PE	OWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 2299		
	you're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO) RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT 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	y Facility	I pr	provide contractual services to the Facility		
Please provide the following in	nformation about each Facility/Plant that you operate. U	Jse addtio	nal pages as needed.		
Facility / Plant Name	0	Class P	DWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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Please ve	rify your information shown on this application and mak	ke any corrections as needed.		
This is page one of a two page f	form. Both pages must be completed and returned.	Operator Certifcation Nur	mber: 2326	
	a're current address on the lines below and, if necessary,	Certification(s) sh below will expir		
correct the City	, state and ZIP Code. Please print legibly.	The fee to renew t certificat	\$100	
		Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		
I. CERTIFICATES TO F			Training Units	
Certification Type	Category	Class	Required	
SUPERINTENDENT	WASTEWATER COLLECTION	2	7	
SUPERINTENDENT	WATER DISTRIBUTION	1	7	
SUPERINTENDENT	WATER TREATMENT	2	7	
SUPERINTENDENT	WASTEWATER TREATMENT	5	7	
SUPERINTENDENT	WASTEWATER TREATMENT	А	7	
II. CURRENT EMPLOYME	ENT INFORMATION			
Employer's Name:		Phone #:		
Number of Facilities (or Plants) th	nat you currently operate:	I am employed by	the Facility owner	
I am currently not operating any F	Facility	I provide contractual servi	ices to the Facility	
Please provide the following info	rmation about each Facility/Plant that you operate. Use	addtional pages as needed.		
Facility / Plant Name	Cla	ss PDWIS (Water) NPD	ES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 2338		
CHRISTOPHER	R W. LEIDY			Certification(s) s	/ / / / /
Please enter you're current address on the lines below and, if neces correct the City, state and ZIP Code. Please print legibly.			essary,	below will exp	ire on: 11/1/2023
			The fee to renew certific	\$50	
				requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification T	ype C	ategory		Class	Required
OPERATOR	11	IDUSTRIAL WASTEWATER		5	30
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Name	:			Phone #:	
Number of Facilit	ties (or Plants) that you current	ntly operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility]	provide contractual serv	vices to the Facility
Please provide the	e following information abou	t each Facility/Plant that you opera	te. Use add	ltional pages as needed.	
Facility / Plant Na	ame		Class	PDWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Date

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Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 2428		
	u're current address on the lines below and, if necessar	у,	Certification(s) below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V		
I. CERTIFICATES TO F	RENEW:			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
SUPERINTENDENT	WASTEWATER TREATMENT		А	7	
II. CURRENT EMPLOYME	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) th	hat you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any F	Facility	I pro	provide contractual services to the Facility		
Please provide the following info	rmation about each Facility/Plant that you operate. U	se addtio	nal pages as needed.		
Facility / Plant Name	C	Class Pl	DWIS (Water) NP	DES (Wastewater)	



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This is page one of a two pag	e form. Both pages must be completed and re	eturned. (Operator Certifcation Nu	umber: 2556
-	you're current address on the lines below and, if	necessary,	Certification(s) s below will exp	
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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. CERTIFICATES TO				Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT EMPLOYN	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)) that you currently operate:		I am employed by	the Facility owner
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Op			perator Certifcation Number: 2609		
	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
SUPERINTENDEN	NT WATER TREATMENT		4	7	
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 operate. U	se addtio	nal pages as needed.		
Facility / Plant Nat	me C	Class P	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page one	of a two page form. Both pages must be completed and returned	Dperator Certifcation Number: 2684		
	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50
			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
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ERIC POOL	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
			The fee to renew certifica	\$50
			 requirements by t result in an ad 	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	CATES TO RENEW:		_	Training Units
Certification ⁻	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	SEMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide ti	he following information about each Facility/Plant that you operate.	Use addti	onal pages as needed.	
Facility / Plant N	lame	Class 1	PDWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a	a two page form. Both pages must be completed and returned	Dperator Certification Number: 2758			
EDWARD JEWELL, III Please enter you're current address on the lines below and, if necess			Certification(s) s below will exp	/ / / / /	
correct the City, state and ZIP Code. Please print legibly.		y,	The fee to renew these certifications: \$50		
				 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. 	
I. CERTIFICAT	TES TO RENEW:			Training Units	
Certification Type	e Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not ope	erating any Facility	I pro	ovide contractual serv	vices to the Facility	
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Facility / Plant Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Date

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This is page one of a two page form. Both pages must be completed and returned. Ope			perator Certifcation Number: 2933		
NADIR AL-SA	Please enter you're curren	current address on the lines below and, if necessar	cessary,	Certification(below will	
	correct the City, state and ZIP Code. Please print legibly.			The fee to rer cert	new these \$100
				requirements result in ar	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification 7	Гуре	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	ð:			Phone #:	:
Number of Facili	ties (or Plants) that you cu	rrently operate:		I am employe	d by the Facility owner
I am currently not operating any Facility I prov			provide contractual	services to the Facility	
Please provide th	he following information al	oout each Facility/Plant that you oper	ate. Use addi	tional pages as need	led.
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (Wastewater)



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This is page one	of a two page form. Both pages must be completed and returned	perator Certifcation Number: 3072			
JAMES C TURNER Please enter you're current address on the lines below and, if necessa			Certification(s) s below will exp		
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Certification T	ype Category		Class	Required	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Op			perator Certifcation Number: 3203		
	lease enter you're current address on the lines below and, if necessa	ary,	Certification(s) below will exp		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			Failure to complete or submit rem requirements by the expiration dat result in an additional late fees described in Section V.		
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	pe Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		1	16	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not o	operating any Facility	I pro	ovide contractual ser	vices to the Facility	
Please provide the j	following information about each Facility/Plant that you operate.	Use addtion	al pages as needed		
Facility / Plant Nam	ne	Class PI	OWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page one of a two page form. Both pages must be completed and returned. Op			perator Certifcation Number: 3342		
	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) s below will exp		
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	rpe Category		Class	Required	
SUPERINTENDEN	IT WATER TREATMENT		4	7	
II. CURRENT F	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate. U.	se addtio	onal pages as needed.		
Facility / Plant Nar	me C	lass P	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 3354		
5	t address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 11/1/2023		
correct the City, state and	ZIP Code. Please print legibly.		The fee to rend certif	ew these \$50 fications:	
			 requirements b result in an 	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFICATES TO RENEW:			Training Units		
Certification Type	Category		Class	Required	
SUPERINTENDENT	WATER TREATMENT		3	7	
SUPERINTENDENT	WATER TREATMENT		4	7	
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you cu	rrently operate:		I am employed	by the Facility owner	
I am currently not operating any Facility		I p	rovide contractual s	ervices to the Facility	
Please provide the following information a	bout each Facility/Plant that you ope	rate. Use addtio	onal pages as neede	ed.	
Facility / Plant Name		Class 1	PDWIS (Water) N	IPDES (Wastewater)	



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned. Op			perator Certifcation Number: 3436		
	ease enter you're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp	/ / / / /	
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	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	Ιp	provide contractual services to the Facility		
Please provide the fo	ollowing information about each Facility/Plant that you operate. U	Jse addtio	onal pages as needed.		
Facility / Plant Name	e (Class I	PDWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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BRIAN DONAWAY Certification(s) shown below will expire on: 11/1/2023 Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. Certification(s) shown below will expire on: 11/1/2023 The fee to renew these certifications: \$50	erator Certifcation Number: 3630			This is page one of a two page form. Both pages must be completed and returned. Ope		
The fee to renew these \$50	/2023					Please enter
		\$50		legibly.	ity, state and ZIP Code. Please print	correct the C
requirements by the expiration date wi result in an additional late fees as described in Section V.	date will lees as					
I. CERTIFICATES TO RENEW: Training Units	g Units	Training		I. CERTIFICATES TO RENEW:		
Certification Type Category Class Required	d	Required	Class		Category	Certification Type
OPERATOR WATER TREATMENT 4 30		30	4		WATER TREATMEN	OPERATOR
II. CURRENT EMPLOYMENT INFORMATION					MENT INFORMATION	II. CURRENT EMPLOYN
Employer's Name: Phone #:		ŧ:	Phone #			Employer's Name:
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner	wner	ed by the Facility own	I am employe		s) that you currently operate:	Number of Facilities (or Plants
I am currently not operating any Facility I provide contractual services to the Facility	rovide contractual services to the Facility				ny Facility	I am currently not operating an
Please provide the following information about each Facility/Plant that you operate. Use addtional pages as needed.		ded.	ltional pages as need	that you operate. Use add	nformation about each Facility/Plan	Please provide the following in
Facility / Plant NameClassPDWIS (Water)NPDES (Wastewater)	.ter)	NPDES (Wastewater	PDWIS (Water)	Class		Facility / Plant Name



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Name and Certification Number of Operator in Responsible Charge:

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	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp		
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT F	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
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Facility / Plant Nar	ne	Class 1	PDWIS (Water) NPI	DES (Wastewater)	



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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

This is page one of a two page form. Both pages must be completed and returned. Op			perator Certifcation Number: 3771		
STEVEN C GRI	EENE Please enter you're current address on the lines below and, if necessa	ary,	Certification(s below will e		
	correct the City, state and ZIP Code. Please print legibly.		The fee to rend certif	ew these fications: \$50	
			Failure to complete or submit renews requirements by the expiration date w result in an additional late fees as described in Section V.		
I. CERTIFICATES TO RENEW:				Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	I pi	provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you operate.	Use addtio	onal pages as neede	ed.	
Facility / Plant Na	me	Class I	PDWIS (Water) N	IPDES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

This is page one of a two pag	e form. Both pages must be completed and returned	I. Operator Certification Num	Operator Certification Number: 3792			
	you're current address on the lines below and, if necessa	Certification(s) sho ry, below will expire				
correct the Ci	ity, state and ZIP Code. Please print legibly.	The fee to renew th certificati	\$100			
		requirements by th result in an add	e or submit renewal e expiration date will itional late fees as in Section V.			
I. CERTIFICATES TO	RENEW:		Training Units			
Certification Type	Category	Class	Required			
SUPERINTENDENT	WASTEWATER TREATMENT	5	7			
SUPERINTENDENT	WASTEWATER TREATMENT	А	7			
OPERATOR	WASTEWATER TREATMENT	А	16			
OPERATOR	WASTEWATER TREATMENT	5	30			
II. CURRENT EMPLOYN	MENT INFORMATION					
Employer's Name:		Phone #:				
Number of Facilities (or Plants)) that you currently operate:	I am employed by t	he Facility owner			
I am currently not operating any	y Facility	I provide contractual service	ces to the Facility			
Please provide the following in	formation about each Facility/Plant that you operate.	Use addtional pages as needed.				
Facility / Plant Name		Class PDWIS (Water) NPDH	ES (Wastewater)			



III. CONTINUING EDUCATION:

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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Email Address

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

This is page one of a two page form. Both pages must be completed and returned. Ope			erator Certifcation Number: 3835		
	Please enter you're current address on the lines below and, if necessa	ıry,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			Failure to complete or submit renewa requirements by the expiration date we result in an additional late fees as described in Section V.		
I. CERTIFICATES TO RENEW:			Training Units		
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	Ιp	rovide contractual services to the Facility		
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Facility / Plant Na	me	Class	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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5	ou're current address on the lines below and, if nece	essary,	Certification(s) s below will exp			
correct the Cit	y, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50		
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional 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	y the Facility owner		
I am currently not operating any	Facility	Ι	provide contractual serv	rovide contractual services to the Facility		
Please provide the following info	ormation about each Facility/Plant that you operate	e. Use add	ltional pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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DONNA BRC	WN Please enter you're current address on the line correct the City, state and ZIP Code. Please pr		Certification(s below will ex The fee to rene	xpire on: 11/1/2023		
			Failure to complete or submit renews requirements by the expiration date w result in an additional late fees as described in Section V.			
I. CERTIFICATES TO RENEW:			Training Units			
Certification ⁻	Type Category		Class	Required		
OPERATOR	WASTEWATER TI	REATMENT	5	30		
OPERATOR	WASTEWATER TI	REATMENT	А	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	2:		Phone #:			
Number of Facil	ties (or Plants) that you currently operate:		I am employed	by the Facility owner		
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Please provide t	ne following information about each Facility/Pa	lant that you operate. Use add	ltional pages as neede	<i>d</i> .		
Facility / Plant N	ame	Class	PDWIS (Water) N	PDES (Wastewater)		



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This is page one of a	two page form. Both pages must be completed and returne	ed. Operator Certification Number	r: 4195		
ERIC K GUETTLE	R	Certification(s) show	¹ 11/1/2022		
	ase enter you're current address on the lines below and, if necess	sary, below will expire or	n: 11/1/2023		
corr	rect the City, state and ZIP Code. Please print legibly.	The fee to renew thes certification	\$50		
		Failure to complete o requirements by the e result in an additio described in	xpiration date will onal late fees as		
I. CERTIFICATES TO RENEW:			Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WASTEWATER TREATMENT	А	16		
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants) that you currently operate:	I am employed by the	Facility owner		
I am currently not ope	erating any Facility	I provide contractual services	rovide contractual services to the Facility		
Please provide the fol	lowing information about each Facility/Plant that you operate.	. Use addtional pages as needed.			
Facility / Plant Name		Class PDWIS (Water) NPDES	(Wastewater)		



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VII. APPLICANT'S STATEMENT

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

This is page one of a two page form. Both pages must be completed and returned. Ope			erator Certifcation Number: 4233		
	ease enter you're current address on the lines below and, if necessa	ary,	Certification(s) below will exp		
со	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these \$50	
			Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not op	perating any Facility	I pr	rovide contractual services to the Facility		
Please provide the fo	ollowing information about each Facility/Plant that you operate. U	Use addtio	nal pages as needed		
Facility / Plant Name	e	Class P	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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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	perator Certifcation Number: 4707			
MARK J. PROCTOR Please enter you're current address on the lines below and, if necessa				Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these \$50 cations:
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification T	ype Categ	Jory		Class	Required
SUPERINTENDE	NT WATE	R TREATMENT		4	7
II. CURRENT	EMPLOYMENT INFORMA	ATION			
Employer's Name	2:			Phone #:	
Number of Facili	ties (or Plants) that you currently of	operate:		I am employed b	by the Facility owner
I am currently no	t operating any Facility		Ι	provide contractual set	rvices to the Facility
Please provide th	e following information about eac	h Facility/Plant that you operc	ate. Use add	tional pages as needed	'.
Facility / Plant N	ame		Class	PDWIS (Water) NF	DES (Wastewater)



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

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

This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certification Number: 4747		
JOHN ANTHON	Y CICHOCKI	Certification(s)	shown 11/1/2023			
Please enter you're current address on the lines below and, if necessar				below will exp	ire on: 11/1/2025	
correct the City, state and ZIP Code. Please print legibly.				The fee to renew certific	\$50	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICA	TES TO RENEW:				Training Units	
Certification Ty	pe Categor	У		Class	Required	
OPERATOR	INDUST	RIAL WASTEWATER		6	16	
II. CURRENT E	MPLOYMENT INFORMAT	ION				
Employer's Name:				Phone #:		
Number of Facilitie	es (or Plants) that you currently ope	rate:		I am employed b	y the Facility owner	
I am currently not o	operating any Facility		I pr	ovide contractual ser	vices to the Facility	
Please provide the	following information about each l	Facility/Plant that you operate.	. Use addtio	nal pages as needed.		
Facility / Plant Nar	ne		Class P	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Date

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Email Address

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This is page one of a two page for	Operator Certifcation Number: 5796					
5	re current address on the lines below and, i	f necessary,	Certification(s) s below will exp			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50			
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFICATES TO R	ENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER TREATMENT		1	16		
II. CURRENT EMPLOYME	NT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that	at you currently operate:		I am employed by	y the Facility owner		
I am currently not operating any Fa	acility	I	provide contractual ser-	vices to the Facility		
Please provide the following inform	mation 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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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of	Operator Certification Number: 6272				
MARK M DURRETT, SR. Please enter you're current address on the lines below and, if nece			Certification below will	n(s) shown l expire on:	11/1/2023
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$100		
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section		oiration date will al late fees as
I. CERTIFICA	<u>FES TO RENEW:</u>			т	raining Units
Certification Type	e Category		Class	R	equired
SUPERINTENDENT	WATER TREATMENT		4	7	
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
SUPERINTENDENT	WASTEWATER TREATMENT		А	7	
II. CURRENT EN	IPLOYMENT INFORMATION				
Employer's Name:			Phone #	#:	
Number of Facilities	(or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner
I am currently not op	erating any Facility	Ij	provide contractua	l services to	the Facility
Please provide the fo	llowing information about each Facility/Plant that you oper	rate. Use addt	ional pages as nee	eded.	
Facility / Plant Name	:	Class	PDWIS (Water)	NPDES (W	Wastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one of a two page form. Both pages must be completed and returned. Op					perator Certifcation Number: 6880			
LISA C. KNIGHT Please enter you're current address on the lines below and, if nece			essary,	Certification below will	n(s) shown l expire on:	11/1/2023		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$100				
				 Failure to complete or submit re requirements by the expiration data result in an additional late fee described in Section V. 		piration date will al late fees as		
I. CERTIFIC	CATES TO RENEW	<u>.</u>			г	raining Units		
Certification 1	Туре	Category		Class		Required		
OPERATOR		WASTEWATER COLLECTION		2	1	.6		
OPERATOR		WATER TREATMENT		2	1	.6		
II. CURRENT	EMPLOYMENT INF	ORMATION						
Employer's Name	2:			Phone #	#:			
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner		
I am currently not operating any Facility I pr			rovide contractual services to the Facility					
Please provide th	ne following information al	pout each Facility/Plant that you opera	te. Use addti	onal pages as nee	eded.			
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)		



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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



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

This is page one of a tv	wo page form. Both pages must be completed and returned.	Ope	Operator Certification Number: 7234			
WILLIAM H. GUNN, JR. Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) shown below will expire on: 11/1/2023 The fee to renew these certifications: \$50			
I. CERTIFICATES	S TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		А	16		
OPERATOR	WASTEWATER TREATMENT		5	30		
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 operating any Facility			provide contractual services to the Facility			
Please provide the follow	wing information about each Facility/Plant that you operate. U	se addtior	nal pages as neede	d.		
Facility / Plant Name	C	Class PI	OWIS (Water) N	PDES (Wastewater)		



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of a	two page form. Both pages must be completed and returne	ed. Operator Certification Number:	7336
RALPH E. GRIFFIN	se enter you're current address on the lines below and, if necess	certification(s) shown below will expire on:	11/1/2023
	ect the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$50
		Failure to complete or requirements by the exp result in an addition described in Se	biration date will al late fees as
I. CERTIFICAT	ES TO RENEW:		raining Units
Certification Type	Category	Class R	equired
OPERATOR	WASTEWATER TREATMENT	5 3	0
OPERATOR	WASTEWATER TREATMENT	A 1	6
II. CURRENT EM	PLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants) that you currently operate:	I am employed by the Fa	acility owner
I am currently not open	rating any Facility	I provide contractual services to	the Facility
Please provide the foll	owing information about each Facility/Plant that you operate.	. Use addtional pages as needed.	
Facility / Plant Name		Class PDWIS (Water) NPDES (W	Vastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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Email Address

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 7569			
	enter you're current address on the lines below and, if neces	sary,		Certification(s) shown below will expire on: 11/1		
correct	the City, state and ZIP Code. Please print legibly.		The fee to rec	\$100		
		Failure to complete or subn requirements by the expirati result in an additional lat described in Section		piration date will nal late fees as		
I. CERTIFICATES TO RENEW:				٦	Fraining Units	
Certification Type	Category		Class		Required	
SUPERINTENDENT	WASTEWATER COLLECTION		2	7	7	
SUPERINTENDENT	WATER DISTRIBUTION		1	7	7	
II. CURRENT EMPL	LOYMENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities (or I	Plants) that you currently operate:		I am employ	ed by the F	Facility owner	
I am currently not operati	ing any Facility	Ιp	provide contractua	l services t	o the Facility	
Please provide the follow	ving information about each Facility/Plant that you operate	e. Use addti	onal pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	7905
REXFORD T. POWELL Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	11/1/2023
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

	described	— described in Section V.		
I. CERTIFICATES TO REI Certification Type	<u>NEW:</u> Category	Class	Training Units Required	
OPERATOR	WASTEWATER TREATMENT	5	30	
SUPERINTENDENT	WASTEWATER TREATMENT	3	7	
SUPERINTENDENT	WATER TREATMENT	5	7	
SUPERINTENDENT	WATER TREATMENT	4	7	
OPERATOR	WASTEWATER TREATMENT	А	16	
OPERATOR	WATER TREATMENT	5	16	
OPERATOR	WATER TREATMENT	4	30	
OPERATOR	INDUSTRIAL WASTEWATER	5	30	
OPERATOR	WASTEWATER COLLECTION	2	16	
SUPERINTENDENT	WASTEWATER TREATMENT	5	7	
OPERATOR	WASTEWATER TREATMENT	4	30	

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name:	Phone #:		
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner	_	
I am currently not operating any Facility	I provide contractual services to the Facility		
Please provide the following information about each Facility/Plant that you op	perate. Use addtional pages as needed.		
Facility / Plant Name	Class PDWIS (Water) NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one	of a two page form. Both pages must be completed and returned	perator Certifcation Number: 8284			
LES THOMPSO	ON Please enter you're current address on the lines below and, if necessa	ury,	Certification(s below will e		11/1/2023
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements b result in an	y the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFIC	ATES TO RENEW:			т	raining Units
Certification Ty	ype Category		Class	R	equired
OPERATOR	WASTEWATER COLLECTION		2	1	6
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Fa	acility owner
I am currently not	operating any Facility	I pı	ovide contractual s	services to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Use addtic	onal pages as neede	ed.	
Facility / Plant Na	ime	Class F	DWIS (Water) N	IPDES (W	Vastewater)



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This is page one	This is page one of a two page form. Both pages must be completed and returned. Ope			perator Certifcation Number: 8420			
	Please 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 certifica	\$50			
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.			
I. CERTIFIC	ATES TO RENEW:			Training Units			
Certification Ty	ype Category		Class	Required			
TEMPORARY	WATER TREATMENT		G	7			
II. CURRENT	EMPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not	operating any Facility	Ιŗ	provide contractual serv	vices to the Facility			
Please provide the	e following information about each Facility/Plant that you operate	e. Use addti	ional pages as needed.				
Facility / Plant Na	me	Class	PDWIS (Water) NPI	DES (Wastewater)			



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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one	of a two page form. Both pages must be completed and return	perator Certifcation Number: 8622			
NATHAN E. GF			Certification(s)		
	Please enter you're current address on the lines below and, if neces correct the City, state and ZIP Code. Please print legibly.	ssary,	below will exp	bire on:	
	correct the City, state and ZIF Code. Please print legioly.		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. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	·		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	operating any Facility	I p	rovide contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate	e. Use addti	onal pages as needed.		
Facility / Plant Nat	me	Class	PDWIS (Water) NP	DES (Wastewater)	
-					



III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

This is page one of a two page form. Both pages must be completed and returned. Open				erator Certifcation Number: 8666		
JEFFREY RAY	KILBY Please enter you're current addres	s on the lines below and, if neces	ssary,	Certification(s) s below will exp	/ / / / /	
	correct the City, state and ZIP Co	de. Please print legibly.		The fee to renew certification	\$50	
			Failure to complete or sub requirements by the expira result in an additional l described in Sectio		the expiration date will ditional late fees as	
I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	ype Categ	Jory		Class	Required	
OPERATOR	WAST	EWATER TREATMENT		5	30	
II. CURRENT	EMPLOYMENT INFORM	ATION				
Employer's Name	:			Phone #:		
Number of Facili	ties (or Plants) that you currently of	operate:		I am employed by	the Facility owner	
I am currently not	t operating any Facility		Ιp	rovide contractual serv	vices to the Facility	
Please provide th	e following information about eac	h Facility/Plant that you operate	e. Use addti	onal pages as needed.		
Facility / Plant Na	ame		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Date

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Email Address

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This is page one	of a two page form. Both pages must be completed a	perator Certification	Number: 9191		
	Please enter you're current address on the lines below a		Certification(s below will ex		
correct the City, state and ZIP Code. Please print legibly.		у.	The fee to renew these certifications: \$50		
			 requirements by result in an 	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		5	16	
OPERATOR	WATER TREATMENT		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	I p	rovide contractual s	ervices to the Facility	
Please provide the	e following information about each Facility/Plant that y	ou operate. Use addti	onal pages as neede	d.	
Facility / Plant Na	ime	Class	PDWIS (Water) N	PDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 9266			
DAREN PROC	Please enter you're current address on t			Certificatio below wil	n(s) showr ll expire or		
	correct the City, state and ZIP Code. Pl	ease print legibly.		The fee to r ce	enew these ertifications	\$50	
				Failure to complete or submit requirements by the expiration result in an additional late described in Section V		xpiration date will nal late fees as	
I. CERTIFIC	CATES TO RENEW:					Training Units	
Certification 7	ype Category			Class		Required	
OPERATOR	WASTEWA	TER TREATMENT		5		30	
OPERATOR	WASTEWA	TER TREATMENT		А		16	
II. CURRENT	EMPLOYMENT INFORMATIO	N					
Employer's Name	2:			Phone	#:		
Number of Facili	ties (or Plants) that you currently operate	e:		I am employ	ed by the	Facility owner	
I am currently no	t operating any Facility		I provi	ide contractua	al services	to the Facility	
Please provide th	ne following information about each Fac	ility/Plant that you operate. Use	addtiona	l pages as nee	eded.		
Facility / Plant N	ame	Clas	ss PDV	WIS (Water)	NPDES ((Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Ope			perator Certification Number: 9272			
	you're current address on the lines below and, if necessar	у,	Certification(s) s below will exp			
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFICATES TO) RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants	s) that you currently operate:		I am employed by	y the Facility owner		
I am currently not operating an	ny Facility	I pro	ovide contractual serv	vices to the Facility		
Please provide the following in	nformation about each Facility/Plant that you operate. U	se addtion	nal pages as needed.			
Facility / Plant Name	C	Class Pl	DWIS (Water) NPI	DES (Wastewater)		



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This is page one of a two pa	ge form. Both pages must be completed and returne	ed. Operator Certification N	Operator Certification Number: 9289			
	you're current address on the lines below and, if necess		Certification(s) shown below will expire on: 11/1/2023 The fee to renew these certifications: \$100			
correct the C	City, state and ZIP Code. Please print legibly.					
		requirements by result in an a	plete or submit renewal v the expiration date will additional late fees as red in Section V.			
I. CERTIFICATES TO	<u>) RENEW:</u>		Training Units			
Certification Type	Category	Class	Required			
OPERATOR	WATER TREATMENT	3	30			
OPERATOR	WASTEWATER TREATMENT	5	30			
OPERATOR	WASTEWATER TREATMENT	А	16			
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:		Phone #:				
Number of Facilities (or Plants) that you currently operate:		I am employed l	I am employed by the Facility owner			
I am currently not operating any Facility		I provide contractual se	I provide contractual services to the Facility			
Please provide the following is	information about each Facility/Plant that you operate.	e. Use addtional pages as needed	<i>l.</i>			
Facility / Plant Name		Class PDWIS (Water) NI	PDES (Wastewater)			



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This is page one	of a two page form. Both pages must be complet	Operator Certification N	erator Certifcation Number: 9294		
	Please enter you're current address on the lines belo		Certification(s) below will exp		
	correct the City, state and ZIP Code. Please print le	gibly.	The fee to renew certific	v these \$50	
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.		
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification Ty	/pe Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEW	ATER	6	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed b	by the Facility owner	
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KEVIN W. SEA	Please enter you're current address on the lines below and, if necessary	у,	Certification(s below will e	11/1/2023		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50			
			Failure to complete or su requirements by the expir result in an additional described in Sect		ration date will l late fees as	
I. CERTIFICATES TO RENEW:					Training Units	
Certification T	ype Category		Class	R	equired	
OPERATOR	WASTEWATER COLLECTION		2	1	6	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed	l by the Fa	acility owner	
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Facility / Plant Na	ame C	Class P	DWIS (Water) N	NPDES (V	Vastewater)	



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			if necessary,	Certification(s) shown below will expire on: 11/1/2023 The fee to renew these certifications: \$100			
				Failure to complete of requirements by the of result in an additi described in		expiration date will ional late fees as	
I. CERTIFICATES TO RENEW:				т	Training Units		
Certification Ty	pe	Category		Class	R	Required	
OPERATOR		WASTEWATER COLLECTION		2	1	.6	
OPERATOR		WATER TREATMENT		2	1	.6	
OPERATOR		WATER TREATMENT		5	1	.6	
II. CURRENT F	EMPLOYMENT INF	ORMATION					
Employer's Name:				Phone #	#:		
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			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
	TES TO RENEW:			Training Units		
Certification Ty	pe Category		Class	Required		
TEMPORARY	WATER TREATMENT		3	45		
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