

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 tv	wo page form. Both pages must be completed and return	perator Certifcation Nu	ımber: 0013		
	enter you're current address on the lines below and, if nec	cessary,	Certification(s) shown below will expire on: 11/1/2022		
correct	t the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES	S TO RENEW:		Training Units		
Certification Type	Category		Class	Required	
SUPERINTENDENT	WATER TREATMENT		4	7	
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 operate	ting any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the follow	wing information about each Facility/Plant that you opera	ite. Use addti	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:		Date			
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

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	you're current address on the lines below and, if necessa	Certification(s) ry, below will ex	
correct the Ci	ity, state and ZIP Code. Please print legibly.	The fee to renev	v these cations: \$50
		requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO	RENEW:		Training Units
Certification Type	Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	4	24
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT EMPLOYM	MENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants)) that you currently operate:	I am employed b	by the Facility owner
I am currently not operating any	y Facility	I provide contractual se	rvices to the Facility
Please provide the following in	formation about each Facility/Plant that you operate. U	Jse addtional pages as needed	<u> </u>
Facility / Plant Name		Class PDWIS (Water) NF	PDES (Wastewater)



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corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EM	PLOYMENT 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 open	rating any Facility	I prov	ide contractual sei	rvices to the Facility
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Facility / Plant Name		Class PDV	WIS (Water) NP	PDES (Wastewater)



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	Please enter you're current address on		Certification below will	n(s) shown I expire on: 11/1/2022
correct the City, state and ZIP Code. Please print legibly		Please print legibly.	The fee to re	enew these rtifications: \$50
			requirements	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
	ATES TO RENEW:		a !	Training Units
Certification Ty	pe Category	,	Class	Required
TEMPORARY	WASTEW	ATER TREATMENT	5	45
TEMPORARY	WASTEW	ATER TREATMENT	А	24
II. CURRENT	EMPLOYMENT INFORMATION	ON		
Employer's Name			Phone #	#:
Number of Facilit	ies (or Plants) that you currently operation	ate:	I am employ	ed by the Facility owner
I am currently not	operating any Facility		I provide contractua	l services to the Facility
Please provide the	e following information about each Fe	acility/Plant that you operate. Use	addtional pages as nee	eded.
Facility / Plant Na	me	Clas	s PDWIS (Water)	NPDES (Wastewater)
		(OVER)		



III. CONTINUING EDUCATION:

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	lease enter you're current address on the lines below and, if neces	sary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICA	TES TO RENEW:		Training Units	
Certification Typ	e Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
OPERATOR	WASTEWATER TREATMENT		5	30
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed b	y the Facility owner
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Facility / Plant Nam	ne	Class P	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
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Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)



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

Applicant's Signature:		Date			
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

	I consent	to receive n	y 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 ret	perator Certifcation Nu	ımber: 0625		
	ease enter you're current address on the lines below and, if n	necessary,	Certification(s) shown below will expire on: 11/1/2022		
cc	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 l in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	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	Ιp	provide contractual serv	vices to the Facility	
Please provide the f	following information about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.		
Facility / Plant Nam	ne e	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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- 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

- 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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Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, 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 ret	perator Certification Number: 0657		
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 11/1/2022	
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe 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 by	y the Facility owner
I am currently not	operating any Facility	Ιŗ	provide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you oper	rate. Use addti	ional pages as needed.	
Facility / Plant Na	me	Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of	f a two page form. Both pages must be completed and ret	turned. Op	erator Certifcation Nu	ımber: 0766
	ease enter you're current address on the lines below and, if n	ecessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	\$100
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not of	perating any Facility	I pı	ovide contractual serv	vices to the Facility
Please provide the fe	ollowing information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needed.	
Facility / Plant Nam	e	Class F	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number	Email Address	
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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a two	page form. Both pages must be completed and return	ed. Op	Operator Certification Number: 0768		
HAROLD DANIEL PENDERGRAFT Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.			Certification(s) s below will exp		
			The fee to renew certification	\$50	
		Failure to complete or submit renew requirements by the expiration date we result in an additional late fees as described in Section V.			
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WATER TREATMENT		4	7	
II. CURRENT EMPLO	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating	g any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the followin	g information about each Facility/Plant that you operate	. Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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This is page one of	f a two page form. Both pages must be completed and retu	Operator Certification Number: 0783 Certification(s) shown below will expire on: 11/1/2022		
	Please enter you're current address on the lines below and, if necessary,			
co	errect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant Nam	e	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one of a t	two page form. Both pages must be completed and return	rned. Og	perator Certification Nu	ımber: 0785
	e enter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will exp	
correc		The fee to renew certification	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATE	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EMP	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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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

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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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

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

This is page one of a tw	vo page form. Both pages must be completed and return	ned. Op	erator Certification N	umber: 0976
	enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	150
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER COLLECTION		2	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 pı	ovide contractual ser	vices to the Facility
Please provide the follow	ving information about each Facility/Plant that you operat	e. Use addtio	onal pages as needed.	
Facility / Plant Name		Class F	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, 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	f a two page form. Both pages must be completed and re	perator Certification Number: 0987			
	ease enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 11/1/2022		
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by result in an ad	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICA	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	y the Facility owner	
I am currently not o	perating any Facility	Ιj	provide contractual serv	vices to the Facility	
Please provide the f	following information about each Facility/Plant that you op	perate. Use addt	ional pages as needed.		
Facility / Plant Nam	e	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of	a two page form. Both pages must be completed and retur	erator Certifcation N	Number: 10039	
	ase enter you're current address on the lines below and, if nece	essary,	Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to renev	v these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICAT	TES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
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 l	by the Facility owner
I am currently not op	erating any Facility	I pr	ovide contractual se	rvices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operat	te. Use addtio	nal pages as needea	<i></i>
Facility / Plant Name		Class P	DWIS (Water) NF	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a two	page form. Both pages must be completed and retu	Operator Certifcation Nu	ımber: 10044		
	ter you're current address on the lines below and, if ne	ecessary,	Certification(s) shown below will expire on: 11/1/2022		
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES 7	ΓO RENEW:		Training Units		
Certification Type	Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPLO	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating	g any Facility	I	provide contractual serv	vices to the Facility	
Please provide the following	g information about each Facility/Plant that you oper	ate. Use add	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, 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 re	perator Certifcation Nu	ımber: 10047		
	Please enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 11/1/2022		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICA	ATES TO RENEW:		Training Units		
Certification Ty	pe Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
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III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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This is page one of a two p	page form. Both pages must be completed and returned	d. Operator Certification N	Number: 10179		
	er you're current address on the lines below and, if necess		Certification(s) shown below will expire on: 11/1/2022		
correct the	e City, state and ZIP Code. Please print legibly.	The fee to renev	w these cations: \$100		
		requirements by	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES T	TO RENEW:		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER COLLECTION	2	16		
OPERATOR	WATER DISTRIBUTION	1	16		
II. CURRENT EMPLOY	YMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plan	nts) that you currently operate:	I am employed l	by the Facility owner		
I am currently not operating	any Facility	I provide contractual se	rvices to the Facility		
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Facility / Plant Name		Class PDWIS (Water) NI	PDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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- 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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

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

This is page one of	a two page form. Both pages must be completed and ret	turned. Op	perator Certifcation Nu	umber: 10182
	ease enter you're current address on the lines below and, if n	ecessary,	Certification(s) s below will exp	
con	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	150
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICAT	<u> TES TO RENEW:</u>			Training Units
Certification Type	e Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
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	I provide contractual services to the Facility		
Please provide the fo	ollowing information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.	
Facility / Plant Name	e	Class I	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a	two page form. Both pages must be completed and ref	perator Certifcation Nu	mber: 10249	
	GRUPPER Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will expi	
corre			The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATI	ES TO RENEW:		Training Units	
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		6	16
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not oper	rating any Facility	Ij	provide contractual serv	rices to the Facility
Please provide the follo	owing information about each Facility/Plant that you ope	erate. Use addt	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, 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 retu	erator Certification 1	Number: 10551	
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) below will ex	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ted in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility	I pı	ovide contractual se	ervices to the Facility
Please provide the	following information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed	<i>d</i> .
Facility / Plant Nar	me	Class F	DWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of	of a two page form. Both pages must be completed and ret	perator Certification Nu	mber: 10664	
	Please enter you're current address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: 11/1/20	
c	rrect 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 I in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ιp	rovide contractual serv	rices to the Facility
Please provide the	following information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.	
Facility / Plant Nar	me	Class I	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one of a two	o page form. Both pages must be completed and returned	d. Ope	rator Certifcation N	ımber: 10669
	nter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp	
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			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	WATER DISTRIBUTION		1	16
II. CURRENT EMPLO	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or P	lants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant Name		Class PI	OWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a t	two page form. Both pages must be completed and return	erator Certification N	umber: 10670	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
correc	et the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not opera	ating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the follo	wing information about each Facility/Plant that you operate	e. Use addtior	nal pages as needed.	
Facility / Plant Name		Class PI	OWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

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

This is page one	of a two page form. Both pages must be completed and retu	perator Certification	Number: 10698		
	Please enter you're current address on the lines below and, if ne	cessary,	Certification(s) shown below will expire on: 11/1/2022		
•	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these scations: \$50	
			requirements by result in an	plete or submit renewal y the expiration date will additional late fees as yed in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facility	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	I pı	rovide contractual se	ervices to the Facility	
Please provide the	e following information about each Facility/Plant that you opera	ate. Use addtio	onal pages as neede	d	
Facility / Plant Na	nme	Class I	PDWIS (Water) N	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

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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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page on	ne of a two page form. Both pages must be completed and retu	perator Certification Nu	umber: 1076	
TIMOTHY PI	PEOPLES 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: 11/1/2	
			The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide t	the following information about each Facility/Plant that you opera	ate. Use addti	onal pages as needed.	
Facility / Plant N	Name	Class I	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, 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 re	perator Certification N	umber: 10790	
	ase enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp	
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	950
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICAT	TES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not op	erating any Facility	I p	rovide contractual ser	vices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you op	erate. Use addti	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one	of a two page form. Both pages must be completed and retur	ned. Opera	Operator Certification Number: 10805		
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific		
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as d in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		Α	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	t operating any Facility	I prov	ride contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operat	te. Use addtiona	ıl pages as needed.		
Facility / Plant Na	ame	Class PD'	WIS (Water) NP	DES (Wastewater)	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one of a	a two page form. Both pages must be completed and returne	ed. Operator Certification	Number: 10877		
	ase enter you're current address on the lines below and, if necess	Certification(s below will e			
corr	rect the City, state and ZIP Code. Please print legibly.	The fee to rene certif	ew these fications: \$50		
		requirements b	nplete or submit renewal y the expiration date will additional late fees as bed in Section V.		
I. CERTIFICAT	ES TO RENEW:		Training Units		
Certification Type	Category	Class	Required		
TEMPORARY	WATER TREATMENT	2	24		
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities ((or Plants) that you currently operate:	I am employed	by the Facility owner		
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Facility / Plant Name		Class PDWIS (Water) N	NPDES (Wastewater)		
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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This is page on	ne of a two page form. Both pages must be completed and retur	erator Certifcation Nu	ımber: 11003	
LAWRENCE	E SCRANAGE 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: 11/1/2	
			The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:		Training Units	
Certification ¹	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		1	24
II. CURRENT	Γ EMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	I pı	ovide contractual serv	vices to the Facility
Please provide t	the following information about each Facility/Plant that you operat	te. Use addtio	onal pages as needed.	
Facility / Plant N	Name	Class F	PDWIS (Water) NPI	DES (Wastewater)



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Page 2

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- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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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.
- 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

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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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

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

This is page one	e of a two page form. Both pages must be completed and return	rned. Oj	perator Certifcation Nu	ımber: 11070
BALDIP SURI	SURI Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will expi	
			The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:		Training Units	
Certification T	Гуре Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	Ιp	provide contractual serv	vices to the Facility
Please provide th	he following information about each Facility/Plant that you opera	ite. Use addti	onal pages as needed.	
Facility / Plant N	Iame	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, 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	Operator Certification Number: 11071		
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) below will ex	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these ications: \$50
			requirements by result in an	plete or submit renewal y the expiration date will additional late fees as ped in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	. <u> </u>
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual se	ervices to the Facility
Please provide the	e following information about each Facility/Plant that you operat	te. Use addtio	nal pages as neede	<i>d</i> .
Facility / Plant Na	me	Class P	DWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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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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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, 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	Operator Certification Number: 11103		
	ease enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	11/1/11//
CO	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	150
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICAT	TES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
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 serv	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you operate	e. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)
				_



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one	of a two page form. Both pages must be completed and return	perator Certification Number: 11104		
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtio	nal pages as needed.	
Facility / Plant Na	ame	Class Pl	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
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This is page one of	a two page form. Both pages must be completed and retui	r ned. Op	perator Certification Nu	ımber: 11105	
	ase enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	11/1/11//	
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	150	
			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	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not ope	erating any Facility	I pr	rovide contractual serv	vices to the Facility	
Please provide the fo	llowing information about each Facility/Plant that you opera	te. Use addtie	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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This is page one of a t	two page form. Both pages must be completed and return	ned. Operato	Operator Certification Number: 1110		
	e enter you're current address on the lines below and, if nece		Certification(s) below will exp		
correc	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			equirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATE	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		5	45	
II. CURRENT EMP	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (o	r Plants) that you currently operate:]	am employed b	y the Facility owner	
I am currently not opera	ating any Facility	I provid	e contractual ser	vices to the Facility	
Please provide the follo	owing information about each Facility/Plant that you operat	e. Use addtional j	pages as needed		
Facility / Plant Name		Class PDW	IS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

This is page one o	of a two page form. Both pages must be completed and returne	d. Operator Cert	ifcation	Number: 11107	
	lease enter you're current address on the lines below and, if necess		Certification(s) shown below will expire on: 11/1/2022		
CO	orrect the City, state and ZIP Code. Please print legibly.	The fe		ew these fications: \$100	
		require	ments b llt in an	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.	
	ATES TO RENEW:			Training Units	
Certification Typ	oe Category	С	lass	Required	
TEMPORARY	WATER TREATMENT	1		24	
TEMPORARY	WASTEWATER TREATMENT	5		45	
TEMPORARY	WASTEWATER TREATMENT	Α		24	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:		P	hone #:		
Number of Facilitie	es (or Plants) that you currently operate:	I am e	mployed	by the Facility owner	
I am currently not o	operating any Facility	I provide cont	ractual s	services to the Facility	
Please provide the	following information about each Facility/Plant that you operate.	Use addtional pages	as neede	ed.	
Facility / Plant Nan	ne	Class PDWIS (W	ater) N	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certification Number: 11108		
	ease enter you're curren	re current address on the lines below and, if necessary,		Certification(s) below will ex	11/1/11//	
correct the City, state and ZIP Code. Please print legibly.				The fee to reneceptifi	w these cations: \$50	
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.	
I. CERTIFICA	TES TO RENEW:				Training Units	
Certification Typ	e	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
II. CURRENT E	MPLOYMENT INFO	ORMATION				
Employer's Name:				Phone #:		
Number of Facilities	s (or Plants) that you cur	rently operate:		I am employed	by the Facility owner	
I am currently not o	perating any Facility		Ιp	rovide contractual se	ervices to the Facility	
Please provide the f	following information al	out each Facility/Plant that you operat	e. Use addti	onal pages as needed	d.	
Facility / Plant Nam	ne		Class	PDWIS (Water) NI	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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	ease enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	
со	rrect 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 ed in Section V.
I. CERTIFICA	TES TO RENEW:		Training Units	
Certification Typ	e Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not op	perating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the fe	ollowing information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant Name	e	Class Pl	DWIS (Water) NP	DES (Wastewater)



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Operator in Responsible Charge:	

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	ter you're current address on the lines below and, if nece	essary,	Certification(s) shown below will expire on:	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	450
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES	ΓΟ RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		1	24
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	y the Facility owner
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ALLEN M KEITH		Certification(s) shown		
	ase enter you're current address on the lines below and, if nece rect the City, state and ZIP Code. Please print legibly.	essary,	below will exp	ire on: 11/1/2022
correct the City, state and Zir Code. Tlease print legiory.			The fee to renew certification	450
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Certification Type	e Category		Class	Required
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correct the City, state and ZIP Code. Please print legibly			The fee to renecertifi	w these cations: \$50	
			requirements by result in an a	plete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	rpe Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	I pro	ovide contractual se	rvices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate.	. Use addtio	nal pages as needed	<i></i>	
Facility / Plant Na	me	Class P	DWIS (Water) NI	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- 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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y 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	This is page one of a two page form. Both pages must be completed and returned. Op				Operator Certification Number: 11113		
	lease enter you're current a	t address on the lines below and, if necessary,	essary,	Certification(s) below will exp	11/1/201/		
correct the City, state and ZIP Code. Please print legibly.		IP Code. Please print legibly.		The fee to renew certific	\$100		
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
	ATES TO RENEW:				Training Units		
Certification Ty	pe (Category		Class	Required		
TEMPORARY	\	WATER TREATMENT		3	45		
TEMPORARY	\	WASTEWATER TREATMENT		3	45		
II. CURRENT E	EMPLOYMENT INFO	RMATION					
Employer's Name:				Phone #:			
Number of Facilitie	es (or Plants) that you curre	ently operate:		I am employed b	y the Facility owner		
I am currently not o	operating any Facility	_	ΙI	provide contractual ser	vices to the Facility		
Please provide the	following information abo	ut each Facility/Plant that you opera	te. Use addt	ional pages as needed	•		
Facility / Plant Nan	ne		Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one of	This is page one of a two page form. Both pages must be completed and returned.				mber: 11114
	ease enter you're current addres	The state of the s	cessary,	Certification(s) sl below will expi	
correct the City, state and ZIP Code. Please print legibly.				The fee to renew certifica	
				requirements by the result in an add	ete or submit renewa he expiration date w ditional late fees as I in Section V.
I. CERTIFICA	TES TO RENEW:				Training Units
Certification Typ	e Categ	jory		Class	Required
TEMPORARY	WATE	R TREATMENT		2	24
II. CURRENT E	MPLOYMENT INFORMA	ATION			
Employer's Name:				Phone #:	
Number of Facilities	(or Plants) that you currently	operate:		I am employed by	the Facility owner
I am currently not of	perating any Facility		Ιp	provide contractual serv	rices to the Facility
Please provide the f	ollowing information about eac	h Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant Nam	2		Class	PDWIS (Water) NPD	DES (Wastewater)
		(over)			
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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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 retur	ned. Oper	rator Certification Nu	umber: 11115
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	X 1 () ()
			requirements by t	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I prov	vide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operat	te. Use addtion	al pages as needed.	
Facility / Plant Na	ame	Class PD	WIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number	Email Address	
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This is page one	e of a two page form. Both pages must be completed and ret	curned. Operator	r Certifcation Nu	ımber: 11116
PAUL GUNDE	Please enter you're current address on the lines below and, if n		Certification(s) s below will expi	11/1/11//
correct the City, state and ZIP Code. Please print legibly.		1	The fee to renew certifica	
			quirements by t	ete or submit renewal he expiration date will ditional late fees as
-				l in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:	I	am employed by	the Facility owner
I am currently no	ot operating any Facility	I provide	e contractual serv	vices to the Facility
Please provide th	ne following information about each Facility/Plant that you ope	rate. Use addtional p	pages as needed.	_
Facility / Plant N	ame	Class PDWI	S (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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	address on the lines below and, if no	ecessary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please		ZIP Code. Please print legibly.		The fee to renew certification	150
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Certification Ty	ype	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Name	:			Phone #:	
Number of Facilit	ties (or Plants) that you curr	ently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility]	Ij	provide contractual serv	vices to the Facility
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Facility / Plant Na	ame		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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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 retu	Operator Certification Number: 11118		
	ease enter you're current address on the lines below and, if ne	cessary,	Certification(s) s below will exp	
co	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Typ	e Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		1	0
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not of	perating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide the fe	ollowing information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant Nam	e	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

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This is page one	of a two page form. Both pages must be completed and return	erator Certifcation I	Number: 11119		
	Please enter you're current address on the lines below and, if necessity	essary,	Certification(s) shown below will expire on: 11/1/2022		
•	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these cations: \$50	
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ted in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facility	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual se	ervices to the Facility	
Please provide the	e following information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed	<i>d</i> .	
Facility / Plant Na	nme	Class P	DWIS (Water) N	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, 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 ret	erator Certification N	Number: 11121		
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 11/1/202		
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	v these cations: \$50	
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT F	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not	operating any Facility	I pı	rovide contractual se	rvices to the Facility	
Please provide the	following information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needea	<u></u>	
Facility / Plant Nar	me	Class F	PDWIS (Water) NF	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of	of a two page form. Both pages must be completed and ret	Operator Certification Number: 11122			
	lease enter you're current address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: 11/1/2022		
С	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	I pı	rovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needed.		
Facility / Plant Nar	ne	Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of	a two page form. Both pages must be completed and returned	erator Certifcation Nu	umber: 11123	
WILLAIM B STREET JR Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.			Certification(s) s below will exp	
			The fee to renew certification	\$ 100
			requirements by t	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICA	TES TO RENEW:		describe	Training Units
Certification Typ	e Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		А	24
TEMPORARY	WATER TREATMENT		1	24
TEMPORARY	WASTEWATER TREATMENT		5	45
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	I pro	ovide contractual serv	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you operate.	Use addtion	nal pages as needed.	
Facility / Plant Name	е	Class PI	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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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 re	perator Certification Nu	umber: 11124	
	ease enter you're current address on the lines below and, if i	necessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	X 1 (1)(1)
			requirements by result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ΓES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		5	45
TEMPORARY	WATER TREATMENT		3	45
II. CURRENT EM	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	I pı	rovide contractual ser	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed.	
Facility / Plant Name	e	Class I	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y 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 t	two page form. Both pages must be completed and retu	perator Certification Number: 11125		
	e enter you're current address on the lines below and, if ne	cessary,	Certification(s) s below will exp	11/1/201/
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	150
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATE	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURRENT EMP	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not opera	ating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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Please verify your information shown on this application and make any corrections as needed.

This is page on	e of a two page form. Both pages must be completed and returned	 Operator Certifica 	ıtion Number:	11127
EDWIN ANDR	REW YANIGA JR Please enter you're current address on the lines below and, if necessa		cion(s) shown will expire on:	11/1/2022
	correct the City, state and ZIP Code. Please print legibly.		renew these certifications:	\$100
		requireme result i		
	CATES TO RENEW:	CI.		aining Units
Certification 1	Type Category	Class	s Ke	equired
TEMPORARY	WASTEWATER COLLECTION	2	24	ļ
TEMPORARY	WASTEWATER TREATMENT	5	45	
TEMPORARY	WASTEWATER TREATMENT	Α	24	ŀ
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:	Phon	ne #:	
Number of Facil	ities (or Plants) that you currently operate:	I am empl	oyed by the Fa	cility owner
I am currently no	ot operating any Facility	I provide contract	ual services to	the Facility
Please provide ti	he following information about each Facility/Plant that you operate. U	Jse addtional pages as r	ıeeded.	
Facility / Plant N	Jame (Class PDWIS (Water) NPDES (W	'astewater)



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- 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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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date			
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	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 p	perator Certifcation Nu	ımber: 11129		
DAVID HOUCHENS Please enter	er you're current address on the lines below and, if ne	cessary,	Certification(s) s below will exp	
correct the	•	The fee to renew certifica	450	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES T	O RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT EMPLOY	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide the following	information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

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This is page one of a two page	perator Certification N	umber: 11130		
	r you're current address on the lines below and, if r	necessary,	Certification(s) s below will exp	
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew certification	950
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO		Training Units		
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	ts) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating a	any Facility	Ιį	provide contractual ser	vices to the Facility
Please provide the following	information about each Facility/Plant that you ope	erate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date			
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, 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 ret	perator Certification Nu	ımber: 11131		
	ise enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 11/1/2022		
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		3	24	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not ope	erating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide the fol	lowing information about each Facility/Plant that you open	rate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one of	a two page form. Both pages must be completed and ref	Operator Certification Number: 11132			
	ase enter you're current address on the lines below and, if n	necessary,	Certification(s) shown below will expire on: 11/1/2022		
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not op	erating any Facility	I p	rovide contractual serv	rices to the Facility	
Please provide the fo	llowing information about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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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

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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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

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

This is page on	e of a two page form. Both pages must be completed and returned	perator Certification Number: 11133		
JOSHUA SCHAUB 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: 11/1/20	
			The fee to renew certific	X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			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 7	Гуре Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		Α	24
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER TREATMENT		2	24
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently no	ot operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide t	he following information about each Facility/Plant that you operate. U	Jse addtion	nal pages as needed.	
Facility / Plant N	Jame (Class PI	OWIS (Water) NP	DES (Wastewater)
				_
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- 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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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 En	nvironment, 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 tw	o page form. Both pages must be completed and return	perator Certification N	Tumber: 11134	
	enter you're current address on the lines below and, if nece	essary,	Certification(s) below will ex	
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES	S TO RENEW:		Training Units	
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or I	Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not operati	ing any Facility	I pı	rovide contractual ser	rvices to the Facility
Please provide the follow	ring information about each Facility/Plant that you operate	e. Use addtio	onal pages as needed	<u> </u>
Facility / Plant Name		Class I	PDWIS (Water) NF	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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- No course can be used more than one time for any three-year renewal period.
- 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				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, 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 p	 Operator Certifcat 	Operator Certification Number: 11135			
	er you're current address on the lines below and, if necessar		Certification(s) shown below will expire on: 11/1/2022		
correct the	e City, state and ZIP Code. Please print legibly.		renew these ertifications: \$50		
		requirement result in	complete or submit renewal ats by the expiration date will an additional late fees as scribed in Section V.		
I. CERTIFICATES T	O RENEW:		Training Units		
Certification Type	Category	Class	Required		
TEMPORARY	WASTEWATER TREATMENT	5	45		
TEMPORARY	WASTEWATER TREATMENT	А	24		
II. CURRENT EMPLOY	YMENT INFORMATION				
Employer's Name:		Phone	e #:		
Number of Facilities (or Plan	nts) that you currently operate:	I am emplo	oyed by the Facility owner		
I am currently not operating	any Facility	I provide contracto	ual services to the Facility		
Please provide the following	; information about each Facility/Plant that you operate. U	Jse addtional pages as n	eeded.		
Facility / Plant Name		Class PDWIS (Water)	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date			
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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Please verify your information shown on this application and make any corrections as needed.

This is page one of	of a two page form. Both pages must be completed and retu	rator Certification N	umber: 11136	
	lease enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
			requirements by	lete or submit renewal the expiration date will
				dditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:		describe	Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
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	operating any Facility	I pro	vide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you oper	ate. Use addtion	al pages as needed.	
Facility / Plant Nar	me	Class PD	OWIS (Water) NP	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one of a tv	wo page form. Both pages must be completed and retu	erator Certifcation N	umber: 11137		
	enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 11/1/2022		
correc	t the City, state and ZIP Code. Please print legibly.		The fee to renew certific	X100	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT EMPI	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	Plants) that you currently operate:		I am employed b	y the Facility owner	
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Please provide the follow	wing information about each Facility/Plant that you oper	rate. Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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This is page one of a two pag	perator Certifcation Nu	mber: 11138		
•	you're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on: 11/1/2	
correct the Ci		The fee to renew certifica	450	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT EMPLOYM	IENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed by	the Facility owner
I am currently not operating any	y Facility	Ij	provide contractual serv	vices to the Facility
Please provide the following in	formation about each Facility/Plant that you	operate. Use addt	tional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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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.
- 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

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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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

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

This is page on	ne of a two page form. Both pages must be completed and return	ed. Operator Certification	on Number: 11139
MARK A MUI	Please enter you're current address on the lines below and, if necess	Certification below wil	n(s) shown l expire on: 11/1/2022
	correct the City, state and ZIP Code. Please print legibly.	The fee to re	enew these trifications: \$100
		requirements result in a	omplete or submit renewal by the expiration date will an additional late fees as cribed in Section V.
	CATES TO RENEW:		Training Units
Certification ³	Type Category	Class	Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT	FEMPLOYMENT INFORMATION		
Employer's Nan	ne:	Phone	# :
Number of Facil	lities (or Plants) that you currently operate:	I am employ	ed by the Facility owner
I am currently n	ot operating any Facility	I provide contractua	l services to the Facility
Please provide t	the following information about each Facility/Plant that you operate.	. Use addtional pages as nee	eded.
Facility / Plant N	Name	Class PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date			
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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Please verify your information shown on this application and make any corrections as needed.

This is page one	e of a two page form. Botl	n pages must be completed and retu	irned. O	perator Certifcation Nu	ımber: 11141
SOLOMON LY	Please enter you're current	ent address on the lines below and, if necessary,		Certification(s) s below will exp	
correct the City, state		ZIP Code. Please print legibly.		The fee to renew certification	150
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
-	ATES TO RENEW:	-			Training Units
Certification T	ype	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		Α	24
TEMPORARY		WASTEWATER TREATMENT		5	45
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Name	e:			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]	ΙŢ	provide contractual serv	vices to the Facility
Please provide th	e following information ab	out each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant Na	ame		Class	PDWIS (Water) NPI	DES (Wastewater)
-					_
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, 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	ed. O	Operator Certification Number: 11142			
	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) below will ex	11/1/201/		
•	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	v these cations: \$50		
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICA	ATES TO RENEW:			Training Units		
Certification Ty	ype Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		5	45		
TEMPORARY	WASTEWATER TREATMENT		Α	24		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:	: _		Phone #:			
Number of Facility	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner		
I am currently not	operating any Facility	Į I	provide contractual se	rvices to the Facility		
Please provide the	e following information about each Facility/Plant that you operate.	. Use addt	ional pages as needea	1.		
Facility / Plant Na	ame	Class	PDWIS (Water) NF	PDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of	a two page form. Both pages must be completed and ref	perator Certification Number: 11144		
	ease enter you're current address on the lines below and, if n	necessary,	Certification(s) below will exp	
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICAT	ΓES TO RENEW:		Training Units	
Certification Type	e Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		1	24
II. CURRENT EM	APLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not op	perating any Facility	I pr	ovide contractual ser	rvices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you ope	erate. Use addtio	nal pages as needed	<u></u>
Facility / Plant Name		Class P	DWIS (Water) NP	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one of	of a two page form. Both pages must be completed and ret	erator Certification N	umber: 11145	
	lease enter you're current address on the lines below and, if no	ecessary,	Certification(s) below will exp	
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$50
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Type	pe Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		1	24
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 pr	ovide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you open	rate. Use addtio	onal pages as needed	
Facility / Plant Nan	ne	Class P	DWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
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This is page one of	of a two page form. Both pages must be completed and return	erator Certification N	umber: 11149	
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	X 17111
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not of	operating any Facility	I pı	rovide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.	
Facility / Plant Nar	me	Class F	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			<u>. </u>



III. CONTINUING EDUCATION:

Page 2

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- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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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.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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VII. APPLICANT'S STATEMENT

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- 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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y 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 t	wo page form. Both pages must be completed and re-	turned. Op	perator Certification Nu	ımber: 11150
	e enter you're current address on the lines below and, if r	necessary,	Certification(s) si below will expi	11/1/201/2
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as I in Section V.
I. CERTIFICATE				Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not opera	ating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide the follo	wing information about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.	
Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)
			_	
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, 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 r	nust be completed and returned	. Ope	erator Certification N	umber: 11151
	Please enter you're current address		ry,	Certification(s) shown below will expire on: 11/1/	
correct the City, state and ZIP Code. Please print legibly.				The fee to renew certific	these sations: \$100
				requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:				Training Units
Certification Ty	pe Catego	ory		Class	Required
TEMPORARY	WASTE	WATER COLLECTION		2	24
TEMPORARY	WATER	DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMAT	TION			
Employer's Name:				Phone #:	
Number of Facility	es (or Plants) that you currently op	perate:		I am employed b	y the Facility owner
I am currently not	operating any Facility		I pro	ovide contractual ser	vices to the Facility
Please provide the	following information about each	Facility/Plant that you operate. U	Jse addtioi	nal pages as needed	
Facility / Plant Na	me	C	Class PI	OWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks a	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, 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 tw	wo page form. Both pages must be completed and retu	perator Certification Number: 11152		
	enter you're current address on the lines below and, if ne	ecessary,	Certification(s) selow will exp	11/1/201/
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	X 1 0 0
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMPI	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not operat	ting any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the follow	wing information about each Facility/Plant that you oper	ate. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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Last 4 digits of Social Security Number	Email Address	
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This is page or	ne of a two page form. Bot	h pages must be completed and ret	urned. C	Operator Certifcation N	Number: 11153
KEVAUGHN	Please enter you're current address on the lines below and, if necessary		ecessary,	Certification(s) below will ex	11/1/11/
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renev	w these cations: \$100
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ted in Section V.
	<u>CATES TO RENEW</u>				Training Units
Certification '	Type	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
TEMPORARY		WATER DISTRIBUTION		1	24
II. CURRENT	ΓEMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed	by the Facility owner
I am currently n	ot operating any Facility		I	provide contractual se	rvices to the Facility
Please provide t	the following information a	bout each Facility/Plant that you oper	rate. Use addi	tional pages as needed	ł.
Facility / Plant N	Name		Class	PDWIS (Water) NI	PDES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one	e of a two page form. Both pages must be completed a	perator Certification N	Number: 11154	
WILLIAM BOU	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 legibl	y.	The fee to renev	v these cations: \$100
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
	CATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
TEMPORARY	WASTEWATER COLLECTION	ON	2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	2:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently no	t operating any Facility	I ₁	provide contractual se	rvices to the Facility
Please provide th	ne following information about each Facility/Plant that y	you operate. Use addt	ional pages as needea	1.
Facility / Plant Na	ame	Class	PDWIS (Water) NF	PDES (Wastewater)
	(OVEI	R)		



III. CONTINUING EDUCATION:

Page 2

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one	of a two page form. Both pages must be completed and retur	ned. Operator C	perator Certification Number: 11155		
	Please enter you're current address on the lines below and, if necessity		rtification(s) slelow will expi		
	correct the City, state and ZIP Code. Please print legibly.	The	e fee to renew certifica	VIIII	
		requ	irements by t esult in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:	I ar	n employed by	the Facility owner	
I am currently not	t operating any Facility	I provide c	ontractual serv	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operat	e. Use addtional pag	es as needed.		
Facility / Plant Na	ame	Class PDWIS	(Water) NPI	DES (Wastewater)	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page one	of a two page form. Both pages must be completed and ret	erator Certification Nu	mber: 11156	
	Please enter you're current address on the lines below and, if n	necessary,	Certification(s) shelow will expire	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual serv	ices to the Facility
Please provide the	following information about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed.	
Facility / Plant Nar	me	Class P	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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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 En	nvironment, 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 t	wo page form. Both pages must be completed and retu-	erator Certification N	umber: 11157	
	e enter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will exp	11/1/201/
correc	et the City, state and ZIP Code. Please print legibly.		The fee to renew certification	X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not opera	ating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the follo	wing information about each Facility/Plant that you opera	ate. Use addtior	ıal pages as needed.	
Facility / Plant Name		Class PI	OWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Applicant's Signature:		Date			
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, 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	erator Certification	Number: 11160		
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) shown below will expire on: 11/1/2022		
(correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these ications: \$50	
		_	requirements by result in an	plete or submit renewal y the expiration date will additional late fees as ped in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:	. <u> </u>	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual se	ervices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate	e. Use addtio	nal pages as neede	<i>d</i> .	
Facility / Plant Na	nme	Class P	DWIS (Water) N	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Applicant's Signature:		Date			
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one	e of a two page form. Both pages must be completed and re	eturned. Op	erator Certifcation Nu	mber: 11161
JASON MERK	Please enter you're current address on the lines below and, if	necessary,	Certification(s) so below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	CATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
TEMPORARY	WATER TREATMENT		5	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	o:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	I pı	ovide contractual serv	ices to the Facility
Please provide th	e following information about each Facility/Plant that you op	erate. Use addtio	onal pages as needed.	
Facility / Plant Na	ame	Class F	PDWIS (Water) NPI	DES (Wastewater)
				_
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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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 En	nvironment, 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	Operator Certification N	Operator Certification Number: 11162			
	you're current address on the lines below and, if necessar		Certification(s) shown below will expire on: 11/1/2022		
correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$50		
		requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO	<u> </u>		Training Units		
Certification Type	Category	Class	Required		
TEMPORARY	WASTEWATER TREATMENT	5	45		
TEMPORARY	WASTEWATER TREATMENT	А	24		
II. CURRENT EMPLOYE	MENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants	s) that you currently operate:	I am employed b	y the Facility owner		
I am currently not operating ar	ny Facility	I provide contractual ser	vices to the Facility		
Please provide the following in	nformation about each Facility/Plant that you operate. U	se addtional pages as needed			
Facility / Plant Name	C	Class PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a t	wo page form. Both pages must be completed and return	erator Certifcation Nu	ımber: 11163	
	e enter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will expi	
correc	et the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not opera	ating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the follo	wing information about each Facility/Plant that you opera	ite. Use addtio	onal pages as needed.	
Facility / Plant Name		Class P	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page one of	of a two page form. Both pages must be completed and return	ned. Op	erator Certifcation Nu	ımber: 11164
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibl			The fee to renew certification	150
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		5	45
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pı	ovide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you operat	e. Use addtio	onal pages as needed.	
Facility / Plant Nar	me	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one of	of a two page form. Both pages must be completed and returned	erator Certification N	umber: 11165		
	Please enter you're current address on the lines below and, if necessa	ry,	Certification(s) shown below will expire on: 11/1/2022		
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$ 1100	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as	
I. CERTIFICA	ATES TO RENEW:		describe	d in Section V.	
Certification Ty			Class	Training Units Required	
TEMPORARY	WASTEWATER TREATMENT		Α	24	
TEMPORARY	WATER TREATMENT		2	24	
TEMPORARY	WASTEWATER TREATMENT		5	45	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not of	operating any Facility	I pro	ovide contractual ser	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate. U	Jse addtior	ıal pages as needed.		
Facility / Plant Nan	me (Class PI	OWIS (Water) NPI	DES (Wastewater)	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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This is page one of	Operator Certification	on Number:	11175		
	HOF case enter you're current address on the lines belowerect the City, state and ZIP Code. Please print leg			Certification(s) shown below will expire on: 11/1/20	
coi	gibly.	The fee to re	enew these rtifications:	\$50	
			requirements	s by the exp	submit renewal viration date will al late fees as ction V.
I. CERTIFICAT	<u> FES TO RENEW:</u>			Т	raining Units
Certification Type	e Category		Class	R	equired
TEMPORARY	WASTEWATER TREATM	MENT	5	4.	5
TEMPORARY	WASTEWATER TREATM	/IENT	А	2	4
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone 7	#:	
Number of Facilities	(or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner
I am currently not op	perating any Facility		I provide contractua	l services to	the Facility
Please provide the fo	ollowing information about each Facility/Plant th	at you operate. Use ad	ldtional pages as nee	eded.	
Facility / Plant Name	e	Class	PDWIS (Water)	NPDES (V	Vastewater)
<u> </u>	(O)	VER)			



III. CONTINUING EDUCATION:

Page 2

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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	Operator Certificati	erator Certification Number: 11180		
	Please enter you're current address on the		Certification(s) show below will expire to		2022
	correct the City, state and ZIP Code. Ple	ase print legibly.		renew these ertifications: \$50	
			requirement result in	complete or submit re ts by the expiration da an additional late feed cribed in Section V.	ate will
I. CERTIFICATES TO RENEW:				Training U	Jnits
Certification Ty	pe Category		Class	Required	
TEMPORARY	WATER DIST	RIBUTION	1	24	
II. CURRENT	EMPLOYMENT INFORMATION	1			
Employer's Name	£		Phone	#:	
Number of Facilit	ies (or Plants) that you currently operate	:	I am emplo	yed by the Facility own	ner
I am currently not	operating any Facility		I provide contractu	al services to the Facili	ty
Please provide the	following information about each Faci	lity/Plant that you operate. Use a	addtional pages as ne	reded.	
Facility / Plant Na	me	Clas	s PDWIS (Water)	NPDES (Wastewater	.)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page	e form. Both pages must be completed and retu	rned. O	perator Certifcation Nu	ımber: 11189
DEETTA MICHELLE WINEMILLER Please enter you're current address on the lines below and, if necessary,			Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	XIII
			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:		- described	
Certification Type	Category		Class	Training Units Required
TEMPORARY	WATER TREATMENT		1	24
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT EMPLOYM	IENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed by	the Facility owner
I am currently not operating any	Facility	Ιp	provide contractual serv	vices to the Facility
Please provide the following inf	formation about each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

	I consent	to receive n	y 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: 11198		
BLESSIVE SMITH Please enter you're current address on the lines below and, it			essary,	Certification(s) below will exp	11/1/11//	
correct the City, state and ZIP Code. Please print legibly.		IP Code. Please print legibly.		The fee to renew certific	v these sations: \$50	
				requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICAT	ΓES TO RENEW:				Training Units	
Certification Type	e	Category		Class	Required	
TEMPORARY	,	WASTEWATER TREATMENT		5	45	
TEMPORARY	,	WASTEWATER TREATMENT		А	24	
II. CURRENT EN	MPLOYMENT INFO	RMATION				
Employer's Name:				Phone #:		
Number of Facilities	(or Plants) that you curr	ently operate:		I am employed b	y the Facility owner	
I am currently not op	perating any Facility]	Ιp	provide contractual ser	vices to the Facility	
Please provide the fo	ollowing information abo	out each Facility/Plant that you operat	e. Use addti	ional pages as needed	•	
Facility / Plant Name	2		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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Please verify your information shown on this application and make any corrections as needed.

This is page one of	of a two page form. Both pages must be completed and retu	rned. Op	erator Certification N	umber: 1140	
	Please enter you're current address on the lines below and, if ne	cessary,	Certification(s) shown below will expire on: 11/1/2022		
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	4 5 (1)	
			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	
TEMPORARY	WATER TREATMENT		2	24	
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	operating any Facility	I pı	ovide contractual ser	vices to the Facility	
Please provide the	following information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.		
Facility / Plant Nar	me	Class F	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a	a two page form. Both pages must be completed and r	Operator Certifcation Nu	ımber: 1181		
	ase enter you're current address on the lines below and, if	f necessary,	Certification(s) shown below will expire on: 11/1/2022		
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
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 serv	vices to the Facility	
Please provide the fol	llowing information about each Facility/Plant that you op	perate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of a	two page form. Both pages must be completed and retur	ned. Opera	Operator Certification Number: 1380		
	se enter you're current address on the lines below and, if nece	essary,	Certification(s) below will exp	11/1/11//	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	X100	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATI	ES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (c	or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not oper	rating any Facility	I prov	ide contractual ser	vices to the Facility	
Please provide the follo	owing information about each Facility/Plant that you operat	te. Use addtiond	al pages as needed		
Facility / Plant Name		Class PD	WIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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This is page one of	of a two page form. Both pages must be completed and return	erator Certifcation N	umber: 1466	
	lease enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	
Co	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. CERTIFICA	ATES TO RENEW:			Training Units
Certification Type	pe Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner
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Please provide the	following information about each Facility/Plant that you operate.	. Use addtio	nal pages as needed.	
Facility / Plant Nan	ne	Class Pl	DWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one of a	a two page form. Both pages must be completed and retu	perator Certification N	umber: 1592	
	ase enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	X 17111
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities ((or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not ope	erating any Facility	Ιp	provide contractual ser	vices to the Facility
Please provide the fol	llowing information about each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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- 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.

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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 En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

	I consent	to receive n	y certificate(s,) by emial	in lieu	of mail
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This is page one of a	two page form. Both pages must be completed and return	erator Certification Nu	ımber: 1681	
	e enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	\$ 100
			requirements by t	ete or submit renewal the expiration date will ditional late fees as
				d in Section V.
I. CERTIFICATE	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EMP	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (o	or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not opera	ating any Facility	I pı	ovide contractual serv	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one of a two page	Operator Certification N	lumber: 1812	
	ou're current address on the lines below and, if necessary	Certification(s) y, below will exp	
correct the City	y, state and ZIP Code. Please print legibly.	The fee to renew certific	v these cations: \$100
		requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO	RENEW:		Training Units
Certification Type	Category	Class	Required
OPERATOR	INDUSTRIAL WASTEWATER	1	0
SUPERINTENDENT	INDUSTRIAL WASTEWATER	1	0
II. CURRENT EMPLOYM	ENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or Plants)	that you currently operate:	I am employed b	by the Facility owner
I am currently not operating any	Facility	I provide contractual ser	rvices to the Facility
Please provide the following info	ormation about each Facility/Plant that you operate. Us	se addtional pages as needed	<u> </u>
Facility / Plant Name	C	lass PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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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 En	nvironment, 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	ed. O	Operator Certification Number: 1879			
	se enter you're current address on the lines below and, if neces	ssary,	Certification(s) below will ex	11/1/////		
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these ications: \$100		
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ped in Section V.		
I. CERTIFICAT	ES TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
OPERATOR	WATER DISTRIBUTION		1	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	Ιp	provide contractual se	ervices to the Facility		
Please provide the fol	lowing information about each Facility/Plant that you operate	. Use addti	ional pages as neede	d.		
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Last 4 digits of Social Security Number	Email Address				
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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one of a two	o page form. Both pages must be completed and returned.	Operator Certification N	Operator Certification Number: 1941		
	enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 11/1/2022		
correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$100		
		requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES	TO RENEW:		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	А	16		
OPERATOR	WASTEWATER TREATMENT	S	16		
OPERATOR	WATER DISTRIBUTION	1	16		
OPERATOR	WASTEWATER COLLECTION	2	16		
OPERATOR	WASTEWATER TREATMENT	5	30		
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or P	Plants) that you currently operate:	I am employed b	by the Facility owner		
I am currently not operation	ng any Facility	I provide contractual ser	rvices to the Facility		
Please provide the follow	ing information about each Facility/Plant that you operate. Use	addtional pages as needed	<u> </u>		
Facility / Plant Name	Cla	ass PDWIS (Water) NP	PDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one of	of a two page form. Both pages must be completed and ret	perator Certifcation Nu	mber: 2060	
	lease enter you're current address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: 11/1/20	
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	pe Category		Class	Required
OPERATOR	WATER TREATMENT		5RO	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	operating any Facility	Ιp	provide contractual serv	ices to the Facility
Please provide the	following information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.	
Facility / Plant Nan	ne	Class	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of	a two page form. Both pages must be completed and ref	perator Certifcation Nu	ımber: 2129	
	ease enter you're current address on the lines below and, if n	necessary,	Certification(s) s below will exp	
CO	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICAT	<u>ΓES TO RENEW:</u>		Training Units	
Certification Type	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	the Facility owner
I am currently not op	perating any Facility	Ιp	provide contractual serv	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you ope	erate. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

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

This is page one of a tw	vo page form. Both pages must be completed and retur	perator Certification Number: 2190		
	enter you're current address on the lines below and, if nec	essary,	Certification(s) below will exp	11/1/11//
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	150
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EMPL	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or I	Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not operate	ing any Facility	I prov	vide contractual ser	vices to the Facility
Please provide the follow	ving information about each Facility/Plant that you opera	te. Use addtion	al pages as needed	
Facility / Plant Name		Class PD	OWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
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Name and Certification Number of	
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, 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 tw	yo page form. Both pages must be completed and returned.	Operator Certifo	Operator Certification Number: 2672		
	enter you're current address on the lines below and, if necessar		ation(s) shown will expire on		
correct	the City, state and ZIP Code. Please print legibly.	The fee	to renew these certifications	× 100	
		requirem result	ents by the ex	r submit renewal spiration date will nal late fees as section V.	
I. CERTIFICATES	S TO RENEW:		-	Training Units	
Certification Type	Category	Cla	ss l	Required	
OPERATOR	WASTEWATER COLLECTION	2		16	
OPERATOR	WATER DISTRIBUTION	1	:	16	
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:		Pho	one #:		
Number of Facilities (or I	Plants) that you currently operate:	I am em	ployed by the I	Facility owner	
I am currently not operati	ing any Facility	I provide contra	ctual services	to the Facility	
Please provide the follow	ving information about each Facility/Plant that you operate. Us	se addtional pages as	r needed.		
Facility / Plant Name	C	lass PDWIS (Water	er) NPDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Last 4 digits of Social Security Number	Email Address	
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This is page one of a	two page form. Both pages must be completed and r	Operator Certification Number: 2885		
	se enter you're current address on the lines below and, it	f necessary,	Certification(s) s below will exp	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICATI	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not oper	ating any Facility	I	provide contractual serv	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you $o_{ m l}$	perate. Use add	tional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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This is page one	e of a two page form. Bot	h pages must be completed and ret	urned. C	perator Certifcation Nu	mber: 2974
BRIAN E. FORRESTER Please enter you're current address on the lines below and, it			ecessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please pri		ZIP Code. Please print legibly.		The fee to renew certification	150
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	CATES TO RENEW:				Training Units
Certification T	ype	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ties (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	<u> </u>	I	provide contractual serv	rices to the Facility
Please provide th	ne following information ab	oout each Facility/Plant that you ope	rate. Use addi	tional pages as needed.	
Facility / Plant N	ame		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page	one of a two page form. Both pages must be completed and ret	erator Certifcation N	umber: 2977	
ZACHARY	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW:		describe	Training Units
Certification	n Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant	t Name	Class P	PDWIS (Water) NPI	DES (Wastewater)
- 				



III. CONTINUING EDUCATION:

Page 2

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This is page one o	f a two page form. Both pages must be completed and return	r ned. Op	erator Certifcation Nu	umber: 2991
TODD KEYSER		Certification(s) s		
	lease enter you're current address on the lines below and, if nec	essary,	below will exp	ire on: 11/1/2022
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	\$100
			requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	oe Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		Α	7
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not o	perating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the j	following information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.	
Facility / Plant Nam	ne	Class P	PDWIS (Water) NPI	DES (Wastewater)
			_	
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

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

This is page one of a	two page form. Both pages must be completed and ret	urned. Operator	Operator Certification Number: 2992		
	e enter you're current address on the lines below and, if n		Certification(s) below will ex	11/1/11//	
corre	ct the City, state and ZIP Code. Please print legibly.	T	he fee to rener certifi	w these cations: \$50	
		req	uirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.	
I. CERTIFICATE				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		Α	16	
II. CURRENT EMP	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (o	or Plants) that you currently operate:	Ιε	am employed	by the Facility owner	
I am currently not opera	ating any Facility	I provide	contractual se	rvices to the Facility	
Please provide the follo	owing information about each Facility/Plant that you ope	rate. Use addtional po	iges as needed	d.	
Facility / Plant Name		Class PDWIS	S (Water) N	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
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This is page one of	a two page form. Both pages must be completed and retur	erator Certifcation Nu	umber: 3024	
	ease enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			requirements by tresult in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	<u>ΓES TO RENEW:</u>			Training Units
Certification Type	e Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EM	APLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not op	perating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you opera	te. Use addtio	nal pages as needed.	
Facility / Plant Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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Mail to: Maryland Department of the En	nvironment, 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 retu	rned. Oper	Operator Certification Number: 3191		
	se enter you're current address on the lines below and, if neo	cessary,	Certification(s) below will exp	11/1/11//	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	X100	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICAT	ES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (c	or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not open	rating any Facility	I prov	vide contractual ser	vices to the Facility	
Please provide the foll	owing information about each Facility/Plant that you opera	ate. Use addtion	al pages as needed	•	
Facility / Plant Name		Class PD	WIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
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This is page one of a two	page form. Both pages must be completed and return	Operator Certification Number: 3192		
	nter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will expi	
correct t	he 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 I in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMPLO	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or P	lants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	ng any Facility	I	provide contractual serv	vices to the Facility
Please provide the followi	ng information about each Facility/Plant that you opera	ite. Use add	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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 retu	rned. O	Operator Certification Number: 3197		
	e enter you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 11/1/2022		
correc	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATE	ES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT EMP	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (o	or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not opera	ating any Facility	Ιp	rovide contractual serv	vices to the Facility	
Please provide the follo	owing information about each Facility/Plant that you opera	te. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	
				_	



III. CONTINUING EDUCATION:

Page 2

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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 retu	perator Certification Number: 3198		
	ease enter you're current address on the lines below and, if ned	cessary,	Certification(s) s below will exp	
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950
			requirements by result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		4	24
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not of	perating any Facility	I pr	rovide contractual ser	vices to the Facility
Please provide the fe	ollowing information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed.	
Facility / Plant Nam	e	Class P	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

	I consent	to receive n	y 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. Bot	n pages must be completed and retur	ned. O	perator Certifcation I	Number: 3202
LYMAN PHILLIPS Please enter you're current address on the lines below and, correct the City, state and ZIP Code. Please print legibly.			essary,	Certification(s) below will ex	11/1/11//
				The fee to rene certifi	w these cations: \$50
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as red in Section V.
I. CERTIFICA	ATES TO RENEW:	<u>4</u>			Training Units
Certification Ty	pe	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURRENT F	EMPLOYMENT INFO	ORMATION			
Employer's Name:				Phone #:	
Number of Facilitie	es (or Plants) that you cur	rently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility		Ιp	rovide contractual se	ervices to the Facility
Please provide the	following information ab	oout each Facility/Plant that you operat	te. Use addti	onal pages as needed	<i>d</i> .
Facility / Plant Nar	me		Class	PDWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, 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 p	page form. Both pages must be completed and returne	ed. Operator Certi	ifcation Number:	3225
DARRIUS WILLIE Please ent	er you're current address on the lines below and, if necess		Certification(s) shown below will expire on: 11/1/2	
correct the	e City, state and ZIP Code. Please print legibly.	The fee	e to renew these certifications:	\$50
		require		
I. CERTIFICATES T	TO RENEW:		Т	raining Units
Certification Type	Category	Cla		Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0	I
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:		Pł	none #:	
Number of Facilities (or Pla	nts) that you currently operate:	I am en	nployed by the F	acility owner
I am currently not operating	any Facility	I provide contr	ractual services to	o the Facility
Please provide the following	g information about each Facility/Plant that you operate.	Use addtional pages of	ıs needed.	
Facility / Plant Name		Class PDWIS (Wa	nter) NPDES (V	Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:	

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Applicant's Signature:		Date
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This is page one of a tw	o page form. Both pages must be completed and return	perator Certification Nu	ımber: 3227	
	enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or F	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operation	ng any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide the follow	ing information about each Facility/Plant that you operate	. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 3296		
	s on the lines below and, if necessa	ary,	Certification(below will	11/1/////		
correct the City, state and ZIP Code. Please print legibly.		de. Please print legibly.		The fee to rer	new these fications: \$100	
				requirements l result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.	
	TES TO RENEW:				Training Units	
Certification Typ	e Categ	jory		Class	Required	
OPERATOR	WAST	EWATER COLLECTION		2	16	
OPERATOR	WATE	R DISTRIBUTION		1	16	
II. CURRENT E	MPLOYMENT INFORMA	ATION				
Employer's Name:				Phone #:		
Number of Facilities	(or Plants) that you currently	pperate:		I am employe	d by the Facility owner	
I am currently not o	perating any Facility		I pr	ovide contractual	services to the Facility	
Please provide the f	ollowing information about eac	h Facility/Plant that you operate. \	Use addtio	nal pages as need	ed.	
Facility / Plant Nam	e		Class P	DWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one of a	two page form. Both pages must be completed and r	Operator Certification Number: 3455		
	se enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by result in an ac	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
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Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
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III. CONTINUING EDUCATION:

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This is page one of a	two page form. Both pages must be completed and ret	Operator Certification Number: 3498		
	se enter you're current address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: 11/1/2022	
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450
			requirements by to result in an add	ete or submit renewal he expiration date will ditional late fees as in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		5AS	16
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not ope	rating any Facility	Ιp	rovide contractual serv	ices to the Facility
Please provide the following	lowing information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:		Date			
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

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

This is page one	of a two page form. Both pages must be completed and retu	urned. O _I	Operator Certification Number: 3684		
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp		
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		4	24	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	Ιp	rovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed.	_	
Facility / Plant Na	me	Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date			
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one of	f a two page form. Both pages must be completed and re	perator Certifcation Nu	ımber: 3775	
	ease enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 11/1/2022	
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		1	0
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not of	perating any Facility	I	provide contractual serv	vices to the Facility
Please provide the f	ollowing information about each Facility/Plant that you op	erate. Use addi	ional pages as needed.	
Facility / Plant Nam	e	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one of	of a two page form. Both pages must be completed and retu	Operator Certification Number: 4189		
	lease enter you're current address on the lines below and, if ne	cessary,	Certification(s) s below will exp	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	pe Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	operating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

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This is page one of	f a two page form. Both pages must be completed	perator Certifcation N	umber: 4252		
	ease enter you're current address on the lines below	•	Certification(s) shown below will expire on: 11/1/2022		
co	prrect the City, state and ZIP Code. Please print legib	ly.	The fee to renew certific	\$50	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as ed in Section V.	
I. CERTIFICA	TES TO RENEW:		Training Units		
Certification Typ	e Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION	NC	2	24	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not o	perating any Facility	I_{1}	provide contractual ser	vices to the Facility	
Please provide the f	collowing information about each Facility/Plant that	you operate. Use addt	ional pages as needed.		
Facility / Plant Nam	e	Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one o	f a two page form. Both pages must be completed and ret	perator Certification Number: 4273			
	lease enter you're current address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: 11/1/2022		
co	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
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I. CERTIFICA	TES TO RENEW:		Training Units		
Certification Typ	oe Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
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Facility / Plant Nan	ne	Class 1	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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	I consent	to receive n	y 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 retu	Operator Certification Number: 4609		
	ease enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 11/1/20	
co	errect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
TEMPORARY	WATER TREATMENT		3	45
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not of	perating any Facility	Į I	provide contractual serv	vices to the Facility
Please provide the fe	ollowing information about each Facility/Plant that you oper	rate. Use addt	ional pages as needed.	
Facility / Plant Nam	e	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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Applicant's Signature:		Date			
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

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This is page one of	of a two page form. Both pages must be completed and retu	perator Certification Nu	umber: 4611		
	lease enter you're current address on the lines below and, if ne	ecessary,	Certification(s) shown below will expire on: 11/1/2022		
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Type	pe Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	operating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one of a two	page form. Both pages must be completed and retu	perator Certifcation N	umber: 5274	
	ter you're current address on the lines below and, if ne	cessary,	Certification(s) below will exp	
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certific	4 5 (1)
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES 7	ΓO RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WATER DISTRIBUTION		1	7
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:		I am employed b	y the Facility owner
I am currently not operating	any Facility	Į I	provide contractual ser	vices to the Facility
Please provide the following	g information about each Facility/Plant that you oper	ate. Use addt	ional pages as needed	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Applicant's Signature:		Date			
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one of	of a two page form. Both pages must be completed and retu	perator Certifcation Nu	mber: 5452		
	lease enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 11/1/2022		
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 I in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	pe Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	Ιp	rovide contractual serv	rices to the Facility	
Please provide the	following information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed.		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
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This is page one o	f a two page form. Both pages must be completed and ret	perator Certifcation Nu	ımber: 5772		
	lease enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 11/1/2022		
co	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 I in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	oe Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	perating any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the j	following information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed.		
Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and ret	erator Certification N	umber: 6317	
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp	
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
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Facility / Plant Na	me	Class P	DWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *			

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

This is page one of a tw	o page form. Both pages must be completed and return	erator Certifcation Nu	ımber: 7260	
KEITH A. DUKES Please 6	sary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	¥ 100
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICATES	TO RENEW:		- described	
Certification Type	Category		Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT		Α	16
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WATER TREATMENT		2	16
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or I	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operati	ng any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the follow	ing information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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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: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, 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 comple	Operator Certifcation Nu	mber: 7279	
	Please enter you're current address on the lines bel-	•	Certification(s) sh below will expir	
•	correct the City, state and ZIP Code. Please print legibly.	egibly.	The fee to renew to certificate	\$50
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facility	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I	provide contractual serv	ices to the Facility
Please provide the	following information about each Facility/Plant t	hat you operate. Use ada	ltional pages as needed.	
Facility / Plant Na	me	Class	PDWIS (Water) NPD	ES (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 retu	rned. Op	erator Certifcation Nu	mber: 7297
MARK MATHIS Plea	se enter you're current address on the lines below and, if neo	cessary,	Certification(s) sl below will expi	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not ope	rating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the foli	lowing information about each Facility/Plant that you opera	ate. Use addtio	onal pages as needed.	
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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	This is page one of a two page form. Both pages must be completed and returned. Open				Number: 7304
Ple	SHAWN EICHELBERGER Please enter you're current address on the lines below and,			Certification(s) shown below will expire on: 11/1/	
correct the City, state and ZIP Code. Please print legibly.				The fee to reno certif	ew these fications: \$50
				requirements b result in an	nplete or submit renewal by the expiration date will additional late fees as abed in Section V.
	TES TO RENEW:				Training Units
Certification Type	e Categ	ory		Class	Required
OPERATOR	WASTI	EWATER TREATMENT		5	30
OPERATOR	WASTI	EWATER TREATMENT		Α	16
II. CURRENT EN	IPLOYMENT INFORMA	TION			
Employer's Name:				Phone #:	
Number of Facilities	(or Plants) that you currently o	perate:		I am employed	l by the Facility owner
I am currently not op	erating any Facility		I pro	vide contractual s	services to the Facility
Please provide the fo	llowing information about each	n Facility/Plant that you operate. U	se addtion	al pages as neede	ed.
Facility / Plant Name		C	Class PI	OWIS (Water) N	NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
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This is page one of a two page	perator Certifcation Nu	umber: 7310			
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 11/1/202		
correct the 0	ect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by to result in an ad	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO	O RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plant	ts) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating a	ny Facility	ΙĮ	provide contractual serv	vices to the Facility	
Please provide the following	information about each Facility/Plant that you op	perate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one of	a two page form. Both pages must be completed and return	ed. Operator	Certification	Number: 7330
	D ase enter you're current address on the lines below and, if neces rect the City, state and ZIP Code. Please print legibly.		ertification(s below will ex	
cor	Th	ne fee to rene certif	ew these ications: \$100	
		requ	uirements by result in an	plete or submit renewal y the expiration date will additional late fees as ped in Section V.
I. CERTIFICAT	<u>ΓES TO RENEW:</u>			Training Units
Certification Type	e Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:	I a	m employed	by the Facility owner
I am currently not op	erating any Facility	I provide	contractual s	ervices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operate.	Use addtional pa	ges as neede	d.
Facility / Plant Name		Class PDWIS	(Water) N	PDES (Wastewater)
	(OVER)			



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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: Maryla	nd Board of Waterworks as	nd Waste Systems Operators
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPLETE A	APPLICATION WILL	BE RETURNED *

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

This is page one of a two page form. Both pages must be completed and returned. Open				perator Certification Number: 7354		
JOSHUA R. WHITLEY Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.				on(s) shown lll expire on: 11/1/2022		
				renew these striffications: \$100		
			requirement result in	complete or submit renewal ts by the expiration date will an additional late fees as ecribed in Section V.		
I. CERTIFICAT	<u>ΓES TO RENEW:</u>			Training Units		
Certification Type	e Category		Class	Required		
TEMPORARY	WASTEWATER	TREATMENT	5	45		
TEMPORARY	WASTEWATER	TREATMENT	Α	24		
TEMPORARY	WATER DISTRI	BUTION	1	24		
TEMPORARY	WASTEWATER	COLLECTION	2	24		
TEMPORARY	WATER TREAT	MENT	2	24		
II. CURRENT EN	IPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Facilities	(or Plants) that you currently operate:		I am emplo	yed by the Facility owner		
I am currently not op	erating any Facility		I provide contractu	al services to the Facility		
Please provide the fo	llowing information about each Facility	/Plant that you operate. Use a	ddtional pages as ne	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of	
Operator in Responsible Charge:	

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- 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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This is page one	of a two page form. Both pages must be completed and re	perator Certifcation N	umber: 7777	
	Please enter you're current address on the lines below and, if i	necessary,	Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	(51)
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
SUPERINTENDE	NT WATER TREATMENT		4	7
SUPERINTENDE	NT WATER TREATMENT		5	7
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	t operating any Facility	Ιp	provide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you ope	erate. Use addti	ional pages as needed	
Facility / Plant Na	ame	Class	PDWIS (Water) NP	DES (Wastewater)
	T			
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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This is page one of a two	perator Certification Number: 8068			
	ter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp	
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	g any Facility	I	provide contractual serv	vices to the Facility
Please provide the following	g information about each Facility/Plant that you oper	rate. Use add	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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Page 2

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This is page one of	of a two page form. Both pages must be completed an	perator Certifcation Nu	umber: 8467	
	lease enter you're current address on the lines below and		Certification(s) s below will exp	
С	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 the expiration date will Iditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:		Training Units	
Certification Ty	pe Category		Class	Required
OPERATOR	WASTEWATER COLLECTION	I	2	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Page 2

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Operator in Responsible Charge:	

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This is page one	of a two page form. Both pages must be completed and retu	rned. Operator Certification	n Number: 8756
	Please enter you're current address on the lines below and, if ne	Certification below will	
correct the City, state and ZIP Code. Please print legibly.		The fee to red	new these iffications: \$100
		requirements	mplete or submit renewal by the expiration date will n additional late fees as
			ibed in Section V.
I. CERTIFICA	ATES TO RENEW:		Training Units
Certification Ty	ype Category	Class	Required
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name:	:	Phone #	:
Number of Facilit	ies (or Plants) that you currently operate:	I am employe	ed by the Facility owner
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Please provide the	e following information about each Facility/Plant that you oper	ate. Use addtional pages as need	·led.
Facility / Plant Na	nme	Class PDWIS (Water)	NPDES (Wastewater)
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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	lease enter you're current address on the lines below and, it	f necessary,	Certification(s) s below will exp	11/1/11//
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	TES TO RENEW:			Training Units
Certification Typ	oe Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER TREATMENT		2	16
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not o	perating any Facility	Į Į	provide contractual serv	vices to the Facility
Please provide the j	following information about each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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Operator in Responsible Charge:	

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Applicant's Signature:	Date				
Last 4 digits of Social Security Number	Email Address				
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators					
Mail to: Maryland Department of the En	nvironment, P.O. Box 2057	, Baltimore, Maryland 21203-1708			
* AN INCOMPLETE A	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 re	Operator Certification Number: 8921		
	ase enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 11/1/202	
cor	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by to result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	e Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	erating any Facility	I	provide contractual serv	rices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you op	erate. Use addi	ional pages as needed.	
Facility / Plant Name	,	Class	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number	Email Address	
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Mail to: Maryland Department of the En	nvironment, 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 i	perator Certification Number: 8922		
	Please enter you're current address on the lines below and, it	f necessary,	Certification(s) s below will exp	
•	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facility	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility	I prov	vide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you o	perate. Use addtiond	al pages as needed.	
Facility / Plant Na	me	Class PD	WIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of	
Operator in Responsible Charge:	

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	Please enter you're current address on the lines below and, if ne	cessary,	Certification(s) shown below will expire on: 11/1/2022	
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
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	enter you're current address on the lines below and, if necessary	y ,	Certification(s) s below will exp		
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
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I. CERTIFICATES	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WATER TREATMENT		4	7	
II. CURRENT EMPI	OYMENT INFORMATION				
Employer's Name:			Phone #:		
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