



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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: **0013**

JOHN R. GRAHAM

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	4	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



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Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- 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 to the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

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Operator Certification Number: **0065**

JANAKI JOHNSON

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	4	24
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

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(OVER)



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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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Operator Certification Number: **0353**

LAVERNE JOHNSON

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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(OVER)



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Applicant's Signature: _____

Date _____

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Operator Certification Number: **0422**

SCOTT W. RYE

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Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

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I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Date _____

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Operator Certification Number: **0439**

DOUGLAS RALPH HASTINGS

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	5	30
SUPERINTENDENT	WASTEWATER TREATMENT	5	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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(OVER)



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Operator Certification Number: **0545**

RICHARD K. GREENE

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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: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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: **0625**

DENNIS ALLEN WALLECH

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **0657**

MARK M. BEHE

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

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Operator Certification Number: **0766**

VINCENT NEE

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

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Operator Certification Number: **0768**

HAROLD DANIEL PENDERGRAFT

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	4	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **0783**

DONNELL BROWNLEE

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Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator in Responsible Charge: _____

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Operator Certification Number: **0785**

PIRASSA F. HICKS, SR.

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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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

- 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 _____

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

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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Operator Certification Number: **0976**

LARRY HOLLINGSHEAD

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER COLLECTION	2	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **0987**

BRANDON L. PIERCE

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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: _____

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Operator Certification Number: **10039**

DONALD SHILLING

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **10044**

SCOTT MCCLASKEY

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator in Responsible Charge: _____

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Operator Certification Number: **10047**

JEREMY HALL

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Page 2

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Operator Certification Number: **10179**

DONALD SCHNEIDER, JR

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10182**

JUAN C. SPEARMAN

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **10249**

SIDNEY GRUPPER

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Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **10551**

AUSTIN OUELLETTE

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **10664**

CHRISTOPHER BRYANT

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of
Operator in Responsible Charge: _____

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Operator Certification Number: **10669**

OSHA HARRIS

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I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

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(OVER)



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Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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Operator Certification Number: **10670**

PETER HOCKADAY

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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- 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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Operator Certification Number: **10698**

JARED HAINES

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **1076**

TIMOTHY PEOPLES

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **10790**

ROBERT E KLEEMAN III

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **10805**

ZACHARY TATE

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator Certification Number: **10877**

DAVID VALLANDINGHAM

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

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certifications: **\$50**

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I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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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 to 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 _____

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

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11003**

LAWRENCE SCRANAGE

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Operator Certification Number: **11070**

BALDIP SURI

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

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Operator Certification Number: **11071**

CHRISTOPHER ROSS

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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Operator Certification Number: **11103**

JUSTIN BRADFORD

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **11104**

UMAR ABDUL-HAMID

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Page 2

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Date _____

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Operator Certification Number: **11105**

MATTHEW S MEYERS

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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 to the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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Operator Certification Number: **11106**

PATRICK ADAMS

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	5	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 _____

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Operator Certification Number: **11107**

GEORGE SHAWN LANE, JR

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	1	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 _____

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Operator Certification Number: **11108**

DANA BURNHAM, SR

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **11109**

DEJUAN CONAWAY

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **11110**

ANDREW C RITCHIE

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

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(OVER)



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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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: **11111**

ALLEN M KEITH

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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Operator Certification Number: **11112**

SCOTT JAMES DUKES

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **11113**

DOUGLAS T HAYES

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	3	45
TEMPORARY	WASTEWATER TREATMENT	3	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **11114**

SEAN P STACEY

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

Name and 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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Operator Certification Number: **11115**

GARY WASHINGTON

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24
TEMPORARY	WASTEWATER COLLECTION	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Page 2

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Name and Certification Number of
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Operator Certification Number: **11116**

PAUL GUNDERSEN

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
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certifications: **\$100**

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requirements by the expiration date will
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described in Section V.**

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

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(OVER)



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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

☐ *I consent to receive my certificate(s) by email in lieu of mail*



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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: **11117**

ROBERT MULLINIX

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature: _____

Date _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11118**

ALEX V JOHN

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	1	0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **11119**

ELIJAH MINOR

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

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Operator Certification Number: **11121**

KAMERON BURNS

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

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Operator Certification Number: **11122**

DESTANY GRIFFIN

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **11123**

WILLIAM B STREET JR

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WATER TREATMENT	1	24
TEMPORARY	WASTEWATER TREATMENT	5	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Page 2

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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 to 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 Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

☐ *I consent to receive my certificate(s) by email in lieu of mail*



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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Operator Certification Number: **11124**

WILLIAM FREDERICK SCULLEY

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	5	45
TEMPORARY	WATER TREATMENT	3	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **11125**

DESHAWN CATHEY

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **11127**

EDWIN ANDREW YANIGA JR

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **11129**

DAVID HOUCHENS

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **11130**

NICHOLAS COLEMAN

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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

This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: **11131**

DEAN M WENDLAND

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	3	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

☐ *I consent to receive my certificate(s) by email in lieu of mail*



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Operator Certification Number: **11132**

KYM HILTON WASHINGTON

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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Operator Certification Number: **11133**

JOSHUA SCHAUB

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	5	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **11134**

RANDALL LANE RINEHART, JR

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **11135**

KYLE GREEN

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

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Applicant's Signature: _____

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Operator Certification Number: **11136**

AUSTIN PHILLIPS

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

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certifications: **\$100**

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requirements by the expiration date will
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I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION 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.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

☐ *I consent to receive my certificate(s) by email in lieu of mail*



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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: **11137**

BRYAN SAMUELS

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature: _____

Date _____

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Operator Certification Number: **11138**

JONATHAN RATKOFF

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

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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 to the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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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 _____

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Operator Certification Number: **11139**

MARK A MURDOCK , JR

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

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Operator Certification Number: **11141**

SOLOMON LYNCH

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WASTEWATER TREATMENT	5	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____ Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **11142**

BARRY MAYO

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

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Operator Certification Number: **11144**

RANDY YOUNG TUEROS

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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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 to the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtaining full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

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



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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: **11145**

HASSAN TAYLOR

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- No course can be used more than one time for any three-year renewal period.
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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 to 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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Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **11149**

DOUGLAS RICHARD KOHL

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **11150**

ANDREW SMITH

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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APPLICATION FOR CERTIFICATION RENEWAL
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Please verify your information shown on this application and make any corrections as needed.

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Operator Certification Number: **11151**

WAYNE DEWS

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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: _____

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

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Operator Certification Number: **11152**

RASHARD WILLIAMS

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$100**

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requirements by the expiration date will
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described in Section V.**

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
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II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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

This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: **11153**

KEVAUGHN DAVIS

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

☐ *I consent to receive my certificate(s) by email in lieu of mail*



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Operator Certification Number: **11154**

WILLIAM BOULER

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24
TEMPORARY	WASTEWATER COLLECTION	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

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Operator Certification Number: **11155**

JOHN JACKSON

Certification(s) shown
below will expire on: **11/1/2022**

Please enter you're current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **11156**

SIMON JAMES

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **11157**

WILLIAM SHANNON

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

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Applicant's Signature: _____

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Operator Certification Number: **11160**

TYRON BISHOP

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

☐ *I consent to receive my certificate(s) by email in lieu of mail*



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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: **11161**

JASON MERKEL

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WATER TREATMENT	5	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up to 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 _____

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Operator Certification Number: **11162**

CHRISTIAN LAMB

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up to the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtaining 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 _____

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

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Operator Certification Number: **11163**

STUART A WILLIAMS

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11164**

JEFF BAKER

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	5	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- No course can be used more than one time for any three-year renewal period.
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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 to 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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Applicant's Signature: _____

Date _____

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Operator Certification Number: **11165**

BRIAN PIERCE

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	5	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____ Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **11175**

MICHAEL C OLTHOF

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

- 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 Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

☐ *I consent to receive my certificate(s) by email in lieu of mail*



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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: **11180**

KHALIL BENNETT

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **11189**

DEETTA MICHELLE WINEMILLER

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	1	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **11198**

BLESSIVE SMITH

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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requirements by the expiration date will
result in an additional late fees as
described in Section V.**

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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Operator Certification Number: **1140**

NEBUCHUEL B. WALKER

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **1181**

JASON E. MANNING

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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: **1380**

PABLO MENDIZABAL

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- 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 to the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

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Operator Certification Number: **1466**

JOHN D. NEDDO

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 _____

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Operator Certification Number: **1592**

CHRISTOPHER N. SOUSSANIN

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **1681**

KENNETH WAYNE MARKS

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 _____

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Operator Certification Number: **1812**

HERMAN S. SYKES

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	1	0
SUPERINTENDENT	INDUSTRIAL WASTEWATER	1	0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Operator Certification Number: **1879**

TODD R SUPPLE

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

☐ *I consent to receive my certificate(s) by email in lieu of mail*



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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: **1941**

WILLIAM MATT TUDER

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	S	16
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WASTEWATER TREATMENT	5	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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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 to 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 _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **2060**

MOLLIE P FAULKNER

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	5RO	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

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 to the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **2129**

GREGORY D. MCFARLAND

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **2190**

RAYMOND MOORE, JR.

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **2672**

DENNIS W UNDERWOOD JR

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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Operator Certification Number: **2885**

STEPHEN R. RUSHING

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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

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Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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Operator Certification Number: **2974**

BRIAN E. FORRESTER

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **2977**

ZACHARY BAST

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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V. LATE FEES AND REINSTATEMENT

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Date _____

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Operator Certification Number: **2991**

TODD KEYSER

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Date _____

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Operator Certification Number: **2992**

MICHAEL A. HYATT

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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Operator Certification Number: **3024**

JEFFREY M MCCLANATHAN

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

II. CURRENT EMPLOYMENT INFORMATION

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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: **3191**

WILLIAM C. COARD

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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Operator Certification Number: **3192**

NATHANIEL S. LOCKE

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

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Operator Certification Number: **3197**

JOHN P. BOUNDS

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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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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Operator Certification Number: **3198**

SANDRA DAWSON

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	4	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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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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Operator Certification Number: **3202**

LYMAN PHILLIPS

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Operator Certification Number: **3225**

DARRIUS WILLIE

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

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(OVER)



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V. LATE FEES AND REINSTATEMENT

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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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Operator Certification Number: **3227**

BRANDON GILMORE

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

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Operator Certification Number: **3296**

DWAYNE PEOPLES

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

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Operator Certification Number: **3455**

GEORGE HUBBARD III

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

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Operator Certification Number: **3498**

MATTHEW PAEPCKE

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	5AS	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **3684**

KEVIN ARTIS

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	4	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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Operator Certification Number: **3775**

DARYL BILLINGS

Certification(s) shown below will expire on: **11/1/2022**

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The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	1	0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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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 to 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 _____

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

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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Operator Certification Number: **4189**

ERIC WILSON

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

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Operator Certification Number: **4252**

GARY M. BILLUPS

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

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Operator Certification Number: **4273**

MELVIN CURBEAM

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

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Operator Certification Number: **4609**

KEITH WHITE

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	3	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **4611**

PHILLIP SEARS

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
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The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

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Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator Certification Number: **5274**

THOMAS M NEWQUIST, SR.

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER DISTRIBUTION	1	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

- 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 _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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Operator Certification Number: **5452**

LARRY W FRAZIER

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **5772**

EDWARD J KORDELL

Certification(s) shown
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Please enter your current address on the lines below and, if necessary,
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The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **6317**

WILLIAM H WOZNIAK

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **7260**

KEITH A. DUKES

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Operator Certification Number: **7279**

BILL WHITEMAN

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The fee to renew these certifications: **\$50**

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I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

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(OVER)



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

Applicant's Signature: _____ Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

☐ *I consent to receive my certificate(s) by email in lieu of mail*



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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Operator Certification Number: **7297**

MARK MATHIS

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

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Operator Certification Number: **7304**

SHAWN EICHELBERGER

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: _____

Date _____

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Operator Certification Number: **7310**

JARED SCHNURR

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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Operator Certification Number: **7330**

MICHAEL GOULD

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Date _____

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Operator Certification Number: **7354**

JOSHUA R. WHITLEY

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WATER DISTRIBUTION	1	24
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER TREATMENT	2	24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **7777**

JOHN WILLIAM MOORE

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	4	7
SUPERINTENDENT	WATER TREATMENT	5	7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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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

- 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 Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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Operator Certification Number: **8068**

KHADIJAH THORNTON

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **8467**

VELTA L. WILLIAMS

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **8756**

GEORGE M. DAVIDSON

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **8898**

MICHAEL NEAL DEMENT

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER TREATMENT	2	16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator Certification Number: **8921**

MICHAEL HORST

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator Certification Number: **8922**

JOHN R. HEPBURN

Certification(s) shown below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature: _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

☐ *I consent to receive my certificate(s) by email in lieu of mail*



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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

This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: **8928**

DANIEL LOCKE

Certification(s) shown
below will expire on: **11/1/2022**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

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

I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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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Operator Certification Number: **9838**

DANIEL C. COLE, SR.

Certification(s) shown below will expire on: **11/1/2022**

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The fee to renew these certifications: **\$50**

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Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	4	7

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