

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

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

This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	mber: <b>0353</b>	
	•	Please enter you're current address on the lines below and, if necessary		Certification(s) si below will expi	11/1////5
	correct the City, state and	ate and ZIP Code. Please print legibly.		The fee to renew certification	150
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>7:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		А	16
OPERATOR		WASTEWATER TREATMENT		5	30
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	urrently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility		ĮI	provide contractual serv	vices to the Facility
Please provide	the following information a	 bout each Facility/Plant that you o	operate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page on	ne of a two page form. Both pages must be completed and return	ed. Operator Certifcati	ion Number: <b>0422</b>
-	Please enter you're current address on the lines below and, if neces		on(s) shown Il expire on: 11/1/2025
	correct the City, state and ZIP Code. Please print legibly.		renew these striffications: \$50
		requirement result in	complete or submit renewal is by the expiration date will an additional late fees as cribed in Section V.
I. CERTIFIC	CATES TO RENEW:		<b>Training Units</b>
Certification <sup>1</sup>	Type Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT	Γ EMPLOYMENT INFORMATION		
Employer's Nam	ne:	Phone	#:
Number of Facil	lities (or Plants) that you currently operate:	I am emplo	yed by the Facility owner
I am currently no	ot operating any Facility	I provide contractu	al services to the Facility
Please provide t	the following information about each Facility/Plant that you operate	e. Use addtional pages as ne	eded.
Facility / Plant N	Name	Class PDWIS (Water)	NPDES (Wastewater)
	(OVER)		



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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		nter you're current address on the lines below and, if necessary, he City, state and ZIP Code. Please print legibly.		Certification(s) shelow will expire	11/1/20125	
	correct the City, state			The fee to renew certifica	4 17177	
					ete or submit renewal	
				requirements by the expiration date w result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENI	E <b>W:</b>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WATER TREATMENT		3	30	
OPERATOR		WASTEWATER TREATMENT		5	30	
SUPERINTEN	DENT	WASTEWATER TREATMENT		5	7	
II. CURREN	T EMPLOYMENT I	NFORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you	a currently operate:		I am employed by	the Facility owner	
I am currently n	ot operating any Facility	<u> </u>	Ιp	provide contractual serv	ices to the Facility	
Please provide	the following informatio	on about each Facility/Plant that you opera	te. Use addti	onal pages as needed.	_	
Facility / Plant ?	Name		Class	PDWIS (Water) NPD	ES (Wastewater)	
		(OVER)				



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•	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s) below will ex	11/1/20125	
	correct the City, state and ZIF	ty, 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. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Ca	ategory		Class	Required
TEMPORARY	W	ASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT INFOR	MATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	lities (or Plants) that you curren	tly operate:		I am employed	by the Facility owner
I am currently not operating any Facility		I p	rovide contractual se	rvices to the Facility	
Please provide	the following information about	each Facility/Plant that you operate	te. Use addti	onal pages as needed	1.
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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		re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.	necessary,	Certification(s) sh below will expir		
	correct the City, state and I			The fee to renew t certificat	\$50	
				requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WATER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner	
I am currently r	not operating any Facility	]	Ιp	provide contractual servi	ices to the Facility	
Please provide	the following information ab	— out each Facility/Plant that you op	erate. Use addti	ional pages as needed.		
Facility / Plant Name			Class	PDWIS (Water) NPD	ES (Wastewater)	
		(OVER)				



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Page 2

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•	•	you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	essary,	Certification(s) shown below will expire on		11/1/2025	
	correct the City, state and ZIF			The fee to renew these certifications: \$50			
						ion date will te fees as	
I. CERTIFIC	ATES TO RENEW:				Trair	ing Units	
Certification T	ype Ca	tegory		Class	Requ	_	
OPERATOR	W	ASTEWATER COLLECTION		2	16		
II. CURRENT	EMPLOYMENT INFOR	MATION					
Employer's Name	::			Phone #:			
Number of Facili	ties (or Plants) that you curren	ily operate:		I am employed	by the Facilit	y owner	
I am currently no	t operating any Facility	<del></del>	ΙĮ	provide contractual s	ervices to the	Facility	
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Facility / Plant Name		Class	PDWIS (Water) N	PDES (Waste	ewater)		



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#### VII. APPLICANT'S STATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one	of a two page form. Both pages must be comple	eted and returned.	Operator Certificatio	n Number:	0766
•	Please enter you're current address on the lines be		Certification below will	n(s) shown expire on:	11/1/2025
	correct the City, state and ZIP Code. Please print	tate and ZIP Code. Please print legibly.	The fee to re	enew these tifications:	\$100
			requirements result in a		
	ATES TO RENEW:				aining Units
Certification Ty	ype Category		Class	Re	quired
OPERATOR	WATER DISTRIBUTION	ON	1	16	
OPERATOR	WASTEWATER COL	LECTION	2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #	<b>‡:</b>	
Number of Facilit	ies (or Plants) that you currently operate:		I am employe	ed by the Fac	ility owner
I am currently not	operating any Facility		I provide contractual	l services to t	the Facility
Please provide the	e following information about each Facility/Plant	that you operate. Use ad	ldtional pages as nee	ded.	
Facility / Plant Na	me	Class	PDWIS (Water)	NPDES (Wa	astewater)
		<u>,                                      </u>			
	(1	OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- 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	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and return			• Operator Certification Number: 0		
PENDERGRAFT  Please enter you're current address on the lines below and, if a correct the City, state and ZIP Code. Please print legibly.		essary,	Certification(s) below will exp	11/1//11/5	
			The fee to renew these certifications: \$50		
			Failure to complete or submit rerequirements by the expiration da result in an additional late fees described in Section V.		
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WATER TREATMENT		4	7	
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Pl	ants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility			
Please provide the following	ng information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.		
Facility / Plant Name		Class F	PDWIS (Water) NP	DES (Wastewater)	
	(OVER)				



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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

This is page one of a two page form. Both pages must be completed and returned. Ope			perator Certification N	umber: <b>0785</b>	
•	•	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) s below will exp	11/1////5
	correct the City, state an			The fee to renew certific	\$100
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEV	<u>V:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nan	me:			Phone #:	
Number of Faci	ilities (or Plants) that you c	urrently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility		
Please provide	the following information	— about each Facility/Plant that you op	erate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation N	umber: <b>0976</b>	
HOLLINGSHEAD  Please enter you're current address on the lines belo		necessary,	Certification(s) below will exp		
correct the City, state and ZIP Code. Please print leg	ect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATI	ES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER COLLECTION		2	7	
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (c	or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility		I	provide contractual ser	rvices to the Facility	
Please provide the foll	owing information about each Facility/Plant that you op	perate. Use addt	ional pages as needed		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
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This is page one of a two page form. Both pages must be completed and returned.			urned. C	Operator Certification N	umber: <b>0987</b>
•	•	er you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will exp	
	correct the City, state and			The fee to renew certific	\$50
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW	<u>'•</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide	the following information a	bout each Facility/Plant that you oper	rate. Use addi	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	mber: <b>10044</b>
•	Please enter you're current address on the lines below and, if r	necessary,	Certification(s) s below will expi	11/1////5
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ij	provide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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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

- 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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Nun	nber: 10047
•	Please enter you're current address on the lines b		Certification(s) she below will expire	
	correct the City, state and ZIP Code. Please prin	t legibly.	The fee to renew the certificate	\$50
			— requirements by th result in an add	te or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	rpe Category		Class	Required
OPERATOR	WASTEWATER CO	LLECTION	2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by t	the Facility owner
I am currently not	operating any Facility		I provide contractual servi	ces to the Facility
Please provide the	following information about each Facility/Plan	t that you operate. Use add	dtional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPDI	ES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			tor Certifcation N	umber: <b>10179</b>
•	enter you're current address on the lines below and, if no	ecessary,	Certification(s) selow will exp	11/1/20125
	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES	S TO RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or F	Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not operation	ng any Facility	I provid	de contractual ser	vices to the Facility
Please provide the follow	ing information about each Facility/Plant that you ope	rate. Use addtional	pages as needed.	
Facility / Plant Name		Class PDW	/IS (Water) NP	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page on	ne of a two page form. Bo	th pages must be completed and ret	turned.	perator Certifcation Nu	umber: 10182	
•	•	e current address on the lines below and, if necessary, tate and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp		;
	correct the City, state and			The fee to renew certification		
				requirements by result in an ad	lete or submit renewa the expiration date w lditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>'-</u>			Training Units	5
Certification	Type	Category		Class	Required	
SUPERINTENI	DENT	WASTEWATER TREATMENT		5	7	
SUPERINTENI	DENT	WASTEWATER TREATMENT		А	7	
II. CURRENT	ΓEMPLOYMENT IN	FORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner	╗
I am currently no	ot operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide t	the following information a	— bout each Facility/Plant that you ope	erate. Use addt	ional pages as needed.		
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	
		(OVER)				



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned			rned. O	Operator Certification Number: 10249		
•	•	r you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) s below will exp		
	correct the City, state and ZI			The fee to renew certific	\$50	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type C	ategory		Class	Required	
OPERATOR	II	NDUSTRIAL WASTEWATER		6	16	
II. CURREN	T EMPLOYMENT INFO	RMATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you curre	ntly operate:		I am employed by	y the Facility owner	
I am currently n	not operating any Facility		Ιj	provide contractual ser	vices to the Facility	
Please provide	the following information abou	ut each Facility/Plant that you oper	ate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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PEOPLES	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) s below will exp		
				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. CERTIFI	<b>CATES TO RENEW:</b>				Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Name:			Phone #:		
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide	the following information ab	— out each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 10790		
	Please enter you're current address on the lines below and, if necessity	essary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	(51)	
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.		
	ATES TO RENEW:			<b>Training Units</b>	
Certification Ty	ype Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		Α	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		I prov	ide contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtiona	l pages as needed.		
Facility / Plant Na	ame	Class PDV	WIS (Water) NP	DES (Wastewater)	
	(OVER)				



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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



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This is page one	e of a two page form. Both	pages must be completed and retu	rned. O <sub>l</sub>	perator Certification Nu	mber: <b>10805</b>
TATE	•	se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.		Certification(s) s below will expi	
	correct the City, state and Z			The fee to renew certification	4 5 11
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	ATES TO RENEW:			– described	
Certification T		Category		Class	Training Units Required
OPERATOR	\	WASTEWATER TREATMENT		5	30
OPERATOR	1	WASTEWATER TREATMENT		А	16
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Name	<b>:</b> :			Phone #:	
Number of Facilit	ties (or Plants) that you curre	ently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιp	rovide contractual serv	rices to the Facility	
Please provide th	e following information abo	ut each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	_
Facility / Plant Na	ame		Class ]	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation N	umber: 10877	
	ease enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 11/1/202		
correct the City, state and ZIP Code. Please print legi	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICA	TES TO RENEW:		4000110	Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		I pr	I provide contractual services to the Facility		
Please provide the fe	ollowing information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and return			Operator Certification N	Number: <b>11003</b>
SCRANAGE	Please enter you're current address on the lines below and, if necessary,	Certification(s) below will ex	11/1/20125	
	correct the City, state and ZIP Code. Ple	orrect the City, state and ZIP Code. Please print legibly.	The fee to renecertifi	w these cations: \$50
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as sed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7	Type Category		Class	Required
TEMPORARY	WATER TRE	ATMENT	1	24
II. CURRENT	EMPLOYMENT INFORMATION	N		
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate		I am employed	by the Facility owner
I am currently not operating any Facility		<del></del>	I provide contractual se	rvices to the Facility
Please provide t	he following information about each Faci	lity/Plant that you operate. Use a	uddtional pages as needed	<i>i</i> .
Facility / Plant Name		Class	s PDWIS (Water) NI	PDES (Wastewater)
		(OVER)		



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Opera			Operator Certifcation Numb	er: <b>11107</b>
	Please enter you're current address on the lines below		Certification(s) show below will expire	11/1////5
	correct the City, state and ZIP Code. Please print legi	bly.	The fee to renew the certificatio	4 1 / 1 / 1
			Failure to complete	
			<ul> <li>requirements by the result in an addit</li> <li>described in</li> </ul>	ional late fees as
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
TEMPORARY	WASTEWATER TREATN	MENT	5	45
TEMPORARY	WASTEWATER TREATM	MENT	А	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by the	e Facility owner
I am currently	not operating any Facility	I	provide contractual service	s to the Facility
Please provide	the following information about each Facility/Plant tha	t you operate. Use add	tional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPDES	S (Wastewater)
	(OV	ED)		
	l(Ov	LIX)		



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and return			perator Certification Nu	mber: <b>11110</b>
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) si below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification T	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		1	24
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Employer's Name	e:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Na	ame	Class I	PDWIS (Water) NPI	DES (Wastewater)
	Korren			
	(OVER)			



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Page 2

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This is page of	ne of a two page form. Both	pages must be completed and retu	rned. O	perator Certifcation Nu	mber: <b>11117</b>
•	•	r you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) s below will expi	
	correct the City, state and			The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:				<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility	_	ΙI	provide contractual serv	rices to the Facility
Please provide	the following information ab	out each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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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		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page or	ne of a two page form. Bo	th pages must be completed and	returned.	perator Certifcation Nu	mber: 11123
	•	Please enter you're current address on the lines below and, if necessar		Certification(s) s below will expi	11/1////5
	correct the City, state and	d ZIP Code. Please print legibly.		The fee to renew certification	<b>XIIII</b>
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW	<u>'.</u>			<b>Training Units</b>
Certification	Туре	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		А	24
OPERATOR		WATER TREATMENT		1	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility		I	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you	operate. Use addt	ional pages as needed.	_
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
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Please verify your information shown on this application and make any corrections as needed.

This is page o	ne of a two page form. Bot	th pages must be completed and re	<b>turned.</b> C	perator Certifcation Nu	ımber: <b>11124</b>
		e current address on the lines below and, if necessary,		Certification(s) s below will expi	11/1////5
	correct the City, state and	te and ZIP Code. Please print legibly.		The fee to renew certification	\$100
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFI	CATES TO RENEW	<u>':</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
TEMPORARY		INDUSTRIAL WASTEWATER		5	45
TEMPORARY		WATER TREATMENT		3	45
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility		Ij	provide contractual serv	vices to the Facility
Please provide	the following information a	— bout each Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page of	one of a two page form. Both	pages must be completed and retu	rned. O	perator Certifcation N	Tumber: 11125	5
•	•	se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) below will ex		2025
	correct the City, state and 2			The fee to renev	v these cations: \$50	
				requirements by result in an a	olete or submit r the expiration of dditional late fe ed in Section V.	late will
I. CERTIF	ICATES TO RENEW:				Training	Units
Certification	n Type	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		Α	16	
II. CURREN	NT EMPLOYMENT INFO	ORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you curr	ently operate:		I am employed b	y the Facility ow	ner
I am currently	not operating any Facility	<u> </u>	Ιp	provide contractual se	rvices to the Faci	lity
Please provide	e the following information abo	out each Facility/Plant that you oper	ate. Use addti	ional pages as needed	1.	
Facility / Plant	Name		Class	PDWIS (Water) NF	PDES (Wastewate	er)
		(OVER)				



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This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation Nu	ımber: 11129	
	se enter you're current address on the lines below and, if necess	ary,	Certification(s) s below will exp		
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICAT	ES TO RENEW:			Training Units	
<b>Certification Type</b>	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (	or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I pro	ovide contractual serv	vices to the Facility	
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Facility / Plant Name		Class PI	OWIS (Water) NPI	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

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•	ase enter you're current address on the lines below and, if necessary,		Certification below will	11/1/20125
	correct the City, state and ZIP Code. Please prin	City, state and ZIP Code. Please print legibly.	The fee to rer	new these ifications: \$50
			Failure to complete or submit renewa requirements by the expiration date we result in an additional late fees as described in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	rpe Category		Class	Required
TEMPORARY	INDUSTRIAL WAS	TEWATER	3	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #	: <u> </u>
Number of Faciliti	es (or Plants) that you currently operate:		I am employe	d 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/Plan	nt that you operate. Use add	dtional pages as need	led.
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned			ed. Op	perator Certifcation Nu	mber: 11133
•	•	se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.	ssary,	Certification(s) sh below will expir	11/1/20125
	correct the City, state and ZIP Co			The fee to renew t	\$50
				requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Type Cate	gory		Class	Required
TEMPORARY	WATE	ER TREATMENT		2	24
II. CURREN	T EMPLOYMENT INFORMA	ATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently of	pperate:		I am employed by	the Facility owner
I am currently not operating any Facility			I p	rovide contractual servi	ices to the Facility
Please provide	the following information about each	ch Facility/Plant that you operate	e. Use addtio	onal pages as needed.	
Facility / Plant Name			Class I	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

Name and Certification Number of
Operator in Responsible Charge:

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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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page of	one of a two page form. Both	pages must be completed and retu	rned. O	perator Certifcation Nu	ımber: 11136
•	•	r you're current address on the lines below and, if neces	cessary,	Certification(s) s below will expi	
	correct the City, state and 2	City, state and ZIP Code. Please print legibly.		The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW:				<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		А	16
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	rilities (or Plants) that you curr	ently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	<u> </u>	ΙI	provide contractual serv	vices to the Facility
Please provide	the following information abo	out each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



#### **III. CONTINUING EDUCATION:**

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned			<b>turned.</b> C	Operator Certification Number: 111		
•	•	er you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	11/1/20125	
	correct the City, state a			The fee to renew certific	\$100	
				<ul> <li>requirements by result in an ac</li> </ul>	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIF	ICATES TO RENE	<u>W:</u>			<b>Training Units</b>	
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION		2	16	
OPERATOR		WATER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	ilities (or Plants) that you	currently operate:		I am employed b	y the Facility owner	
I am currently	not operating any Facility		Ij	provide contractual ser	vices to the Facility	
Please provide	the following information	about each Facility/Plant that you op	erate. Use addt	ional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page of	ne of a two page form. Both pages must be co	mpleted and returned.	Operator Certification	n Number:	11153
•	Please enter you're current address on the line		Certification below will	n(s) shown expire on:	11/1/2025
	correct the City, state and ZIP Code. Please p	, state and ZIP Code. Please print legibly.		enew these tifications:	\$100
			requirements	by the expi	ubmit renewal ration date will I late fees as ction V.
I. CERTIFI	CATES TO RENEW:			Tr	aining Units
Certification	Type Category		Class		quired
OPERATOR	WATER DISTRIB	UTION	1	16	<b>;</b>
OPERATOR	WASTEWATER (	COLLECTION	2	16	3
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nar	me:		Phone #	<b>#:</b>	
Number of Faci	ilities (or Plants) that you currently operate:		I am employ	ed by the Fa	cility owner
I am currently r	not operating any Facility	_	I provide contractua	l services to	the Facility
Please provide	the following information about each Facility/P	lant that you operate. Use ad	ldtional pages as nee	ded.	
Facility / Plant	Name	Class	PDWIS (Water)	NPDES (W	astewater)
		(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			<b>l.</b> Op	erator Certifcation Nu	mber: <b>11156</b>
•	•	ase enter you're current address on the lines below and, if necessary, eect the City, state and ZIP Code. Please print legibly.	ary,	Certification(s) sl below will expir	
	correct the City, state and ZIP Cod			The fee to renew these certifications: \$50	
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Type Catego	ory		Class	Required
OPERATOR	WATER	RDISTRIBUTION		1	16
II. CURREN	TEMPLOYMENT INFORMA	ΓΙΟΝ			
Employer's Nan	ne:			Phone #:	
Number of Facil	ities (or Plants) that you currently op	perate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	<del></del>	I pı	ovide contractual serv	ices to the Facility
Please provide i	he following information about each	Facility/Plant that you operate.	Use addtic	onal pages as needed.	
Facility / Plant Name			Class F	PDWIS (Water) NPD	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page on	e of a two page form. Both page	s must be completed and return	e <b>d.</b> Op	erator Certifcation	n Number:	11174
HURLEY	Please enter you're current address on the lines below and, if necessary,		sary,	Certification( below will	` /	11/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to rer	new these ifications:	\$50	
				Failure to complete or submit renew requirements by the expiration date we result in an additional late fees as described in Section V.		ration date will l late fees as
I. CERTIFIC	CATES TO RENEW:				Tr	aining Units
Certification 7	Type Cate	gory		Class		quired
TEMPORARY	WAS	TEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORM	ATION				
Employer's Name	e:			Phone #:	:	
Number of Facili	ities (or Plants) that you currently	operate:		I am employe	d by the Fa	cility owner
I am currently no	ot operating any Facility	<del></del>	I pı	ovide contractual	services to	the Facility
Please provide th	ne following information about ea	ch Facility/Plant that you operate.	. Use addtio	nal pages as need	led.	
Facility / Plant N	ame		Class P	DWIS (Water)	NPDES (W	astewater)



#### **III. CONTINUING EDUCATION:**

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* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of	f a two page form. Both pages must be completed and returne	ed. Operator Certifica	ation Number: 11189	
	ease enter you're current address on the lines below and, if necess		tion(s) shown will expire on: 11/1/2025	
co	orrect the City, state and ZIP Code. Please print legibly.		o renew these certifications: \$50	
		requireme result i	Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.	
I. CERTIFICA	TES TO RENEW:		Training Units	
Certification Typ	e Category	Class		
TEMPORARY	WASTEWATER TREATMENT	5	45	
TEMPORARY	WASTEWATER TREATMENT	А	24	
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:		Phon	ne #:	
Number of Facilities	s (or Plants) that you currently operate:	I am empl	loyed by the Facility owner	
I am currently not of	perating any Facility	I provide contract	tual services to the Facility	
Please provide the f	collowing information about each Facility/Plant that you operate.	Use addtional pages as r	needed.	
Facility / Plant Name	e	Class PDWIS (Water	r) NPDES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

#### VII. APPLICANT'S STATEMENT

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

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



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

This is page one of a two page form. Both pages must be completed and returned.			urned.	Operator Certification Number: 1181		
•	•	ter you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp		
	correct the City, state and Z			The fee to renew these certifications: \$50		
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		INDUSTRIAL WASTEWATER		2	0	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you curr	ently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility		
Please provide	the following information abo	– out each Facility/Plant that you oper	rate. Use addi	ional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



#### **III. CONTINUING EDUCATION:**

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and return			ned. O	perator Certifcation Nu	mber: 12033
•	•	you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	essary,	Certification(s) sh below will expin	11/1/20125
	correct the City, state an			The fee to renew to certificate	\$50
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>/:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you co	urrently 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 c	— about each Facility/Plant that you opera	ıte. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)	
		(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcati	ion Number: <b>12054</b>
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.		on(s) shown Il expire on: 11/1/2025
	correct the City, state and ZIP Code. Please		The fee to r	renew these ertifications: \$50
			requirement result in	complete or submit renewal to by the expiration date will an additional late fees as cribed in Section V.
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DISTR	IBUTION	1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone	#:
Number of Fac	cilities (or Plants) that you currently operate:		I am employ	yed by the Facility owner
I am currently not operating any Facility			I provide contractua	al services to the Facility
Please provide	the following information about each Facility	/Plant that you operate. Use a	ddtional pages as ne	eded.
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			eturned. O	perator Certifcation Nu	ımber: 12232
•	•	e current address on the lines below and, if necessary,		Certification(s) s below will exp	11/1/20125
	correct the City, state and	te and ZIP Code. Please print legibly.		The fee to renew certification	<b>\$100</b>
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u> </u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR		WATER TREATMENT		1	16
SUPERINTENI	DENT	WATER TREATMENT		1	7
II. CURRENT	ΓEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		ΙĮ	provide contractual serv	vices to the Facility
Please provide t	he following information ab	out each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			turned. C	perator Certifcation Nu	ımber: 12556	
•	Please enter you're current address on the lines below and, if necessary,		necessary,	Certification(s) si below will expi	11/1////5	
	correct the City, state and Z	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 5 (1)	
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:			described	Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR	V	VATER DISTRIBUTION		1	16	
II. CURREN	Γ EMPLOYMENT INFO	RMATION				
Employer's Nan	ne:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner		
I am currently not operating any Facility		Ij	provide contractual serv	vices to the Facility		
Please provide	the following information abou	- ut each Facility/Plant that you op	erate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



#### **III. CONTINUING EDUCATION:**

Page 2

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- 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: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	bv emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1256		
•	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as		
I. CERTIFIC	CATES TO RENEW:		– describe	d in Section V.	
Certification 7			Class	Training Units Required	
TEMPORARY	WATER TREATMENT		3	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		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 pı	ovide contractual serv	vices to the Facility	
Please provide th	he following information about each Facility/Plant that you operat	te. Use addtio	onal pages as needed.		
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 12605		
•	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$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. CERTIFIC	CATES TO RENEW:		- described	Training Units	
Certification T	<del></del>		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		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 p	rovide contractual serv	vices to the Facility	
Please provide th	ne following information about each Facility/Plant that you ope	rate. Use addtie	onal pages as needed.		
Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
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This is page one of a two page form. Both pages must be completed and returned.			erator Certification Nur	mber: 12631
•	Please enter you're current address on the lines below and, if n	necessary,	Certification(s) sh below will expin	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew t	150
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIF	ICATES TO RENEW:			<b>Training Units</b>
Certification	n Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	/ WASTEWATER TREATMENT		Α	24
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	I pr	ovide contractual servi	ces to the Facility
Please provide	e the following information about each Facility/Plant that you ope	erate. Use addtio	nal pages as needed.	
Facility / Plant	Name	Class P	DWIS (Water) NPD	ES (Wastewater)
	(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
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This is page o	one of a two page form. Bot	h pages must be completed and retu	rned. Ope	erator Certifcation N	Jumber: 12632	
•	•	nter you're current address on the lines below and, if necessary, ne City, state and ZIP Code. Please print legibly.		Certification(s) below will ex		
	correct the City, state and			The fee to renev	v these cations: \$100	
					olete or submit renewal	
				result in an a	by the expiration date will n additional late fees as	
I CERTIFI	ICATES TO RENEW			- describ	ed in Section V.	
Certification		<u>.</u> Category		Class	Training Units Required	
TEMPORARY	,	WATER TREATMENT		4	45	
TEMPORARY	,	WATER TREATMENT		5DE	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY	,	WASTEWATER TREATMENT		Α	24	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you cu	rrently operate:		I am employed b	by the Facility owner	
I am currently	not operating any Facility		I pro	ovide contractual se	rvices to the Facility	
Please provide	the following information at	— bout each Facility/Plant that you operc	te. Use addtio	nal pages as needea	<u></u>	
Facility / Plant	Name		Class P	DWIS (Water) NF	PDES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned. Open			erator Certifcation Nu	ımber: <b>12655</b>		
		e enter you're current address on the lines below and, if necessary, et the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	11/1//11/5	
	correct the City, state and Z			The fee to renew certification	¥ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					ete or submit renewal the expiration date will	
				result in an ad	n additional late fees as ribed in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification <sup>1</sup>	Туре	Category		Class	Required	
TEMPORARY		WATER TREATMENT		3	45	
TEMPORARY		WATER TREATMENT		5AS	24	
TEMPORARY		WASTEWATER TREATMENT		Α	24	
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you curr	ently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility	]	I pr	ovide contractual serv	vices to the Facility	
Please provide t	he following information abo	_ out each Facility/Plant that you operc	ite. Use addtio	onal pages as needed.		
Facility / Plant N	Jame		Class P	DWIS (Water) NPI	DES (Wastewater)	
		· · · · · · · · · · · · · · · · · · ·				
		(OVER)				



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page of	one of a two page form. Bot	h pages must be completed and return	ed. Op	erator Certification 1	Number: <b>12656</b>	į
PEYTON		ou're current address on the lines below and, if necessary, y, state and ZIP Code. Please print legibly.		Certification(s) below will ex		
	correct the City, state and			The fee to rene certifi	ew these ications: \$100	\$100
				requirements by result in an	plete or submit re y the expiration d additional late fee bed in Section V.	late will
I. CERTIF	ICATES TO RENEW	<u>.</u>			Training	Units
Certification	туре	Category		Class	Required	
TEMPORARY	,	INDUSTRIAL WASTEWATER		2	0	
TEMPORARY	,	WASTEWATER TREATMENT		Α	24	
TEMPORARY	,	WASTEWATER TREATMENT		5	45	
TEMPORARY	,	WATER TREATMENT		4	45	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you cu	rrently operate:		I am employed	by the Facility own	ner
I am currently	not operating any Facility		I pr	ovide contractual se	ervices to the Facil	lity
Please provide	the following information at	bout each Facility/Plant that you operate	. Use addtio	nal pages as neede	rd.	
Facility / Plant	Name		Class P	DWIS (Water) N	PDES (Wastewate	er)
		(OVER)				
		(OVER)				



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page or	ne of a two page form. Bot	h pages must be completed and retu	irned. C	perator Certifcation N	umber: <b>12657</b>
•	•	se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
	correct the City, state and			The fee to renew certific	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	• •			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
TEMPORARY		WATER DISTRIBUTION		1	24
II. CURREN	Γ EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cur	rrently operate:		I am employed by	y the Facility owner
I am currently n	ot operating any Facility	_	Ιĵ	provide contractual ser	vices to the Facility
Please provide	the following information al	bout each Facility/Plant that you oper	rate. Use addt	ional pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NP	DES (Wastewater)
		(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned			rned. O	Operator Certification Number: 12658		
•	•	ase enter you're current address on the lines below and, if necessary, eet the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) s below will exp		
	correct the City, state and ZIP			The fee to renew certification	950	
				requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW:			uescribe	Training Units	
Certification	Type Car	tegory		Class	Required	
TEMPORARY	INI	DUSTRIAL WASTEWATER		5	45	
II. CURREN	T EMPLOYMENT INFOR	MATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you current	y operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		ΙĮ	provide contractual ser	vices to the Facility		
Please provide	the following information about o	each Facility/Plant that you oper	ate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			urned. O	perator Certifcation Nur	mber: <b>12659</b>
•	•	er you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) sh below will expir	
	correct the City, state and			The fee to renew to certificat	\$50
				requirements by the result in an add	te or submit renewal te expiration date will litional late fees as in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Type	Category		Class	Required
TEMPORARY		INDUSTRIAL WASTEWATER		5	45
II. CURREN	ΓEMPLOYMENT INFO	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility		Ιj	provide contractual servi	ces to the Facility
Please provide i	the following information ab	— out each Facility/Plant that you oper	rate. Use addt	ional pages as needed.	_
Facility / Plant Name			Class	PDWIS (Water) NPD	ES (Wastewater)



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Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
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This is page of	one of a two page form. Bo	oth pages must be completed and	returned. O	perator Certifcation Nu	mber: <b>12660</b>
•	•	u're current address on the lines below and, if necessa		Certification(s) sl below will expi	11/1/20125
	correct the City, state an	ate and ZIP Code. Please print legibly.		The fee to renew certifica	450
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEV	<u>V:</u>			<b>Training Units</b>
Certification	າ Type	Category		Class	Required
TEMPORARY	(	WASTEWATER TREATMENT		5	45
TEMPORARY	(	WASTEWATER TREATMENT		Α	24
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	ame:			Phone #:	
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιį	provide contractual serv	ices to the Facility
Please provide	e the following information	— about each Facility/Plant that you o	operate. Use addt	ional pages as needed.	_
Facility / Plant	t Name		Class	PDWIS (Water) NPD	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			rned. C	Operator Certification Number: 12661		
•	•	se enter you're current address on the lines below and, if necessary		Certification(s) below will exp		
	correct the City, state and	e City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$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. CERTIFI	CATES TO RENEW	• •			Training Units	
Certification	Туре	Category		Class	Required	
TEMPORARY		WASTEWATER COLLECTION		2	24	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed b	by the Facility owner	
I am currently n	ot operating any Facility	_	I	provide contractual ser	rvices to the Facility	
Please provide	the following information al	bout each Facility/Plant that you oper	ate. Use addt	ional pages as needed	 :	
Facility / Plant Name		Class	PDWIS (Water) NP	PDES (Wastewater)		



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Open				Operator Certifcation N	umber: <b>12662</b>
	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
				Failure to complete or submit renewarequirements by the expiration date we result in an additional late fees as described in Section V.	
I. CERTIFI	<b>ICATES TO RENEW</b> :	<u>.</u>		4000110	Training Units
Certification	Туре	Category		Class	Required
TEMPORARY	,	INDUSTRIAL WASTEWATER		2	0
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed b	y the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility			
Please provide	the following information ab	out each Facility/Plant that you oper	rate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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

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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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



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This is page o	one of a two page form. Both p	ages must be completed and return	ned. O <sub>j</sub>	perator Certifcation Nu	mber: <b>12663</b>
BARNETT	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ssary,	Certification(s) sl below will expi		
			The fee to renew certifica		
				Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.	
I. CERTIF	ICATES TO RENEW:				<b>Training Units</b>
Certification	Type C	ategory		Class	Required
TEMPORARY	W	ASTEWATER TREATMENT		Α	24
TEMPORARY	W	ASTEWATER TREATMENT		5	45
II. CURREN	T EMPLOYMENT INFOR	RMATION			
Employer's Na	me:			Phone #:	
Number of Fac	ilities (or Plants) that you curren	tly operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I p	rovide contractual serv	vices to the Facility	
Please provide	the following information about	each Facility/Plant that you operat	e. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
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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 an	nd Waste Systems Operators	
Mail to: Maryland Department o	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	mber: <b>12664</b>	
•	•	e enter you're current address on the lines below and, if necessary, et the City, state and ZIP Code. Please print legibly.	f necessary,	Certification(s) sl below will expir	
	correct the City, state and			The fee to renew certifica	\$50
				requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
I. CERTIFI	CATES TO RENEW	<u>.</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORARY		WATER TREATMENT		4	45
II. CURREN	Γ EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		I	provide contractual serv	ices to the Facility	
Please provide	the following information a	— bout each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPD	ES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page of	one of a two page form. Both pages	must be completed and returned.	Operator Certification Nun	nber: <b>12665</b>	
-	•	s on the lines below and, if necessary,	Certification(s) she below will expire		
	correct the City, state and ZIP Co	City, state and ZIP Code. Please print legibly.	The fee to renew the certificate		
			requirements by th result in an add	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIF	<b>ICATES TO RENEW:</b>		described	Training Units	
Certification	Type Categ	jory	Class	Required	
TEMPORARY	v WATE	ER DISTRIBUTION	1	24	
TEMPORARY	/ WAS	TEWATER COLLECTION	2	24	
II. CURREN	NT EMPLOYMENT INFORMA	ATION			
Employer's Na	me:		Phone #:		
Number of Fac	cilities (or Plants) that you currently of	pperate:	I am employed by	the Facility owner	
I am currently not operating any Facility			I provide contractual servi	ces to the Facility	
Please provide	the following information about eac	h Facility/Plant that you operate. Use	e addtional pages as needed.	_	
Facility / Plant	Name	Cla	ass PDWIS (Water) NPDI	ES (Wastewater)	
		(OVER)			



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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: 12666		
	you're current address on the lines below and, if neces	essary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legib	City, state and ZIP Code. Please print legibly.		The fee to renew certification	620	
			Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.		
I. CERTIFICATES TO	O RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants	s) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I pro	ovide contractual serv	vices to the Facility	
Please provide the following is	information about each Facility/Plant that you operat	te. Use addtioi	nal pages as needed.		
Facility / Plant Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned			Operator Certification Nun	nber: <b>12667</b>
WINPIGLER Ple	Please enter you're current address on the lines below and, if necessary	•	Certification(s) sho below will expire	
	correct the City, state and ZIP Code. Please p	rint legibly.	The fee to renew the certification	\$50
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification `	Type Category		Class	Required
TEMPORARY	WATER DISTRIB	UTION	1	24
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by t	he Facility owner
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Facility / Plant Name		Class	PDWIS (Water) NPDI	ES (Wastewater)
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Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Num	ber: 12668
CONNER  Please enter you're current address on the lines be correct the City, state and ZIP Code. Please print		ou're current address on the lines below and, if necessary,	necessary,	Certification(s) sho below will expire	
	IP Code. Please print legibly.		The fee to renew the certification	620	
				— requirements by the result in an addi	e or submit renewal e expiration date will tional late fees as in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification <sup>7</sup>	Type	Category		Class	Required
TEMPORARY		WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you curr	ently operate:		I am employed by t	he Facility owner
I am currently not operating any Facility		I	provide contractual service	es to the Facility	
Please provide t	he following information abo	ut each Facility/Plant that you op	erate. Use add	tional pages as needed.	_
Facility / Plant Name			Class	PDWIS (Water) NPDE	ES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	ımber: <b>12669</b>	
	ease enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp		
	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ιp	provide contractual serv	vices to the Facility	
Please provide the fe	ollowing information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			ator Certifcation Nu	ımber: 12670
	Please enter you're current address on the lines below and, i	f necessary,	Certification(s) si below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	<b>X100</b>
				ete or submit renewal
			result in an ad	he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:		uesel i ve	Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT	Γ EMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant N	Name	Class PD	WIS (Water) NPI	DES (Wastewater)
				_
	Larma			
	(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page	one of a two page form. Bot	h pages must be completed and retu	rned. O	perator Certification N	umber: 12671
•	•	nter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) s below will exp	
	correct the City, state and			The fee to renew certific	
				<ul> <li>requirements by result in an ac</li> </ul>	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIF	ICATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification	n Type	Category		Class	Required
TEMPORARY	<b>Y</b>	WASTEWATER TREATMENT		Α	24
TEMPORARY	Y	WASTEWATER TREATMENT		5	45
II. CURREN	NT EMPLOYMENT INF	ORMATION			
Employer's Na	ame:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	rrently operate:		I am employed b	y the Facility owner
I am currently not operating any Facility		Ιŗ	provide contractual ser	vices to the Facility	
Please provide	e the following information al	bout each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant	t Name		Class	PDWIS (Water) NP	DES (Wastewater)
		(OVER)			



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Page 2

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	12672	
•	lease enter you're current address on the li		Certification below wil	n(s) shown l expire on:	11/1/2025
	orrect the City, state and ZIP Code. Please	e and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.		
I. CERTIFICA	TES TO RENEW:				aining Units
Certification Ty	pe Category		Class		equired
TEMPORARY	INDUSTRIAL \	WASTEWATER	2	0	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employ	ed by the Fa	cility owner
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Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	astewater)



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This is page of	one of a two page form. Bo	oth pages must be completed and	returned. C	perator Certifcation Nu	mber: 12675
	•	rent address on the lines below and, if necessary,		Certification(s) sl below will expi	11/1/20125
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Certification	n Type	Category		Class	Required
TEMPORARY	′	WASTEWATER TREATMENT		5	45
TEMPORARY	1	WASTEWATER TREATMENT		А	24
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
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Please provide	e the following information	about each Facility/Plant that you	operate. Use addt	ional pages as needed.	_
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This is page on	ie of a two page form. Both pa	ges must be completed and retu	irned. O	perator Certifcation Nu	mber: <b>12684</b>
•	•	se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) sl below will expi	11/1/20125
	correct the City, state and ZIP			The fee to renew certifica	\$50
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Type Ca	tegory		Class	Required
TEMPORARY	W	ATER DISTRIBUTION		1	24
II. CURRENT	Γ EMPLOYMENT INFOR	MATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you current	ily operate:		I am employed by	the Facility owner
I am currently not operating any Facility		provide contractual services to the Facility			
Please provide t	the following information about	each Facility/Plant that you open	ate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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

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- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	bv emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number:		
	e enter you're current address on the lines below and, if ne		Certification(s) shown below will expire on:		
correct the City, state and ZIP Code. Please print legible	et the City, state and ZIP Code. Please print legibly.	The	fee to renew th	620	
		requi	rements by the sult in an addi	e or submit renewal e expiration date will tional late fees as in Section V.	
I. CERTIFICATE	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EMP	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	Plants) that you currently operate:	I am	employed by t	he Facility owner	
I am currently not opera	ting any Facility	I provide co	ntractual servic	es to the Facility	
Please provide the follo	wing information about each Facility/Plant that you oper	ate. Use addtional page	es as needed.		
Facility / Plant Name		Class PDWIS (	Water) NPDF	ES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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•	•	se enter you're current address on the lines below and, if necessary, set the City, state and ZIP Code. Please print legibly.	essary,		Certification(s) shown below will expire on: 11/	
	correct the City, state and ZIP (			The fee to renew these certifications: \$50		50
				Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:					ining Units
Certification <sup>1</sup>	Type Cat	egory		Class		quired
TEMPORARY	WA	STEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORM	IATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you currently	operate:		I am employed	by the Faci	lity owner
I am currently no	ot operating any Facility	<del></del>	Ιp	provide contractual se	ervices to tl	ne Facility
Please provide t	he following information about e	ach Facility/Plant that you opera	te. Use addti	onal pages as neede	d.	
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wa	stewater)	



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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned			rned. O	Operator Certification Number: 1268		
•	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) below will exp	11/1//11/5	
	correct the City, state and ZIP	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$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. CERTIFIC	CATES TO RENEW:				Training Units	
Certification	Type Ca	tegory		Class	Required	
TEMPORARY	W	ASTEWATER TREATMENT		5	45	
II. CURREN	TEMPLOYMENT INFOR	MATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you current	ly operate:		I am employed b	by the Facility owner	
I am currently no	ot operating any Facility		Ιŗ	provide contractual ser	rvices to the Facility	
Please provide t	he following information about	each Facility/Plant that you oper	ate. Use addti	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Open			Certifcation Numbe	er: <b>12689</b>	
	Please enter you're current address on the lines below and,		ertification(s) show below will expire o	11/1/20125	
	correct the City, state and ZIP Code. Please print legibly.	The	e fee to renew thes certification	8 I MM	
				or submit renewal	
			esult in an additio	the expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:		described in		
Certification 7			Class	Training Units Required	
TEMPORARY	WATER TREATMENT		1	24	
TEMPORARY	WASTEWATER TREATMENT	Γ	5	45	
TEMPORARY	WASTEWATER TREATMEN	Γ	Α	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:	I an	n employed by the	Facility owner	
I am currently no	ot operating any Facility	I provide c	ontractual services	to the Facility	
Please provide ti	he following information about each Facility/Plant that you	operate. Use addtional pag	ges as needed.		
Facility / Plant N	Jame	Class PDWIS	(Water) NPDES	(Wastewater)	
	(OVER)				



#### **III. CONTINUING EDUCATION:**

Page 2

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HOKE		u're current address on the lines below and, if necessar		Certification(s below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	ew these fications: \$100	
				requirements b result in an	pplete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFI	ICATES TO RENEW	<u>:</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORARY	,	WATER TREATMENT		4	45
TEMPORARY	•	WASTEWATER TREATMENT		5	45
TEMPORARY	,	WASTEWATER COLLECTION		2	24
TEMPORARY	,	WASTEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	rrently operate:		I am employed	by the Facility owner
I am currently	not operating any Facility		I pr	ovide contractual s	ervices to the Facility
Please provide	the following information al	bout each Facility/Plant that you operate	e. Use addtio	nal pages as neede	ed.
Facility / Plant	Name		Class P	DWIS (Water) N	IPDES (Wastewater)
		(OVER)			
		(OVER)			



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Page 2

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	bv emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned. Op			perator Certification Number: 12691		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) below will exp		
			The fee to renew certific	\$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. CERTIFIC	CATES TO RENEW:			Training Units	
Certification <sup>7</sup>	Type Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
TEMPORARY	WATER TREATMENT		4	45	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		Α	24	
II. CURRENT	Γ EMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone #:		
Number of Facil	lities (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently no	ot operating any Facility	I pro	ovide contractual ser	vices to the Facility	
Please provide t	the following information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed.	_	
Facility / Plant N	Name	Class P	DWIS (Water) NP	DES (Wastewater)	
	(OVER)				
	(OVER)				



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

Name and Certification Number of
Operator in Responsible Charge:

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This is page or	e of a two page form. Both pages	must be completed and returne	e <b>d.</b> Op	erator Certification Nur	mber: <b>12692</b>
MARTINEZ	Please enter you're current address on the lines below and, if necessary,	sary,	Certification(s) sh below will expin	11/1/20125	
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew t	\$50
				Failure to complete or submit renormal requirements by the expiration date result in an additional late fees a described in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Type Categ	ory		Class	Required
TEMPORARY	WATE	R DISTRIBUTION		1	24
II. CURRENT	T EMPLOYMENT INFORMA	TION			
Employer's Nan	e:			Phone #:	
Number of Facil	ities (or Plants) that you currently of	perate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	<u>—</u>	I pı	ovide contractual servi	ices to the Facility
Please provide i	he following information about each	Facility/Plant that you operate	. Use addtio	nal pages as needed.	
Facility / Plant N	Name		Class P	DWIS (Water) NPD	ES (Wastewater)
		(OVER)			



#### **III. CONTINUING EDUCATION:**

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Operator in Responsible Charge:

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	•	ease enter you're current address on the lines below and, if necessary, rrect the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) s below will exp	
	correct the City, state and Z			The fee to renew certific	\$50
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
TEMPORARY	,	WASTEWATER TREATMENT		S	24
II. CURREN	T EMPLOYMENT INFO	RMATION			
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by	y the Facility owner	
I am currently not operating any Facility		Ιj	provide contractual ser	vices to the Facility	
Please provide	the following information abo	_ ut each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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	Please enter you're current address on the lin		Certification(s) show below will expire of	
	correct the City, state and ZIP Code. Please	City, state and ZIP Code. Please print legibly.	The fee to renew the certification	<b>XIIIII</b>
			Failure to complete	
			requirements by the expiration date result in an additional late fees a described in Section V.	
I. CERTIFI	CATES TO RENEW:		described in	Training Units
Certification			Class	Required
TEMPORARY	WATER TREATI	MENT	1	24
TEMPORARY	WASTEWATER	TREATMENT	5	45
TEMPORARY	WASTEWATER	TREATMENT	А	24
II. CURREN	Γ EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by the	e Facility owner
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Please provide	the following information about each Facility/	Plant that you operate. Use ac	ddtional pages as needed.	
Facility / Plant 1	Name	Class	PDWIS (Water) NPDES	S (Wastewater)
		(OVER)		



#### **III. CONTINUING EDUCATION:**

Page 2

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			Failure to complete or submit ren requirements by the expiration day result in an additional late fees described in Section V.	
I. CERTIFICA	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	pe Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
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		Failure to complete requirements by the result in an addit described in	expiration date will
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Certification	Type Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURREN	T EMPLOYMENT INFORMATION		
Employer's Nar	me:	Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:	I am employed by the	e Facility owner
I am currently r	not operating any Facility	I provide contractual service	es to the Facility
Please provide	the following information about each Facility/Plant that you operate	e. Use addtional pages as needed.	
Facility / Plant	Name	Class PDWIS (Water) NPDE	S (Wastewater)
	(OVER)		



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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.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page o	one of a two page form. Bot	h pages must be completed and retu	rned. O	perator Certifcation Nu	amber: <b>1</b> 7	2736
•	•	you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) s below will exp		1/1/2025
	correct the City, state and			The fee to renew certification		100
				Failure to compl requirements by to result in an addescribe	the expira	tion date will ate fees as
I. CERTIFI	ICATES TO RENEW	<u>:</u>			Trai	ning Units
Certification	Type	Category		Class	Requ	uired
TEMPORARY	,	WASTEWATER COLLECTION		2	24	
TEMPORARY	•	WATER DISTRIBUTION		1	24	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Fac	cilities (or Plants) that you cu	rrently operate:		I am employed by	y the Facili	ity owner
I am currently i	not operating any Facility	_	Ιj	provide contractual serv	vices to the	e Facility
Please provide	the following information at	bout each Facility/Plant that you oper	ate. Use addt	ional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wast	tewater)
		(OVER)				



#### **III. CONTINUING EDUCATION:**

Page 2

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Operator in Responsible Charge:

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This is page one	of a two page form. Both pag	ges must be completed and return	ed. O	perator Certifcation N	iumber: <b>1380</b>	
	-	current address on the lines below and, if necess		Certification(s) below will exp		2025
correct the City,	correct the City, state and ZIP	state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$100	
				requirements by result in an ac	olete or submit re the expiration d dditional late fee ed in Section V.	ate will
	ATES TO RENEW:				Training	
Certification Ty	rpe Car	tegory		Class	Required	
OPERATOR	WA	STEWATER COLLECTION		2	16	
OPERATOR	WA	TER DISTRIBUTION		1	16	
II. CURRENT I	EMPLOYMENT INFORM	MATION				
Employer's Name:				Phone #:		
Number of Faciliti	es (or Plants) that you current	y operate:		I am employed b	by the Facility own	ner
I am currently not	operating any Facility		Ιp	provide contractual ser	rvices to the Facil	ity
Please provide the	following information about	each Facility/Plant that you operate	. Use addti	onal pages as needed	•	
Facility / Plant Na	me		Class	PDWIS (Water) NP	DES (Wastewate	r)
		(OVER)				



#### **III. CONTINUING EDUCATION:**

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Nu	mber: <b>1421</b>
•	Please enter you're current address on the lines		Certification(s) shelow will expire	
	correct the City, state and ZIP Code. Please prin	nt legibly.	The fee to renew certifica	\$50
			— requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	rpe Category		Class	Required
TEMPORARY	WATER TREATME	NT	4	45
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility		I provide contractual serv	ices to the Facility
Please provide the	following information about each Facility/Pla	nt that you operate. Use ad	dtional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)



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Page 2

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	Number: <b>1466</b>
•	Please enter you're current address on the lines be	•	Certification(s below will e	1 1 / 1 / / / / / / 5
	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	
I. CERTIFICATES TO RENEW:			—— descri	bed in Section V.
Certification			Class	Training Units Required
OPERATOR	WATER TREATMEN	IT	1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently	not operating any Facility		I provide contractual s	services to the Facility
Please provide	the following information about each Facility/Plan	t that you operate. Use ad	dtional pages as neede	 гd.
Facility / Plant Name		Class	PDWIS (Water) N	NPDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

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This is page one of a two page form. Both pages must be completed and returned.			eturned. (	Operator Certification Number: 1592		
•	-	ase enter you're current address on the lines below and, if necessar		Certification(s) below will exp	11/1/20125	
	correct the City, state and	tate and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$100	
				— requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	CATES TO RENEW	<u>':</u>			<b>Training Units</b>	
Certification <sup>-</sup>	Туре	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION	J	2	16	
OPERATOR		WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner	
I am currently no	ot operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide ti	he following information a	bout each Facility/Plant that you o	perate. Use add	tional pages as needed		
Facility / Plant N	Jame		Class	PDWIS (Water) NP	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

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GRAINGER  Please enter you're current address on the lines correct the City, state and ZIP Code. Please pri		er you're current address on the lines below and, if necessary,	necessary,	Certification(s) sho below will expire	
	ZIP Code. Please print legibly.		The fee to renew the certification	620	
				— requirements by the result in an addi	e or submit renewal e expiration date will tional late fees as in Section V.
I. CERTIFIC	<u>CATES TO RENEW</u>	<u>:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WATER DISTRIBUTION		1	24
II. CURRENT	Γ EMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by t	he Facility owner
I am currently no	ot operating any Facility		I	provide contractual service	es to the Facility
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Facility / Plant Name			Class	PDWIS (Water) NPDE	ES (Wastewater)



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Operator in Responsible Charge:

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MARKS		er you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.		Certification(s) s below will expi	
	correct the City, state and			The fee to renew certification	\$100
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW:				Training Units
Certification	n Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		А	16
OPERATOR		WATER TREATMENT		3	30
II. CURREN	NT EMPLOYMENT INFO	ORMATION			
Employer's Na	ame:			Phone #:	
Number of Fac	cilities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		I pı	ovide contractual serv	vices to the Facility
Please provide	e the following information ab	out each Facility/Plant that you operate	. Use addtio	onal pages as needed.	
Facility / Plant Name Cla		Class P	PDWIS (Water) NPI	DES (Wastewater)	
		(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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•	-	nter you're current address on the lines below and, if necessa		Certification(s) s below will exp	1 1 / 1 / / 11 / 5
	correct the City, sta	te and ZIP Code. Please print legibly.		The fee to renew certification	<b>\$100</b>
				requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO REI	<u>IEW:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
SUPERINTEN	DENT	INDUSTRIAL WASTEWATER	3	1	0
OPERATOR		INDUSTRIAL WASTEWATER	3	1	0
II. CURREN	T EMPLOYMENT	INFORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that y	ou currently operate:		I am employed by	y the Facility owner
I am currently n	not operating any Facil	ity	Ij	provide contractual serv	vices to the Facility
Please provide	the following informa	tion about each Facility/Plant that you	operate. Use addt	ional pages as needed.	
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Page 2

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•	•	ease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	11/1////5		
	correct the City, state and Z	state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
				requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFIC	CATES TO RENEW:				Training Units		
Certification	Туре	Category		Class	Required		
TEMPORARY		WATER DISTRIBUTION		1	24		
II. CURREN	Γ EMPLOYMENT INFO	ORMATION					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you curr	ently operate:		I am employed by	y the Facility owner		
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TUDER		ou're current address on the lines below and, if necessar		Certification(s below will ex		
correct the City, state and Z		ZIP Code. Please print legibly.		The fee to rene certif	ew these ications: \$100	
				requirements by result in an	plete or submit renewal y the expiration date will additional late fees as ped in Section V.	
<u>I. CERTIFI</u>	CATES TO RENEW:	<u>.</u>			<b>Training Units</b>	
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION		2	16	
OPERATOR		WATER DISTRIBUTION		1	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		Α	16	
OPERATOR		WASTEWATER TREATMENT		S	16	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed	by the Facility owner	
I am currently r	not operating any Facility	_	I pro	ovide contractual so	ervices to the Facility	
Please provide	the following information ab	— out each Facility/Plant that you operate	. Use addtion	nal pages as neede	<i>d</i> .	
Facility / Plant	Name		Class PI	OWIS (Water) N	PDES (Wastewater)	



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•	enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp	11/1////5	
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OPERATOR	WASTEWATER TREATMENT		А	16	
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Employer's Name:			Phone #:		
Number of Facilities (or P	lants) that you currently operate:		I am employed by	y the Facility owner	
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Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)	
				_	



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	Please enter you're current address on the lines below and, if necessary,		f necessary,	Certification(s) si below will expi	11/1/20125
	correct the City, state a	state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENE	<u>W:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
SUPERINTENI	DENT	WATER TREATMENT		5RO	7
SUPERINTENI	DENT	WATER TREATMENT		4	7
II. CURRENT	ΓEMPLOYMENT IN	VFORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you	currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide t	the following information	about each Facility/Plant that you of	perate. Use addti	onal pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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

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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:

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned. Open				perator Certification Number: 2885		
	Please enter you're current address on the lines below and, if necessary	ecessary,	Certification(s) s below will exp			
	correct the City, state and ZIP Co	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
				Failure to complete or submit renever requirements by the expiration date result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:			— describe	Training Units	
Certification	Type Categ	jory		Class	Required	
OPERATOR	WATE	R DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFORMA	ATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	lities (or Plants) that you currently o	perate:		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 eac	h Facility/Plant that you oper	rate. Use addti	ional pages as needed.	_	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	nd Waste Systems Operators	
Mail to: Maryland Department o	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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MARTIN	Please enter you're current address on the lines below and, if necessa	ecessary,	Certification(s) sl below will expi		
	correct the City, state an	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	
				Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.	
I. CERTIF	ICATES TO RENEV	<u>V:</u>			<b>Training Units</b>
Certification	n Type	Category		Class	Required
SUPERINTEN	NDENT	WASTEWATER TREATMENT		5	7
SUPERINTEN	NDENT	WASTEWATER TREATMENT		А	7
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		I	provide contractual serv	vices to the Facility	
Please provide	e the following information	— about each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
					_
		(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page on	e of a two page form. Both pages must b	e completed and returned.	Operator Certification N	umber: <b>2974</b>
	ease enter you're current address on the lines below and, if necessary	· · · · · · · · · · · · · · · · · · ·	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Plea	City, state and ZIP Code. Please print legibly.	The fee to renew certific	(51)
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as
I. CERTIFIC	CATES TO RENEW:		describe	ed in Section V.
Certification <sup>1</sup>			Class	Training Units Required
TEMPORARY	WASTEWAT	ER TREATMENT	5	45
TEMPORARY	WASTEWAT	ER TREATMENT	А	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility		I provide contractual ser	vices to the Facility
Please provide t	he following information about each Facili	ity/Plant that you operate. Use ac	ldtional pages as needed.	
Facility / Plant N	Jame	Class	PDWIS (Water) NP	DES (Wastewater)
		(OVER)		



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 29	
-	•	ase enter you're current address on the lines below and, if necessary, rect the City, state and ZIP Code. Please print legibly.		ion(s) shown vill expire on:	11/1/2025
	correct the City, state and ZIP Code. Ple			The fee to renew these certifications: \$50	
			requirement result in	nts by the exp	submit renewal piration date will al late fees as ection V.
I. CERTIFIC	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class		Required
OPERATOR	WATER TRE	ATMENT	4	3	30
II. CURRENT	EMPLOYMENT INFORMATION	N			
Employer's Name			Phon	e #:	
Number of Facilit	ies (or Plants) that you currently operate	<u></u>	I am empl	oyed by the F	acility owner
I am currently not	operating any Facility		I provide contract	ual services to	the Facility
Please provide the	following information about each Faci	lity/Plant that you operate. Use a	addtional pages as n	eeded.	
Facility / Plant Name		Clas	ss PDWIS (Water	) NPDES (V	Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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			The fee to renew certification	\$100	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIF	ICATES TO RE	ENEW:			<b>Training Units</b>
Certification	n Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
SUPERINTE	NDENT	WASTEWATER TREATMENT		5	7
SUPERINTE	NDENT	WASTEWATER TREATMENT		Α	7
II. CURREN	T EMPLOYMEN	NT INFORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that	t you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Fac	cility	I p	rovide contractual serv	vices to the Facility
Please provide	the following inform	nation about each Facility/Plant that you operate. (	Use addtio	onal pages as needed.	
Facility / Plant	Name		Class I	PDWIS (Water) NPI	DES (Wastewater)
		OVED			
		(OVER)			



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Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification N	umber: 2992	
HYATT  Please enter you're current address on the lines below a correct the City, state and ZIP Code. Please print legib			•	Certification(s) s below will exp	
		ate and ZIP Code. Please print legibly.		The fee to renew certific	4 5 11
					lete or submit renewal
				requirements by the expiration dat result in an additional late fees described in Section V.	
I. CERTIF	ICATES TO RE	NEW:			Training Units
Certification	n Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMEN	ΙΤ	Α	16
OPERATOR		WASTEWATER TREATMEN	<b>I</b> T	5	30
II. CURREN	NT EMPLOYMEN'	ΓINFORMATION			
Employer's Na	ame:			Phone #:	
Number of Fa	cilities (or Plants) that	you currently operate:		I am employed by	y the Facility owner
I am currently	not operating any Faci	lity	]	I provide contractual ser	vices to the Facility
Please provide	e the following informa	ation about each Facility/Plant that yo	u operate. Use add	dtional pages as needed.	
Facility / Plan	t Name		Class	PDWIS (Water) NP	DES (Wastewater)
		(OVER)			



#### **III. CONTINUING EDUCATION:**

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page one of a tw	vo page form. Both pages must be completed and re	turned. Op	erator Certifcation Nu	umber: <b>3024</b>	
	enter you're current address on the lines below and, if r	necessary,	Certification(s) s below will exp	11/1/20125	
correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
			requirements by t	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES	S TO RENEW:			<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		Α	16	
II. CURRENT EMPI	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or I	Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operate	ing any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide the follow	wing information about each Facility/Plant that you op	erate. Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page or	ne of a two page form. Bot	h pages must be completed and ret	urned.	Operator Certifcation Nu	mber: <b>3202</b>
		urrent address on the lines below and, if necessary,		Certification(s) si below will expi	1 1 / 1 / /// 5
	correct the City, state and	and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURRENT	ΓEMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility		I	provide contractual serv	rices to the Facility
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Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			rator Certifcation Nu	ımber: <b>3455</b>
	ter you're current address on the lines below and, if neces	sary,	Certification(s) s below will expi	
correct the City, state and ZIP Code. Please print legible	e City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES	<u>ΓΟ RENEW:</u>			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	g any Facility	I prov	vide contractual serv	vices to the Facility
Please provide the following	g information about each Facility/Plant that you operate	. Use addtion	al pages as needed.	
Facility / Plant Name		Class PD	OWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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Operator in Responsible Charge:

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•	•	u're current address on the lines below and, if necessary, v, state and ZIP Code. Please print legibly.		Certification(s below will e	/	11/1/2025	
	correct the City, state and ZIP Code. Pl			The fee to rene	ew these fications:	\$50	
				Failure to complete or submit a requirements by the expiration result in an additional late for			
I. CERTIFI	CATES TO RENEW:			descri		ed in Section V.	
Certification				Class		raining Units equired	
OPERATOR	WATER TR	EATMENT		5AS	1	6	
II. CURREN	T EMPLOYMENT INFORMATIO	N					
Employer's Nar	me:			Phone #:			
Number of Fac	ilities (or Plants) that you currently operat	e:		I am employed	by the F	acility owner	
I am currently i	not operating any Facility		I pro	ovide contractual s	services to	the Facility	
Please provide	the following information about each Fac	ility/Plant that you operate. Use	addtior	ıal pages as neede	ed.	_	
Facility / Plant Name		Cla	ass PI	OWIS (Water) N	NPDES (V	Vastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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•	Please enter you're current address on the line	•	Certification(s below will e	
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			requirements b	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WASTEWATER	TREATMENT	4	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility		I provide contractual s	ervices to the Facility
Please provide the	e following information about each Facility/I	Plant that you operate. Use ad	ldtional pages as neede	
Facility / Plant Name		Class	PDWIS (Water) N	NPDES (Wastewater)



#### **III. CONTINUING EDUCATION:**

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page o	ne of a two page form. Both pages must	be completed and returned.	Operator Certification	Number: <b>3744</b>
•	Please enter you're current address on t		Certification(s below will ex	
	correct the City, state and ZIP Code. Pl	state and ZIP Code. Please print legibly.	The fee to rene certif	ew these ications: \$50
			requirements by result in an	uplete or submit renewal y the expiration date will additional late fees as bed in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
TEMPORARY	INDUSTRI.	AL WASTEWATER	1	0
TEMPORARY	INDUSTRI.	AL WASTEWATER	2	0
II. CURREN	T EMPLOYMENT INFORMATIO	N		
Employer's Naı	ne:		Phone #:	
Number of Fac	ilities (or Plants) that you currently operat	e:	I am employed	by the Facility owner
I am currently i	not operating any Facility		I provide contractual se	ervices to the Facility
Please provide	the following information about each Fac	rility/Plant that you operate. Use a	ddtional pages as neede	rd.
Facility / Plant	Name	Class	PDWIS (Water) N	PDES (Wastewater)
		(OVER)	<u> </u>	



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			urned. (	Operator Certifcation N	umber: <b>3775</b>	
BILLINGS Please ent	•	ise enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will exp	11/1/20125	
	correct the City, state and			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. CERTIFI	CATES TO RENEW	<u>′:</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATER		1	0	
II. CURREN	T EMPLOYMENT INF	FORMATION				
Employer's Naı	me:			Phone #:		
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner	
I am currently i	not operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide	the following information a	— bout each Facility/Plant that you ope	rate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
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•	•	e enter you're current address on the lines below and, if necessary, ct the City, state and ZIP Code. Please print legibly.	Certification below with	on(s) shown ll expire on:	11/1/2025
	correct the City, state and ZIP Code. Ple		The fee to 1 ce	renew these ertifications:	\$50
					ubmit renewal
			result in	<ul> <li>requirements by the expiration d</li> <li>result in an additional late fee</li> <li>described in Section V.</li> </ul>	
I. CERTIFI	CATES TO RENEW:		— des		
Certification			Class		aining Units equired
TEMPORARY	WATER TRE	ATMENT	3	45	j
II. CURREN	T EMPLOYMENT INFORMATION	N			
Employer's Na	me:		Phone	#:	
Number of Fac	ilities (or Plants) that you currently operate	<u></u>	I am employ	yed by the Fac	cility owner
I am currently i	not operating any Facility		I provide contractua	al services to	the Facility
Please provide	the following information about each Faci	lity/Plant that you operate. Use a	ddtional pages as ne	eded.	
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#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Ope			perator Certifcation Nu	mber: <b>4855</b>		
DEGROAT	Please enter you're current address on the lines below and, if necessar		f necessary,	Certification(s) sl below will expir		
correct the City	correct the City, state and	r, state and ZIP Code. Please print legibly.		The fee to renew certifica	£100	
					ete or submit renewal he expiration date will	
				result in an add	additional late fees as bed in Section V.	
I. CERTIFI	CATES TO RENEW	/:		- described	Training Units	
Certification		 Category		Class	Required	
OPERATOR		WATER DISTRIBUTION		1	16	
SUPERINTEN	IDENT	WATER DISTRIBUTION		1	7	
OPERATOR		WASTEWATER COLLECTION	N	2	16	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner	
I am currently r	not operating any Facility		I p	rovide contractual serv	ices to the Facility	
Please provide	the following information a	 about each Facility/Plant that you o	operate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)		
		(OVER)				



#### **III. CONTINUING EDUCATION:**

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification N	umber: <b>5452</b>		
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	11/1////5		
	correct the City, state and ZIP Code. Please print legi	bly.	The fee to renew these certifications: \$50			
				Failure to complete or submit renewal requirements by the expiration date will		
				lditional late fees as d in Section V.		
I. CERTIFIC	CATES TO RENEW:		uescribe	Training Units		
Certification '	Type Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
II. CURRENT	FEMPLOYMENT INFORMATION					
Employer's Nam	ne:		Phone #:			
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not operating any Facility		Ι	provide contractual ser	vices to the Facility		
Please provide t	the following information about each Facility/Plant tha	t you operate. Use add	tional pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



#### **III. CONTINUING EDUCATION:**

Page 2

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•	Please enter you're current address on the lines below and, if necessary,			Certification(s) shown below will expire on: 11/1/		
	correct the City, state and ZIP Code. Ple	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
					submit renewal	
				requirements by the expirati result in an additional lat described in Section		
I. CERTIFI	CATES TO RENEW:		—— des			
Certification			Class		raining Units equired	
OPERATOR	WATER TRE	ATMENT	4	30	)	
II. CURREN	T EMPLOYMENT INFORMATION	N				
Employer's Nar	ne:		Phone	#:		
Number of Faci	ilities (or Plants) that you currently operate		I am employ	yed by the Fac	cility owner	
I am currently not operating any Facility			I provide contractua	al services to	the Facility	
Please provide	the following information about each Faci	lity/Plant that you operate. Use a	addtional pages as ne	eded.		
Facility / Plant Name		Clas	s PDWIS (Water)	NPDES (W	'astewater)	



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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- 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	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned. Open			Opera	ator Certifcation Nu	7260	
		er you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp		11/1/2025
	correct the City, state and ZIP Cod			The fee to renew certification		\$100
				Failure to compl		
				requirements by t result in an ad describe	al late fees as	
I. CERTIF	ICATES TO RENEW:					raining Units
Certification	n Type Categ	ory		Class		equired
OPERATOR	WATE	R TREATMENT		2	10	6
OPERATOR	WASTI	EWATER TREATMENT		5	30	0
OPERATOR	WAST	EWATER TREATMENT		Α	16	6
II. CURREN	NT EMPLOYMENT INFORMA	TION				
Employer's Na	ime:			Phone #:		
Number of Fac	cilities (or Plants) that you currently op	perate:		I am employed by	y the Fε	cility owner
I am currently	not operating any Facility		I prov	ride contractual serv	vices to	the Facility
Please provide	the following information about each	Facility/Plant that you operate. Use	e addtiona	l pages as needed.		
Facility / Plant	Name	Cl	ass PD	WIS (Water) NPI	DES (W	Vastewater)
		(OLUED)				
		(OVER)				



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page on	e of a two page form. Both pages must be completed and returne	erator Certifcation Nu	ımber: <b>7297</b>	
MATHIS	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	sary,	Certification(s) s below will exp	
			The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification <sup>-</sup>	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide to	he following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	
Facility / Plant N	Name	Class P	DWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Nu	umber: <b>7310</b>		
	Please enter you're current address on the lines below and, if necessary,		f necessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50		
					lete or submit renewal the expiration date will	
				result in an ad	additional late fees as libed in Section V.	
I. CERTIFIC	CATES TO RENEW:			describe	Training Units	
Certification		Category		Class	Required	
OPERATOR		WATER TREATMENT		4	30	
II. CURREN	Γ EMPLOYMENT INFO	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you curr	ently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I	I provide contractual services to the Facility			
Please provide	the following information abo	– out each Facility/Plant that you o	perate. Use add	tional pages as needed.		
Facility / Plant ?	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned. Op			erator Certifcation	n Number:	7330	
GOULD  Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		sary,	Certification(s) shown below will expire on: 11/1/2025			
			The fee to recent	new these tifications:	\$100	
				requirements result in a	by the expi	submit renewal iration date will all late fees as ction V.
<u>I. CERTIFI</u>	CATES TO RENEW	<u>/:</u>			Tr	aining Units
Certification	Type	Category		Class	Re	equired
SUPERINTEN	DENT	WASTEWATER TREATMENT		5	7	
SUPERINTEN	DENT	WASTEWATER TREATMENT		Α	7	
OPERATOR		WASTEWATER TREATMENT		Α	16	<b>;</b>
OPERATOR		WASTEWATER TREATMENT		5	30	)
OPERATOR		WATER TREATMENT		1	16	;
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nan	me:			Phone #	:	
Number of Faci	ilities (or Plants) that you co	urrently operate:		I am employe	d by the Fa	cility owner
I am currently n	not operating any Facility		I pro	ovide contractual	services to	the Facility
Please provide	the following information a	ubout each Facility/Plant that you operate	. Use addtion	nal pages as need	led.	
Facility / Plant	Name		Class PI	OWIS (Water)	NPDES (W	astewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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•	•	ease enter you're current address on the lines below and, if necessa		Certification(s) sh below will expir		
	correct the City, state and ZI	City, state and ZIP Code. Please print legibly.		The fee to renew to certificat	\$ 1 MM	
				- requirements by th	te or submit renewal e expiration date will	
					n additional late fees as ribed in Section V.	
I. CERTIF	ICATES TO RENEW:			- described	Training Units	
Certification	Type C	ategory		Class	Required	
TEMPORARY	, N	/ASTEWATER TREATMENT		5	45	
TEMPORARY	, A	/ASTEWATER TREATMENT		Α	24	
TEMPORARY	V	/ATER TREATMENT		2	24	
II. CURREN	T EMPLOYMENT INFO	RMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you curre	ntly operate:		I am employed by	the Facility owner	
I am currently	not operating any Facility	<del></del>	Ιp	rovide contractual servi	ces to the Facility	
Please provide	the following information abou	t each Facility/Plant that you opera	te. Use addtie	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPD	ES (Wastewater)		
		(0.7777)				
		(OVER)				



#### **III. CONTINUING EDUCATION:**

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correct the City, state and ZIP Code. Please print legib	orrect the City, state and ZIP Code. Please print legibly.	The f	The fee to renew these certifications: \$50		
		requir			
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	pe Category	C		Required	
OPERATOR	WATER DISTRIBUTION	1		16	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:		1	Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:	I am e	employed by the I	Facility owner	
I am currently not o	operating any Facility	I provide con	tractual services	to the Facility	
Please provide the	following information about each Facility/Plant that you operate. U	Jse addtional pages	as needed.		
Facility / Plant Name		Class PDWIS (W	vater) NPDES (	Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: I	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department o	f the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			ned. O	perator Certification N	umber: <b>8467</b>
	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) shown below will expire on: 11/1,	
	correct the City, state and ZIP (	ect 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. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Cat	egory		Class	Required
OPERATOR	WA	STEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INFORM	IATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you currently	operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		Ιŗ	provide contractual ser	vices to the Facility	
Please provide	the following information about e	ach Facility/Plant that you opera	te. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page on	ne of a two page form. Both pages must be c	Operator Certification N	umber: <b>8756</b>	
	Please enter you're current address on the lines below and, if necessary		Certification(s) selow will exp	
	correct the City, state and ZIP Code. Please	City, state and ZIP Code. Please print legibly.	The fee to renew certific	6.100
				lete or submit renewal the expiration date will
			result in an ac	dditional late fees as
I. CERTIFIC	CATES TO RENEW:		describe	Training Units
Certification			Class	Required
OPERATOR	WATER TREATI	MENT	4	30
OPERATOR	WASTEWATER	TREATMENT	5	30
OPERATOR	WASTEWATER	TREATMENT	А	16
II. CURRENT	Γ EMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed b	y the Facility owner
I am currently not operating any Facility			I provide contractual ser	vices to the Facility
Please provide t	the following information about each Facility/.	Plant that you operate. Use ac	ldtional pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NP	DES (Wastewater)
		(OVER)		



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Number of
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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two	page form. Both pages must be completed and ret	urned. Op	erator Certifcation Nu	ımber: <b>8898</b>
•	ter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp	11/1/20125
	e City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100	
			requirements by t	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES	<u>ΓΟ RENEW:</u>			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER TREATMENT		2	16
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating	g any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the followin	g information about each Facility/Plant that you ope	rate. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page on	ne of a two page form. Both pages must be completed a	perator Certification Nu	ımber: <b>8928</b>		
•	Please enter you're current address on the lines below as		Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly	y.	The fee to renew certification	950	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:		– described	Training Units	
Certification			Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	ne:		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 I	PDWIS (Water) NPI	DES (Wastewater)	



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COLE, SR.  Please enter you're cu		ent address on the lines below and, if necessary,	if necessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly	and ZIP Code. Please print legibly.		The fee to renew certification	620	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:					Training Units
Certification	Type	Category		Class	Required
SUPERINTEN	DENT	WATER TREATMENT		4	7
II. CURREN	T EMPLOYMENT	INFORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		I	provide contractual serv	vices to the Facility	
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