



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

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

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

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

Operator Certification Number: **0113**

JAMES HENRY HASTINGS, JR.

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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Operator Certification Number: **0594**

DINO K. EVANS

Certification(s) shown below will expire on: **12/1/2023**

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I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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I am currently not operating any Facility ☐

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

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Operator Certification Number: **0644**

ROBERT LIMERICK

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 4 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **0657**

MARK M. BEHE

Certification(s) shown below will expire on: **12/1/2023**

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

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Operator Certification Number: **0676**

KARL J. FORINGER

Certification(s) shown below will expire on: **12/1/2023**

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

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I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 1 | 16 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | A | 16 |

II. CURRENT EMPLOYMENT INFORMATION

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

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Operator Certification Number: **0795**

JERMAINE OWENS

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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



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

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Operator Certification Number: **0797**

BENTON N. STEWART, JR.

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

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

Page 2

III. CONTINUING EDUCATION:

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

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

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

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Operator Certification Number: **0983**

SPENCER D. FOX

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|--------------------|-------|-------------------------|
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |
| OPERATOR | WATER TREATMENT | 4 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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Operator Certification Number: **0988**

CALEB MATTHEWS

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER TREATMENT | 3 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- 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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Date _____

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Operator Certification Number: **1004**

SAMUEL EUGENE O'NEAL

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

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Operator Certification Number: **10235**

PATRICK SCHWEINSBERG

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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| _____ | | | |
| _____ | | | |
| _____ | | | |

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

Page 2

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Name and Certification Number of
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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

Operator Certification Number: **10277**

TROY SIGMAN

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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Operator Certification Number: **10278**

JOHN H LEAGER

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| TEMPORARY | WATER TREATMENT | 3 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | A | 24 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10279**

JOHN HUNTER WHITBY

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| TEMPORARY | WATER TREATMENT | 3 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | A | 24 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **10281**

CHRISTOPHER THOMPSON

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **10284**

JOSEPH MCGRAIN

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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JAY YEAGER

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

Operator Certification Number: **10297**

Certification(s) shown below will expire on: **12/1/2023**

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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



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

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

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Operator Certification Number: **10299**

BARRY ALLAN DULIN , JR

Certification(s) shown
below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

(OVER)



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

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

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ERIC BAUER

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

Operator Certification Number: **10300**

Certification(s) shown below will expire on: **12/1/2023**

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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| _____ | | | |
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| _____ | | | |

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

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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Operator Certification Number: **10306**

MARK MYERS

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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Operator Certification Number: **10311**

ZACHARY WHITE

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 4 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

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Operator Certification Number: **10312**

EVAN NORRIS

Certification(s) shown below will expire on: **12/1/2023**

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

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

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I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 4 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
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Last 4 digits of Social Security Number _____ Email Address _____

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

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

☐

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



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

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

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

Operator Certification Number: **10313**

DEETRIC BLANCHARD, SR

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

(OVER)



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

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **10315**

SAMANTHA CAIRNS SMITH

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 3 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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| _____ | | | |

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

Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **10528**

DEVIN T KENNEY

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 4 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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

Operator Certification Number: **11146**

WALTER ALVARADO SALAMANCA

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

Operator Certification Number: **11163**

STUART A WILLIAMS

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER TREATMENT | 1 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **1145**

FREDERICK J. SWANN

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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



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

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

KORI DAVIS

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

Operator Certification Number: **11477**

Certification(s) shown below will expire on: **12/1/2023**

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

Operator Certification Number: **11526**

BENJAMIN WELLER

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

Operator Certification Number: **11527**

STEPHEN BROWN

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| TEMPORARY | WATER TREATMENT | 3 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | A | 24 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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

Operator Certification Number: **11528**

HENRY GEER III

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| TEMPORARY | WATER TREATMENT | 3 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | 3 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | A | 24 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

Operator Certification Number: **11529**

JOSEPH C CHERONE

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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

☐

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



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

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

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

Operator Certification Number: **11530**

ZACHARY T MARTIN

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

Date _____

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

Operator Certification Number: **11531**

ANTHONY TAGLIAFERRO

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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: **11550**

JOSHUA STUHLER

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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

Operator Certification Number: **11552**

PHILLIP DICKENS

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Operator Certification Number: **11553**

EMILY POFFENBERGER

Certification(s) shown below will expire on: **12/1/2023**

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

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

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I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| TEMPORARY | WATER TREATMENT | 3 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | A | 24 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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I am currently not operating any Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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Operator Certification Number: **11557**

MELVIN BEAN

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

(OVER)



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

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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Operator Certification Number: **11558**

LEON PURNELL, JR

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| TEMPORARY | WASTEWATER TREATMENT | 5 | 45 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

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Date _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11559**

MICHAEL A TOPPER

Certification(s) shown below will expire on: **12/1/2023**

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

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

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I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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Operator Certification Number: **11560**

RACHEL JOHNSEN

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| TEMPORARY | INDUSTRIAL WASTEWATER | 2 | 0 |
| TEMPORARY | WATER TREATMENT | 4 | 45 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

Operator Certification Number: **11562**

TAYLOR HOSKINS

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

(OVER)



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

Page 2

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Operator Certification Number: **11564**

JOHN W HALL JR

Certification(s) shown below will expire on: **12/1/2023**

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

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

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I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

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

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

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

☐

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



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

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

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

Operator Certification Number: **11628**

JORDAN LANCASTER

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| TEMPORARY | WASTEWATER TREATMENT | 5A | 69 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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| _____ | | | |
| _____ | | | |
| _____ | | | |

(OVER)



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

Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

Date _____

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Operator Certification Number: **11633**

JAMES B MEYER III

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **1205**

ROBERT K. NICHOLSON

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **1214**

MICHAEL GALLAGHER

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **1217**

ALPHONZA CHASE

Certification(s) shown below will expire on: **12/1/2023**

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

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

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I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 2 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator Certification Number: **1237**

MATTHEW D. TRIPP

Certification(s) shown below will expire on: **12/1/2023**

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

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

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I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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



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

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

Operator Certification Number: **1244**

TYLER BENTON

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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Date _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

Operator Certification Number: **1248**

SAMUEL E GREGORY, II

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

Operator Certification Number: **1257**

BRYAN R. KAELIN

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER TREATMENT | 3 | 30 |
| OPERATOR | WASTEWATER TREATMENT | A | 16 |
| TEMPORARY | WATER TREATMENT | 3 | 45 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **1334**

VICTOR M. MONROY

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator Certification Number: **1344**

STEVEN ADAMS

Certification(s) shown below will expire on: **12/1/2023**

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

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

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I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| SUPERINTENDENT | WASTEWATER TREATMENT | 3 | 7 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

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

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

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



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

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

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

Operator Certification Number: **1579**

AUSTIN A. CORBIN

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

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

Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- 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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Operator Certification Number: **1589**

THADDEUS PAUL MITCHELL

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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| _____ | | | |
| _____ | | | |

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

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

Operator Certification Number: **1603**

JENNIFER FORNEY

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **1727**

ANTHONY B BLUE

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

Operator Certification Number: **1902**

NOAH D EVANS

Certification(s) shown below will expire on: **12/1/2023**

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

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

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I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER TREATMENT | 3 | 30 |
| OPERATOR | WASTEWATER TREATMENT | 4 | 30 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | A | 16 |
| SUPERINTENDENT | WASTEWATER TREATMENT | 3 | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | 4 | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | A | 7 |
| OPERATOR | WATER TREATMENT | 2 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

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

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

Page 2

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Applicant's Signature _____

Date _____

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Operator Certification Number: **1927**

PAMELA HICKEY

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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

Operator Certification Number: **2098**

ROBERT E. COTTON

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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(OVER)



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

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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Operator Certification Number: **2104**

JON E. NERLINGER

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER TREATMENT | A | 16 |
| OPERATOR | WASTEWATER COLLECTION | 2 | 16 |
| OPERATOR | WATER TREATMENT | 2 | 16 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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

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

Operator Certification Number: **2243**

OCTAVIUS CLARKE

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

Operator Certification Number: **2263**

PHILLIP G. LAWRENCE, JR.

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| TEMPORARY | WASTEWATER TREATMENT | 5 | 45 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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Operator Certification Number: **2327**

NIGEL G. DUNCAN

Certification(s) shown below will expire on: **12/1/2023**

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

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

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I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

Page 2

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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



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

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

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

Operator Certification Number: **2348**

JAMES WHALON

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 2 | 16 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | A | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

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Operator Certification Number: **2362**

AARON W. GROVE

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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

Operator Certification Number: **2373**

DENNIS L. LECOMPTE

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- No course can be used more than one time for any three-year renewal period.
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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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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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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

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

Operator Certification Number: **2416**

JUSTIN MATTHEW KELLY

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER TREATMENT | A | 16 |
| OPERATOR | WASTEWATER TREATMENT | 1 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **2441**

CHRISTOPHER A. AIKEN

Certification(s) shown below will expire on: **12/1/2023**

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

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

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I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER TREATMENT | A | 16 |
| OPERATOR | WATER TREATMENT | G | 7 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

Page 2

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

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

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

Operator Certification Number: **2512**

DARREN M. FLEMING

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 3 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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| _____ | | | |

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

Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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Operator Certification Number: **2548**

OMAR WHITE

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

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Operator Certification Number: **2690**

KRIS P. CARTER

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **2917**

RUSSELL LEASE, JR

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| SUPERINTENDENT | WASTEWATER TREATMENT | 5 | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | A | 7 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **2930**

JAMES C. ROBEY

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 2 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
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Page 2

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Operator Certification Number: **3021**

PAUL EDWARD BUCKLEY

Certification(s) shown below will expire on: **12/1/2023**

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

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

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I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

☐

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



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

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Operator Certification Number: **3141**

ANDRE BARHAM, JR

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
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| _____ | | | |
| _____ | | | |

(OVER)



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

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **3187**

NEAL CHARNEY

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER TREATMENT | 4 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

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

Page 2

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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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Date _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **3198**

SANDRA DAWSON

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

- 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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Date _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

Operator Certification Number: **3524**

JOHN E GOODMAN JR

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge: _____

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Operator Certification Number: **3601**

CURTIS BALL

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 4 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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(OVER)



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

Page 2

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

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

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

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

Operator Certification Number: **3609**

EDWARD GUY STREIB

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER COLLECTION | 2 | 16 |
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | A | 16 |
| OPERATOR | WASTEWATER TREATMENT | S | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
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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

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

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

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **3648**

PHILIP A O'BROCKI

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR | INDUSTRIAL WASTEWATER | 7 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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- 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 _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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

Operator Certification Number: **3699**

BRADLEY W. UTTERBACK

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 4 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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

Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

Operator Certification Number: **3747**

JOHN PAUL SCHUMAKER

Certification(s) shown
below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|----------------------------|
| OPERATOR | WATER TREATMENT | 5 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

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

(OVER)



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

Page 2

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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Operator Certification Number: **3783**

THOMAS CARBAJAL

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 4 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
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| _____ | | | |

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

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **3794**

KEVIN NETHERS

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 4 | 30 |
| SUPERINTENDENT | WATER TREATMENT | 4 | 7 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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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

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

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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

☐

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



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

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

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

Operator Certification Number: **3870**

RUSSELL D. HARRISON

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 2 | 16 |
| OPERATOR | WASTEWATER TREATMENT | 4 | 30 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | A | 16 |
| SUPERINTENDENT | WATER TREATMENT | 1 | 7 |
| SUPERINTENDENT | WATER TREATMENT | 2 | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | 4 | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | 5 | 7 |
| SUPERINTENDENT | WASTEWATER TREATMENT | A | 7 |
| OPERATOR | WATER TREATMENT | 1 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

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Applicant's Signature _____

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Operator Certification Number: **3876**

RONALD R BEESON

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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

Operator Certification Number: **4124**

DEMOND MILLER

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| SUPERINTENDENT | WATER TREATMENT | 4 | 7 |
| SUPERINTENDENT | WATER TREATMENT | 3 | 7 |
| SUPERINTENDENT | WATER TREATMENT | 1 | 7 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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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: **4206**

JOHNNY B. GOOD

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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Operator Certification Number: **4233**

AKBAR SADIK

Certification(s) shown below will expire on: **12/1/2023**

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

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

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I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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VII. APPLICANT'S STATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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



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

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

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

Operator Certification Number: **4283**

DAVID GEHO

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

(OVER)



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

Page 2

III. CONTINUING EDUCATION:

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: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **4377**

HAROLD B LAWSON

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 5DE | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

(OVER)



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

Page 2

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

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

Operator Certification Number: **4553**

ANTHONY J. ZONETTI

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| TEMPORARY | WASTEWATER TREATMENT | 5 | 45 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

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

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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Operator Certification Number: **4564**

HAROLD M. SMITH

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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

Operator Certification Number: **4595**

VALERIE T PROCTOR

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator Certification Number: **4742**

DAVID JASON HURLEY

Certification(s) shown below will expire on: **12/1/2023**

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

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I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| TEMPORARY | WATER TREATMENT | 2 | 24 |
| TEMPORARY | WASTEWATER COLLECTION | 2 | 24 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- 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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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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



APPLICATION FOR CERTIFICATION RENEWAL
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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: **5315**

BRIAN D. JONES

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR | INDUSTRIAL WASTEWATER | 4 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

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Date _____

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Operator Certification Number: **5912**

STEVEN P DOUGLAS

Certification(s) shown below will expire on: **12/1/2023**

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

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

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

I. CERTIFICATES TO RENEW:

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

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

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

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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

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

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

Operator Certification Number: **6079**

GREGORY JOHN WHITLEY

Certification(s) shown below will expire on: **12/1/2023**

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

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

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | A | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: **6092**

SHAWN KOPCHINSKI

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 2 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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Operator Certification Number: **6227**

HUBERT L HOLMAN

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 4 | 30 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

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APPLICATION FOR CERTIFICATION RENEWAL
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Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

☐

I consent to receive my certificate(s) by email in lieu of mail



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **6293**

TERRY L WRAY

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | A | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of
Operator in Responsible Charge: _____

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Operator Certification Number: **6556**

ROBERT A SHENK

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR | INDUSTRIAL WASTEWATER | 1 | 0 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **6614**

WAYNE E. HARDESTY

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR | INDUSTRIAL WASTEWATER | 2 | 0 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **6923**

NEAL JACKSON

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER TREATMENT | A | 16 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **7051**

JOHN W. WELTY, JR.

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 1 | 16 |

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Employer's Name: _____ Phone #: _____

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I am currently not operating any Facility ☐

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Facility / Plant Name _____ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator Certification Number: **7067**

REGINALD E HATTEN

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | A | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

☐

I consent to receive my certificate(s) by email in lieu of mail



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: **7112**

TIMOTHY J. NAPORA

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER COLLECTION | 2 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Please verify your information shown on this application and make any corrections as needed.

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Operator Certification Number: **7382**

THOMAS H. CHAPMAN, SR.

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER COLLECTION | 2 | 16 |
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: **7994**

TERRY L. HELMSTETTER

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| TEMPORARY | WASTEWATER TREATMENT | 3 | 45 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: **8423**

MARK D. SWANN, JR.

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER COLLECTION | 2 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: **8475**

ANDREW C. DORSEY, JR.

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|--------------------|-------|-------------------------|
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

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Applicant's Signature _____

Date _____

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **8477**

WILLIAM R. BIDDLE

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|--------------------|-------|-------------------------|
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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Name and Certification Number of
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Operator Certification Number: **8535**

AARON THOMAS ASHFORD

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|--------------------|-------|-------------------------|
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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| _____ | | | |
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator in Responsible Charge: _____

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Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Operator Certification Number: **8892**

THEODORE R. GEPPERT

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 3 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____ I am employed by the Facility owner ☐

I am currently not operating any Facility ☐ I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **9091**

RUSSELL THOMAS CAYER

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|--------------------|-------|-------------------------|
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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| _____ | | | |
| _____ | | | |

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **9164**

DAVID C. WILKINS, SR.

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER COLLECTION | 2 | 16 |
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator Certification Number: **9235**

CHARLES NEAL WELLS, JR.

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 4 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **9295**

LISA ELLIOTT

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | G | 7 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
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Operator Certification Number: **9593**

CARL F. GEPPERT

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 3 | 30 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
|-----------------------|-------|---------------|--------------------|

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Date _____

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This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: **9611**

JEFFREY C. PERKINS

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| TEMPORARY | INDUSTRIAL WASTEWATER | 7 | 24 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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Facility / Plant Name _____ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **9646**

WILLIAM M. BAUMGARDNER

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 2 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator Certification Number: **9780**

SCOTT A. DELUDE

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | 1 | 16 |
| OPERATOR | WASTEWATER TREATMENT | 1 | 16 |

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

*** AN INCOMPLETE APPLICATION WILL BE RETURNED ***

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I consent to receive my certificate(s) by email in lieu of mail



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Please verify your information shown on this application and make any corrections as needed.

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Operator Certification Number: **9796**

DAVID MICHAEL KRAMER JR

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR | WATER TREATMENT | G | 7 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: **9823**

GARY M. KEEN

Certification(s) shown
below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary,
correct the City, state and ZIP Code. Please print legibly.

The fee to renew these
certifications: **\$50**

**Failure to complete or submit renewal
requirements by the expiration date will
result in an additional late fees as
described in Section V.**

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|----------------------------|
| OPERATOR | INDUSTRIAL WASTEWATER | 2 | 0 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Facility / Plant Name _____ Class PDWIS (Water) NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

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Applicant's Signature _____

Date _____

Last 4 digits of Social Security Number _____ Email Address _____

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **9864**

STEVEN G. STROBEL

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER COLLECTION | 2 | 16 |
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

I am employed by the Facility owner ☐

I am currently not operating any Facility ☐

I provide contractual services to the Facility ☐

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of
Operator in Responsible Charge: _____

V. LATE FEES AND REINSTATEMENT

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Date _____

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Operator Certification Number: **9983**

ALLEN P. LYLES

Certification(s) shown below will expire on: **12/1/2023**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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I. CERTIFICATES TO RENEW:

| Certification Type | Category | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR | WASTEWATER COLLECTION | 2 | 16 |

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: _____ Phone #: _____

Number of Facilities (or Plants) that you currently operate: _____

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| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|-----------------------|-------|---------------|--------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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