

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

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

This is page one of a two	page form. Both pages must be completed and return	perator Certifcation N	umber: 0113					
	nter you're current address on the lines below and, if nece	ssary,	Sary, Certification(s) shown below will expire on:					
correct th	he City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50				
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICATES	TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
SUPERINTENDENT	WASTEWATER COLLECTION		2	7				
II. CURRENT EMPLO	OYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Pl	lants) that you currently operate:		I am employed by	y the Facility owner				
I am currently not operatin	g any Facility	I p	I provide contractual services to the Facility					
Please provide the following	ng information about each Facility/Plant that you operat	e. Use addti	onal pages as needed.					
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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	Please enter you're current address		ary,	Certification(s) s below will expi					
	correct the City, state and ZIP Coo	le. Please print legibly.		The fee to renew certification	150				
				Failure to complete or submit renormal requirements by the expiration date result in an additional late fees described in Section V.					
	ATES TO RENEW:				Training Units				
Certification Ty	/pe Categ	ory		Class	Required				
OPERATOR	WASTI	EWATER TREATMENT		5	30				
OPERATOR	WASTI	EWATER TREATMENT		Α	16				
II. CURRENT	EMPLOYMENT INFORMA	TION							
Employer's Name:				Phone #:					
Number of Facility	ies (or Plants) that you currently of	perate:		I am employed by	the Facility owner				
I am currently not	operating any Facility		I pro	provide contractual services to the Facility					
Please provide the	e following information about each	Facility/Plant that you operate.	Use addtio	nal pages as needed.					
Facility / Plant Na	me		Class P	DWIS (Water) NPI	DES (Wastewater)				
		(OVER)							



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	lease enter you're current address on the lines below and	•	Certification(s) shown below will expire on:					
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$5A				
			requirements by tresult in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.				
I. CERTIFICA	TES TO RENEW:		describe	Training Units				
Certification Typ	oe Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by the Facility owner					
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	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will expi	1 / / 1 / / / / 3		
С	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.		
I. CERTIFICA	ATES TO RENEW:		described	Training Units		
Certification Ty	pe Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT E	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner		
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This is page one	of a two page form. Both pages must	Operator Certification Num	ber: 0676					
	Please enter you're current address on the		Certification(s) sho below will expire					
C	orrect the City, state and ZIP Code. Plo	ease print legibly.	The fee to renew th certification	X 1 (1)(1)				
			Failure to complete or submit renew requirements by the expiration date versult in an additional late fees as					
I. CERTIFICA	ATES TO RENEW:		described i	n Section V.				
Certification Ty			Class	Training Units Required				
OPERATOR	WATER TRE	ATMENT	1	16				
OPERATOR	WASTEWA ⁻	TER TREATMENT	5	30				
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II. CURRENT I	EMPLOYMENT INFORMATIO	N						
Employer's Name:			Phone #:					
Number of Faciliti	es (or Plants) that you currently operate	:	I am employed by the Facility owner					
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III. CONTINUING EDUCATION:

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	(OVE	R)						



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Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one of a two page	perator Certification Number: 0797							
	r you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 12/1/2					
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	950				
		Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.						
I. CERTIFICATES T	O RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT EMPLOY	MENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plan	ts) that you currently operate:		I am employed by the Facility owner					
I am currently not operating a	any Facility	ΙI	provide contractual services to the Facility					
Please provide the following	information about each Facility/Plant that you operate	e. Use addt	ional pages as needed.					
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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This is page one o	f a two page form. Both pages must be co	mpleted and returned.	Operator Certification N	Number: 0983				
	ease enter you're current address on the line	•	Certification(s) below will ex	1 / / 1 / / 11 / 3				
co	orrect the City, state and ZIP Code. Please p	rint legibly.	The fee to renev	v these cations: \$100				
		Failure to complete or submit renewa requirements by the expiration date we result in an additional late fees as described in Section V.						
I. CERTIFICA	TES TO RENEW:			Training Units				
Certification Type	oe Category		Class	Required				
OPERATOR	WATER DISTRIBU	JTION	1	16				
OPERATOR	WATER TREATM	ENT	4	30				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	(or Plants) that you currently operate:		I am employed b	by the Facility owner				
I am currently not o	perating any Facility	-	I provide contractual se	rvices to the Facility				
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This is page one	of a two page form. Both pages mi	erator Certification	0988					
	Please enter you're current address o		ssary,	Certification(s	12/1/2023			
(correct the City, state and ZIP Code.	Please print legibly.		The fee to ren	ew these fications:	\$50		
				requirements bresult in an	submit renewal iration date will al late fees as ction V.			
I. CERTIFICA	ATES TO RENEW:					raining Units		
Certification Ty	pe Categor	у		Class		equired		
OPERATOR	WASTEV	VATER TREATMENT		3	30)		
II. CURRENT I	EMPLOYMENT INFORMAT	ION						
Employer's Name:				Phone #:				
Number of Faciliti	es (or Plants) that you currently open	rate:	I am employed by the Facility owner					
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This is page one of	of a two page form. Both pages	erator Certification N	Tumber: 1004					
	lease enter you're current address		ssary,	Certification(s) shown below will expire on: 12/1/202				
c	orrect the City, state and ZIP Cod	le. Please print legibly.		The fee to renew certific	v these cations: \$50			
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.			
I. CERTIFICA	ATES TO RENEW:				Training Units			
Certification Ty	pe Categ	ory		Class	Required			
OPERATOR	WAST	EWATER COLLECTION		2	16			
II. CURRENT E	EMPLOYMENT INFORMA	TION						
Employer's Name:				Phone #:				
Number of Facilitie	es (or Plants) that you currently o	perate:		I am employed b	by the Facility owner			
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Facility / Plant Nar	ne		Class P	DWIS (Water) NP	DES (Wastewater)			



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Page 2

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		requirem result	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICATI	ES TO RENEW:		Tı	raining Units				
Certification Type	Category	Cla		equired				
TEMPORARY	WATER TREATMENT	2	24	4				
II. CURRENT EMI	PLOYMENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities (c	or Plants) that you currently operate:	I am employed by the Facility owner						
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Please provide the follo	owing information about each Facility/Plant that you operate	e. Use addtional pages as	needed.					
Facility / Plant Name		Class PDWIS (Water	er) NPDES (W	/astewater)				
	(OVER)							



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Page 2

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	ase enter you're current address on the lines below and,	if necessary,	Certification(s) s below will exp	1 / / 1 / / / / 3
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OPERATOR	WASTEWATER TREATMENT		А	16
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

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

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one	of a two page form. Both pages must be completed and returne	d. Operator Certification Number	r: 10278
	Please enter you're current address on the lines below and, if necess	Certification(s) shown below will expire on	1 / / 1 / /11 / 3
C	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	\$100
		Failure to complete or	
		regult in an additio	nal late fees as
I. CERTIFICA	ATES TO RENEW:		Training Units
Certification Ty	rpe Category		Required
TEMPORARY	WATER TREATMENT	3	45
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT I	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:	I am employed by the l	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 addtional pages as needed.	
Facility / Plant Nar	me	Class PDWIS (Water) NPDES ((Wastewater)
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- 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	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one	of a two page form. Both pages must be completed a	nd returned. Operator Cen	rtifcation Number	: 10279				
	Please enter you're current address on the lines below an	d, if necessary, belo	Certification(s) shown below will expire on: 12/1/20					
C	correct the City, state and ZIP Code. Please print legibly	The f	fee to renew these certifications	× 100				
		requir	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.					
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	pe Category	C		Required				
TEMPORARY	WATER TREATMENT	3	;	45				
TEMPORARY	WASTEWATER TREATMEN	IT 5		45				
TEMPORARY	WASTEWATER TREATMEN	IT A		24				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:	<u> </u>	I	Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:	I am e	I am employed by the Facility owner					
I am currently not	operating any Facility	I provide con	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that ye	ou operate. Use addtional pages	as needed.					
Facility / Plant Nat	me	Class PDWIS (W	Vater) NPDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one	e of a two page form. Both pages must be completed and returned	Operator Certification Number: 10281						
CHRISTOPHE	R THOMPSON Please enter you're current address on the lines below and, if necessa	ary,	Certification(s) shown below will expire on: 12/1/2023					
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these cations: \$100				
			Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.					
I. CERTIFIC	CATES TO RENEW:			Training Units				
Certification 1	Гуре Category		Class	Required				
TEMPORARY	WASTEWATER TREATMENT		Α	24				
TEMPORARY	WATER TREATMENT		1	24				
TEMPORARY	WATER TREATMENT		5	24				
TEMPORARY	WASTEWATER TREATMENT		5	45				
II. CURRENT	EMPLOYMENT INFORMATION							
Employer's Name	e:		Phone #:					
Number of Facili	ities (or Plants) that you currently operate:		I am employed	by the Facility owner				
I am currently no	ot operating any Facility	I pro	I provide contractual services to the Facility					
Please provide th	he following information about each Facility/Plant that you operate.	Use addtion	nal pages as needed	<i>d</i> .				
Facility / Plant N	ame	Class PI	OWIS (Water) N	PDES (Wastewater)				
	Itasian, I							
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two p	Operator Certification Number: 10284							
	er you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 12/1/2					
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew certific	4 5 11				
			Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.					
I. CERTIFICATES T	O RENEW:			Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	INDUSTRIAL WASTEWATER		2	0				
II. CURRENT EMPLOY	YMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by the Facility owner					
I am currently not operating	any Facility	I provide contractual services to the Facility						
Please provide the following	information about each Facility/Plant that you operate	e. Use addtio	onal pages as needed.					
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)				
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page one o	of a two page form. Both pages must be completed and return	ded. Operator Certification Num	ıber: 10297				
	lease enter you're current address on the lines below and, if neces	Certification(s) sho below will expire					
Co	orrect the City, state and ZIP Code. Please print legibly.	The fee to renew th certification	950				
		requirements by the result in an addi	e or submit renewal e expiration date will itional late fees as in Section V.				
I. CERTIFICA	ATES TO RENEW:		Training Units				
Certification Ty	pe Category	Class	Required				
TEMPORARY	WATER TREATMENT	2	24				
II. CURRENT E	EMPLOYMENT INFORMATION						
Employer's Name:		Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:	I am employed by the Facility owner					
I am currently not o	operating any Facility	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that you operate	e. Use addtional pages as needed.	_				
Facility / Plant Nan	ne	Class PDWIS (Water) NPDE	ES (Wastewater)				
			_				
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two pag	Operator Certifcation Nur	mber: 10299						
	you're current address on the lines below and, if	necessary,	Certification(s) sh below will expir					
correct the C	ity, state and ZIP Code. Please print legibly.		The fee to renew the certificat	620				
			requirements by th result in an add	te or submit renewal te expiration date will litional late fees as in Section V.				
I. CERTIFICATES TO	RENEW:			Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	WATER TREATMENT		3	45				
II. CURRENT EMPLOYN	MENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not operating an	y Facility	Ij	I provide contractual services to the Facility					
Please provide the following in	formation about each Facility/Plant that you op	erate. Use addt	ional pages as needed.					
Facility / Plant Name		Class	Class PDWIS (Water) NPDES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one	of a two page form. Both pages i	nust be completed and return	ed. O	perator Certifcation N	umber: 10300			
	Please enter you're current address		Certification(s) below will exp	1 / / 1 / / 11 / 3				
(correct the City, state and ZIP Cod	e. Please print legibly.		The fee to renew certific	\$50			
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.			
I. CERTIFICA	ATES TO RENEW:				Training Units			
Certification Ty	pe Catego	ory		Class	Required			
OPERATOR	WASTE	WATER COLLECTION		2	16			
II. CURRENT I	EMPLOYMENT INFORMA	ΓΙΟΝ						
Employer's Name:				Phone #:				
Number of Faciliti	es (or Plants) that you currently op	erate:	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	e. Use addti	onal pages as needed.				
Facility / Plant Na	me		Class	PDWIS (Water) NP	DES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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This is page one	of a two page form. Both pages	perator Certifcation Nu	ımber: 10306					
	Please enter you're current addre		essary,	Certification(s) si below will expi				
	correct the City, state and ZIP Co	ode. Please print legibly.		The fee to renew certification	150			
				- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.			
	ATES TO RENEW:				Training Units			
Certification T	ype Cate	gory		Class	Required			
OPERATOR	WAS	TEWATER TREATMENT		5	30			
OPERATOR	WAS	TEWATER TREATMENT		Α	16			
II. CURRENT	EMPLOYMENT INFORM	ATION						
Employer's Name	:			Phone #:				
Number of Facilit	ies (or Plants) that you currently	operate:		I am employed by the Facility owner				
I am currently not	operating any Facility		I p	I provide contractual services to the Facility				
Please provide the	e following information about ea	ch Facility/Plant that you operat	te. Use addtie	onal pages as needed.				
Facility / Plant Na	me		Class I	PDWIS (Water) NPI	DES (Wastewater)			
		(OVER)						



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This is page one of a	two page form. Both pages must be completed and ref	perator Certification Nu	umber: 10311				
	ase enter you're current address on the lines below and, if n	necessary,	Certification(s) s below will exp				
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50			
			requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.			
I. CERTIFICAT	ES TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WATER TREATMENT		4	30			
II. CURRENT EM	PLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner					
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Please provide the fol	lowing information about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed.	_			
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)			



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This is page one o	of a two page form. Both pages must be completed and return	ed. Operat	or Certification N	Tumber: 10312			
	lease enter you're current address on the lines below and, if neces	ssary,	shown pire on: 12/1/2023				
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renev	v these cations: \$50			
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.			
I. CERTIFICA	ATES TO RENEW:			Training Units			
Certification Ty	pe Category		Class	Required			
OPERATOR	WATER TREATMENT		4	30			
II. CURRENT E	EMPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
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Please provide the	following information about each Facility/Plant that you operate	. Use addtional	pages as needed	<u> </u>			
Facility / Plant Nan	ne	Class PDW	/IS (Water) NP	PDES (Wastewater)			
	(OVER)						



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Page 2

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This is page one of	a two page form. Both pages must be completed and retu	erator Certifcation Nu	ımber: 10313				
	ase enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp				
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50			
			Failure to complete or submit red requirements by the expiration da result in an additional late fees described in Section V.				
I. CERTIFICAT	TES TO RENEW:			Training Units			
Certification Type	e Category		Class	Required			
TEMPORARY	WATER TREATMENT		4	45			
II. CURRENT EM	IPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner			
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Facility / Plant Name		Class P	PDWIS (Water) NPI	DES (Wastewater)			



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This is page one of a two pag	perator Certifcation Nur	mber: 10315				
SAMANTHA CAIRNS SMIT Please enter y	ΓΗ vou're current address on the lines below and, if r	necessary,	Certification(s) sh below will expir			
correct the Ci	ity, state and ZIP Code. Please print legibly.		The fee to renew t	6.20		
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
I. CERTIFICATES TO	RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER TREATMENT		3	30		
II. CURRENT EMPLOYN	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants)	that you currently operate:		I am employed by	the Facility owner		
I am currently not operating any	y Facility	Ιp	provide contractual servi	ces to the Facility		
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Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)		



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Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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This is page one of	of a two page form. Both pages must be completed and retu	urned. Op	erator Certifcation Nu	ımber: 10528			
	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 12/1/202				
С	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$5A			
			requirements by to result in an ad	olete or submit renewal the expiration date wil dditional late fees as ed in Section V.			
I. CERTIFICA	ATES TO RENEW:	describe	Training Units				
Certification Ty	pe Category		Class	Required			
OPERATOR	WATER TREATMENT		4	30			
II. CURRENT E	EMPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilitie	es (or Plants) that you currently operate:	I am employed by the Facility owner					
I am currently not o	operating any Facility	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that you open	rate. Use addtio	onal pages as needed.				
Facility / Plant Nan	me	Class P	PDWIS (Water) NPI	DES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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This is page one of	a two page form. Both pages must b	rator Certification	11146				
Ple	ADO SALAMANCA ase enter you're current address on the		ry,	Certification(s below will e	12/1/2023		
cor	rect the City, state and ZIP Code. Plea	ase print legibly.		The fee to rencertii	ew these fications:	\$50	
			requirements b result in an	y the exp	submit renewal iration date will al late fees as ction V.	l	
	TES TO RENEW:				Tr	raining Units	
Certification Type	e Category			Class	Re	equired	
TEMPORARY	WASTEWAT	ER TREATMENT		А	24	1	
TEMPORARY	WASTEWAT	ER TREATMENT		5	45	5	
II. CURRENT EM	IPLOYMENT INFORMATION	Į.					
Employer's Name:				Phone #:			
Number of Facilities	(or Plants) that you currently operate:			I am employed	by the Fa	cility owner	Ī
I am currently not op	erating any Facility		I pro	vide contractual s	ervices to	the Facility	j
Please provide the fo	llowing information about each Facil	ity/Plant that you operate. U	Use addtion	al pages as neede	ed.		_
Facility / Plant Name			Class PI	OWIS (Water) N	NPDES (W	/astewater)	
							_
							_
							_
							_
		(OVER)					



III. CONTINUING EDUCATION:

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	Please enter you're current add	dress on the lines below and, if ne	cessary,	Certification(s) below will exp				
(correct the City, state and ZIP	Code. Please print legibly.		The fee to renew certific	v these sations: \$50			
		Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.						
I. CERTIFICA	ATES TO RENEW:		Training Units					
Certification Ty	rpe Ca	tegory		Class	Required			
OPERATOR	W	ASTEWATER TREATMENT		1	16			
II. CURRENT I	EMPLOYMENT INFOR	MATION						
Employer's Name:				Phone #:				
Number of Faciliti	es (or Plants) that you current	ly operate:	I am employed by the Facility owner					
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	lease enter you're current addr	ess on the lines below and, if neo	cessary,	Certification(s) shown below will expire on: 12/1/20					
Co	orrect the City, state and ZIP (The fee to rene certif	ew these fications:	\$50				
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I. CERTIFICA	TES TO RENEW:					aining Units			
Certification Ty	pe Cate	egory		Class		quired			
OPERATOR	WAS	STEWATER COLLECTION		2	16				
II. CURRENT E	MPLOYMENT INFORM	IATION							
Employer's Name:				Phone #:					
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KORI DAVIS	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	1 / / 1 / / 11 / 3			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950			
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Certification 1	Гуре Category		Class	Required			
TEMPORARY	WATER TREATMENT		4	45			
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Facility / Plant N	Jame	Class Pl	OWIS (Water) NPI	DES (Wastewater)			
	(OVER)						



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BENJAMIN	Please enter you're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on: 12/1/202					
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			Failure to complete or submired requirements by the expiration result in an additional late described in Section					
<u>I. CERTIFI</u>	<u>ICATES TO RENEW:</u>			Т	raining Units			
Certification	Type Category		Class	R	equired			
TEMPORARY	WATER TREATMENT		2	2	4			
TEMPORARY	WASTEWATER TREATMENT		5	4.	5			
TEMPORARY	WASTEWATER TREATMENT		Α	2	4			
II. CURREN	T EMPLOYMENT INFORMATION							
Employer's Nar	me:		Phone #	# :				
Number of Fac	ilities (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently r	not operating any Facility	I prov	I provide contractual services to the Facility					
Please provide	the following information about each Facility/Plant that you of	operate. Use addtiond	al pages as nee	ded.				
Facility / Plant	Name	Class PD	WIS (Water)	NPDES (V	Vastewater)			



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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This is page on	e of a two page form. Both pages must be completed and returned.	Operator	r Certifcation !	Number: 11527				
STEPHEN BR	Please enter you're current address on the lines below and, if necessary		Certification(s) below will ex					
	correct the City, state and ZIP Code. Please print legibly.	7	The fee to rene	ew these ications: \$100				
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFIC	CATES TO RENEW:			Training Units				
Certification 7	Гуре Category		Class	Required				
TEMPORARY	WATER TREATMENT		3	45				
TEMPORARY	WASTEWATER TREATMENT		5	45				
TEMPORARY	WASTEWATER TREATMENT		Α	24				
II. CURRENT	EMPLOYMENT INFORMATION							
Employer's Name	e:		Phone #:					
Number of Facili	ities (or Plants) that you currently operate:	I	I am employed by the Facility owner					
I am currently no	ot operating any Facility	I provide	contractual se	ervices to the Facility				
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Facility / Plant N	Jame C.	lass PDWI	S (Water) N	PDES (Wastewater)				
	(OVER)							



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Page 2

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

This is page or	ne of a two page form. Bo	th pages must be completed and retu	rned. O	perator Certifcation 1	Number: 11528
HENRY GEE	Please enter you're curre	nt address on the lines below and, if neo	cessary,	Certification(s below will ex	
	correct the City, state and	d ZIP Code. Please print legibly.		The fee to rene certif	ew these ications: \$100
				requirements by result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	CATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WATER TREATMENT		3	45
TEMPORARY		WASTEWATER TREATMENT		3	45
TEMPORARY		WASTEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nan	ne:			Phone #:	
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I am currently n	ot operating any Facility		I p	rovide contractual se	ervices to the Facility
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This is page one of a two	o page form. Both pages must be completed and return	red. Op	erator Certification Nu	ımber: 11529					
	nter you're current address on the lines below and, if nece	ssary,	Certification(s) s below will expi	1 / / 1 / / 11 / 3					
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	X100					
			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:			Training Units					
Certification Type	Category		Class	Required					
TEMPORARY	WASTEWATER TREATMENT		5	45					
TEMPORARY	WATER TREATMENT		1	24					
II. CURRENT EMPLO	OYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities (or P	lants) that you currently operate:		I am employed by	the Facility owner					
I am currently not operating	ng any Facility	I pr	ovide contractual serv	vices to the Facility					
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Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)					



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This is page one of a two	page form. Both pages must be completed and return	ned. Ope	erator Certifcation Nu	mber: 11530			
	ter you're current address on the lines below and, if nece	essary,	Certification(s) sl below will expi				
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certifica	(51)			
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.			
I. CERTIFICATES	ΓΟ RENEW:			Training Units			
Certification Type	Category		Class	Required			
TEMPORARY	WASTEWATER TREATMENT		5	45			
TEMPORARY	WASTEWATER TREATMENT		А	24			
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	(OVER)						



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Page 2

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	lease enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp				
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	(OVER)	<u> </u>					



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1	cons	ent to	receive	my	certificate(s)	by by	emial	in	lieu	of mail	



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This is page one of a tv	vo page form. Both pages must be completed and returned	l. Operator Certi	Operator Certification Number:				
	enter you're current address on the lines below and, if necessary	Certifi ary, below					
correct	t the City, state and ZIP Code. Please print legibly.	The fee	e to renew thes certification	950			
		requirer	or submit renewal xpiration date will onal late fees as Section V.				
I. CERTIFICATES	S TO RENEW:			Training Units			
Certification Type	Category	Cla	ass	Required			
TEMPORARY	WATER TREATMENT	3		45			
II. CURRENT EMPI	LOYMENT INFORMATION						
Employer's Name:		Pł	none #:				
Number of Facilities (or	Plants) that you currently operate:	I am employed by the Facility owner					
I am currently not operat	ing any Facility	I provide contractual services to the Facility					
Please provide the follow	wing information about each Facility/Plant that you operate.	Use addtional pages a	ıs needed.				
Facility / Plant Name		Class PDWIS (Wa	iter) NPDES	(Wastewater)			
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by by	emial	in	lieu	of mail	



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

This is page on	e of a two page form. Both pages must be completed and returne	ed. Operator Certification Numb	er: 11552					
PHILLIP DIC	Please enter you're current address on the lines below and, if necess	Certification(s) show below will expire of						
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew the certification	X I (1)(1)					
		Failure to complete requirements by the complete result in an additi described in	expiration date will onal late fees as					
	CATES TO RENEW:		Training Units					
Certification ⁷	Type Category	Class	Required					
TEMPORARY	WATER TREATMENT	4	45					
TEMPORARY	WASTEWATER TREATMENT	5	45					
TEMPORARY	WASTEWATER TREATMENT	Α	24					
II. CURRENT	FEMPLOYMENT INFORMATION							
Employer's Nam	ne:	Phone #:						
Number of Facil	ities (or Plants) that you currently operate:	I am employed by the Facility owner						
I am currently no	ot operating any Facility	I provide contractual service	I provide contractual services to the Facility					
Please provide t	he following information about each Facility/Plant that you operate.	Use addtional pages as needed.						
Facility / Plant N	Name	Class PDWIS (Water) NPDES	(Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one	of a two page form. Bot	erator Certification N	Tumber: 11553					
	Please enter you're curren	t address on the lines below and, if nece	essary,	Certification(s) shown below will expire on: 12/1/2				
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$100			
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as					
I. CERTIFIC	ATES TO RENEW			- describe	ed in Section V. Training Units			
Certification T		Category		Class	Required			
TEMPORARY		WATER TREATMENT		3	45			
TEMPORARY		WASTEWATER TREATMENT		5	45			
TEMPORARY		WASTEWATER TREATMENT		Α	24			
II. CURRENT	EMPLOYMENT INF	ORMATION						
Employer's Name	:			Phone #:				
Number of Facilit	ties (or Plants) that you cu	rently operate:	I am employed by the Facility owner					
I am currently not	t operating any Facility	<u> </u>	I provide contractual services to the Facility					
Please provide th	e following information al	— oout each Facility/Plant that you opera	te. Use addtio	nal pages as needed	<u> </u>			
Facility / Plant Na	ame		Class P	DWIS (Water) NP	PDES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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

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- 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	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one of	of a two page form. Both pages must be completed and retur	erator Certifcation N	umber: 11557					
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp	1 / / 1 / / 11 / 3				
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.					
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
TEMPORARY	WASTEWATER COLLECTION		2	24				
II. CURRENT F	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:	I am employed 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 opera	te. Use addtio	nal pages as needed.					
Facility / Plant Nar	me	Class PDWIS (Water) NPDES (Wastewater)						
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one of	a two page form. Both pages mu	perator Certification 1	Number: 11558					
	ease enter you're current address or		essary,	Certification(s) shown below will expire on: 12/1/20				
co	rect the City, state and ZIP Code.	Please print legibly.		The fee to rene certif	w these ications: \$50			
				requirements by result in an	plete or submit renewal y the expiration date will additional late fees as ped in Section V.			
I. CERTIFICA	<u>ΓES TO RENEW:</u>				Training Units			
Certification Typ	e Categor	у		Class	Required			
TEMPORARY	WASTEW	ATER TREATMENT		5	45			
II. CURRENT EN	APLOYMENT INFORMAT	ION						
Employer's Name:				Phone #:				
Number of Facilities	(or Plants) that you currently open	rate:	I am employed by the Facility owner					
I am currently not op	erating any Facility		I provide contractual services to the Facility					
Please provide the fo	llowing information about each F	acility/Plant that you opera	te. Use addti	onal pages as neede	<i>d</i> .			
Facility / Plant Name	,		Class	PDWIS (Water) N	PDES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
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This is page one o	f a two page form. Both pages must be complet	Operator Certifcation	Number: 11559					
	lease enter you're current address on the lines belo		Certification(s below will e					
co	orrect the City, state and ZIP Code. Please print le	gibly.	The fee to ren	ew these fications: \$50				
			requirements b result in an	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.				
I. CERTIFICA	TES TO RENEW:			Training Units				
Certification Typ	oe Category		Class	Required				
TEMPORARY	WATER TREATMENT		1	24				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not o	perating any Facility	1	I provide contractual services to the Facility					
Please provide the j	following information about each Facility/Plant th	nat you operate. Use add	ltional pages as neede					
Facility / Plant Nam	e	Class	PDWIS (Water) N	NPDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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- 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: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one o	f a two page form. Both	pages must be completed and ret	turned. C	perator Certifcation Nu	umber: 11560				
	lease enter you're current	address on the lines below and, if n	ecessary,	Certification(s) s below will exp	1 / / 1 / / 11 / 3				
co	orrect the City, state and 2	ZIP Code. Please print legibly.		The fee to renew certification	\$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. CERTIFICA	TES TO RENEW:				Training Units				
Certification Type	pe	Category		Class	Required				
TEMPORARY		INDUSTRIAL WASTEWATER		2	0				
TEMPORARY		WATER TREATMENT		4	45				
II. CURRENT E	MPLOYMENT INFO	ORMATION							
Employer's Name:				Phone #:					
Number of Facilitie	es (or Plants) that you curr	ently operate:		I am employed by	y the Facility owner				
I am currently not o	operating any Facility]	Ιj	provide contractual serv	vices to the Facility				
Please provide the	following information abo	_ out each Facility/Plant that you ope	erate. Use addt	ional pages as needed.					
Facility / Plant Nam	ne		Class	PDWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one of	f a two page form. Both pages mu	perator Certification	11562						
	lease enter you're current address or	-	ssary,	Certification(s below will ex		12/1/2023			
c	orrect the City, state and ZIP Code.	Please print legibly.		The fee to reno certif	ew these fications:	\$50			
			requirements b result in an	y the expi	ubmit renewal ration date will I late fees as				
I. CERTIFICA	TES TO RENEW:	descri		aining Units					
Certification Ty	pe Category	y		Class		quired			
TEMPORARY	INDUSTR	IAL WASTEWATER		2	0				
II. CURRENT E	MPLOYMENT INFORMATI	ON							
Employer's Name:				Phone #:					
Number of Facilitie	es (or Plants) that you currently oper	ate:		I am employed by the Facility owner					
I am currently not	operating any Facility	<u> </u>	I p	I provide contractual services to the Facility					
Please provide the	following information about each F	acility/Plant that you operat	e. Use addtio	onal pages as neede	ed.				
Facility / Plant Nar	ne		Class I	PDWIS (Water) N	IPDES (W	astewater)			



III. CONTINUING EDUCATION:

Page 2

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This is page one of	of a two page form. Both pages must be completed an	nd returned. O	perator Certifcation N	Tumber: 11564				
	lease enter you're current address on the lines below and		Certification(s) below will exp	1 / / 1 / / 11 / 3				
С	orrect the City, state and ZIP Code. Please print legibly.	•	The fee to renew certific	v these cations: \$100				
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.					
	TES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
TEMPORARY	WASTEWATER COLLECTION	N	2	24				
TEMPORARY	WATER DISTRIBUTION		1	24				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner				
I am currently not o	operating any Facility	ΙŢ	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that yo	ou operate. Use addt	ional pages as needed					
Facility / Plant Nan	ne	Class	PDWIS (Water) NP	PDES (Wastewater)				
	(OVER))						



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Page 2

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This is page one of	f a two page form. Both page	perator Certification N	Number: 11628					
	lease enter you're current addr	ess on the lines below and, if ne	cessary,	Certification(s) below will ex		3		
C	orrect the City, state and ZIP C	ode. Please print legibly.		The fee to renev	w these cations: \$50			
			requirements by result in an a	plete or submit renewa the expiration date wand additional late fees as sed in Section V.				
I. CERTIFICA	TES TO RENEW:				Training Units	s		
Certification Ty	pe Cate	egory		Class	Required			
TEMPORARY	WAS	STEWATER TREATMENT		5A	69			
II. CURRENT E	MPLOYMENT INFORM	ATION						
Employer's Name:				Phone #:				
Number of Facilitie	s (or Plants) that you currently	operate:	I am employed by the Facility owner					
I am currently not o	perating any Facility		I provide contractual services to the Facility					
Please provide the	following information about ed	ach Facility/Plant that you oper	ate. Use addti	onal pages as needea	<i>d</i> .			
Facility / Plant Nan	ne		Class	PDWIS (Water) NF	PDES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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This is page one o	f a two page form. Both pages must be com	Operator Certification	Number: 11633				
	ease enter you're current address on the lines l		Certification(below will e				
co	orrect the City, state and ZIP Code. Please prin	t legibly.	The fee to ren	new these fications: \$50			
			requirements l result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.			
I. CERTIFICA	TES TO RENEW:			Training Units			
Certification Typ	oe Category		Class	Required			
TEMPORARY	WASTEWATER TRE	ATMENT	5	45			
TEMPORARY	WASTEWATER TRE	ATMENT	Α	24			
II. CURRENT E	MPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilitie	s (or Plants) that you currently operate:		I am employed	d by the Facility owner			
I am currently not o	perating any Facility		I provide contractual services to the Facility				
Please provide the	following information about each Facility/Pla	nt that you operate. Use ad	ldtional pages as need	ed.			
Facility / Plant Nam	e	Class	PDWIS (Water)	NPDES (Wastewater)			
		(OVER)					



III. CONTINUING EDUCATION:

Page 2

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This is page one of	a two page form. Both pages must be completed an	Operator Certifcation N	umber: 1205					
	ase enter you're current address on the lines below and	•	Certification(s) below will exp	1 / / 1 / / / / 3				
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.				
I. CERTIFICAT	TES TO RENEW:			Training Units				
Certification Type	e Category		Class	Required				
OPERATOR	WASTEWATER COLLECTION	N	2	16				
II. CURRENT EN	IPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner				
I am currently not ope	erating any Facility	I	I provide contractual services to the Facility					
Please provide the fo	llowing information about each Facility/Plant that yo	ou operate. Use addi	tional pages as needed.					
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)				



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Page 2

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Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one o	f a two page form. Both pages must be completed and retu	urned. Ope	erator Certification Nu	mber: 1214			
	lease enter you're current address on the lines below and, if ne	ecessary,	Certification(s) sl below will expi				
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	1511			
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.			
I. CERTIFICA	TES TO RENEW:		described	Training Units			
Certification Typ	pe Category		Class	Required			
OPERATOR	WASTEWATER TREATMENT		5	30			
OPERATOR	WASTEWATER TREATMENT		Α	16			
II. CURRENT E	MPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not o	pperating any Facility	I pro	I provide contractual services to the Facility				
Please provide the	following information about each Facility/Plant that you oper	rate. Use addtior	nal pages as needed.	_			
Facility / Plant Nam	ne	Class PI	DWIS (Water) NPD	DES (Wastewater)			
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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

This is page one of a two page	Operator Certifcation Nu	mber: 1217						
•	ou're current address on the lines below and, in	f necessary,	Certification(s) sl below will expi					
correct the Cit	y, state and ZIP Code. Please print legibly.		The fee to renew certifica	6.20				
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.				
I. CERTIFICATES TO	RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER TREATMENT		2	16				
II. CURRENT EMPLOYM	ENT 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	Ij	I provide contractual services to the Facility					
Please provide the following inf	ormation about each Facility/Plant that you o	perate. Use addt	ional pages as needed.	_				
Facility / Plant Name		Class	Class PDWIS (Water) NPDES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of	of a two page form. Both pages must be completed	perator Certification Number: 1237						
	Please enter you're current address on the lines below		Certification(s) shown below will expire on: 12/1/2023					
c	orrect the City, state and ZIP Code. Please print legib	ly.	The fee to rencerti:	ew these fications: \$50				
			requirements b result in an	nplete or submit renewal y the expiration date will additional late fees as bed in Section V.				
I. CERTIFICA	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
TEMPORARY	WASTEWATER COLLECTI	ON	2	24				
II. CURRENT E	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not of	operating any Facility	I	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant that	you operate. Use addt	ional pages as neede	ed.				
Facility / Plant Nar	ne	Class	PDWIS (Water) N	IPDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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This is page one of a	two page form. Both pages must be completed and returne	ed. Operator Certification Number	: 1244					
	se enter you're current address on the lines below and, if necess	Certification(s) shown below will expire on	1 / / 1 / /11 / 3					
corr	ect the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	\$ 100					
		Failure to complete or						
		regult in an addition described in S	nal late fees as					
I. CERTIFICAT	ES TO RENEW:		Training Units					
Certification Type	Category		Required					
TEMPORARY	WASTEWATER TREATMENT	A	24					
TEMPORARY	WASTEWATER TREATMENT	5	45					
TEMPORARY	WATER TREATMENT	1	24					
II. CURRENT EM	PLOYMENT INFORMATION							
Employer's Name:		Phone #:						
Number of Facilities (or Plants) that you currently operate:	I am employed by the I	I am employed by the Facility owner					
I am currently not ope	rating any Facility	I provide contractual services	to the Facility					
Please provide the fol	lowing information about each Facility/Plant that you operate.	Use addtional pages as needed.						
Facility / Plant Name		Class PDWIS (Water) NPDES (Wastewater)					
	(OVER)							



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one o	of a two page form. Both pages must be completed and ret	turned. Op	erator Certifcation Nu	ımber: 1248			
	lease enter you're current address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: 12/1/2				
Co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	150			
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.			
I. CERTIFICA	TES TO RENEW:			Training Units			
Certification Type	pe Category		Class	Required			
OPERATOR	WASTEWATER TREATMENT		5	30			
OPERATOR	WASTEWATER TREATMENT		Α	16			
II. CURRENT E	MPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner			
I am currently not o	operating any Facility	I pr	I provide contractual services to the Facility				
Please provide the	following information about each Facility/Plant that you ope	erate. Use addtio	nal pages as needed.				
Facility / Plant Nan	ne	Class P	DWIS (Water) NPI	DES (Wastewater)			
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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This is page one	of a two page form. Both pages must be completed and returned	l. Operator Certification Number	: 1257		
	Please enter you're current address on the lines below and, if necessa	Certification(s) shown below will expire on	1 / / 1 / /11 / 3		
(correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	\$ 100		
		Failure to complete or requirements by the ex			
		result in an addition described in S	ional late fees as		
I. CERTIFICA	ATES TO RENEW:		Training Units		
Certification Ty	ype Category		Required		
OPERATOR	WASTEWATER TREATMENT	3	30		
OPERATOR	WASTEWATER TREATMENT	A	16		
TEMPORARY	WATER TREATMENT	3	45		
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Faciliti	ies (or Plants) that you currently operate:	I am employed by the F	Facility owner		
I am currently not	operating any Facility	I provide contractual services t	to the Facility		
Please provide the	e following information about each Facility/Plant that you operate.	Use addtional pages as needed.			
Facility / Plant Na	me	Class PDWIS (Water) NPDES (Wastewater)		
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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	ease enter you're current address on		essary,	shown pire on: 12/1/2023					
co	rrect the City, state and ZIP Code.	Please print legibly.		The fee to rener certifi	w these cations: \$50				
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.				
I. CERTIFICA	TES TO RENEW:				Training Units				
Certification Typ	e Category	/		Class	Required				
OPERATOR	WATER D	ISTRIBUTION		1	16				
II. CURRENT E	MPLOYMENT INFORMATI	ON							
Employer's Name:				Phone #:					
Number of Facilities	(or Plants) that you currently opera	ate:		I am employed l	by the Facility owner				
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Please provide the f	ollowing information about each F	acility/Plant that you operat	e. Use addtio	onal pages as needed	<i></i>				
Facility / Plant Nam	2		Class I	PDWIS (Water) NI	PDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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	ase enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp					
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	950				
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.				
I. CERTIFICAT	ES TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
SUPERINTENDENT	WASTEWATER TREATMENT		3	7				
II. CURRENT EM	PLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner					
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	lease enter you're current addre	ess on the lines below and, if nec	cessary,	Certification(s) shown below will expire on: 12/1/20					
co	orrect the City, state and ZIP C	ode. Please print legibly.		The fee to reno certif	ew these fications:	\$50			
				Failure to complete or submit renew requirements by the expiration date was result in an additional late fees as described in Section V.					
I. CERTIFICA	TES TO RENEW:			400011		aining Units			
Certification Typ	oe Cate	egory		Class		quired			
OPERATOR	WAS	TEWATER COLLECTION		2	16				
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	se enter you're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on: 12/1/20						
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II. CURRENT EMI	PLOYMENT INFORMATION								
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	TES TO RENEW:			Training Units			
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Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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This is page one of	of a two page form. Both pages must be completed and returned.	Operator Certification Nu	ımber: 1902				
	Please enter you're current address on the lines below and, if necessary	Certification(s) s y, below will exp					
c	correct the City, state and ZIP Code. Please print legibly.	The fee to renew certification	\$100				
		Failure to complete or submit renew requirements by the expiration date versult in an additional late fees as described in Section V.					
	ATES TO RENEW:		Training Units				
Certification Ty	pe Category	Class	Required				
OPERATOR	WASTEWATER TREATMENT	3	30				
OPERATOR	WASTEWATER TREATMENT	4	30				
OPERATOR	WASTEWATER TREATMENT	5	30				
OPERATOR	WASTEWATER TREATMENT	А	16				
SUPERINTENDEN	T WASTEWATER TREATMENT	3	7				
SUPERINTENDEN	T WASTEWATER TREATMENT	4	7				
SUPERINTENDEN	T WASTEWATER TREATMENT	А	7				
OPERATOR	WATER TREATMENT	2	16				
II. CURRENT E	EMPLOYMENT INFORMATION						
Employer's Name:		Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:	I am employed by	the Facility owner				
I am currently not o	operating any Facility	I provide contractual serv	vices to the Facility				
Please provide the	following information about each Facility/Plant that you operate. Us	se addtional pages as needed.					
Facility / Plant Nan	me Cl	lass PDWIS (Water) NPI	DES (Wastewater)				
	(OVER)						



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	Please enter you're current address on		,	Certification(s) shown below will expire on: 12/1/2				
C	correct the City, state and ZIP Code. P	lease print legibly.		The fee to re	enew these rtifications:	950		
				requirements result in a	submit renewal piration date will nal late fees as ection V.			
I. CERTIFICA	ATES TO RENEW:					Training Units		
Certification Ty	pe Category			Class		Required		
OPERATOR	WASTEWA	TER COLLECTION		2	1	16		
II. CURRENT I	EMPLOYMENT INFORMATIO	ON						
Employer's Name:				Phone #	#:			
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c	orrect the City, state and ZIP Code. Please prin	nt legibly.	The fee to r	enew these rtifications:	\$50			
			requirements	submit renewal iration date will al late fees as ction V.				
I. CERTIFICA	ATES TO RENEW:				raining Units			
Certification Ty	pe Category		Class		equired			
OPERATOR	WATER DISTRIBUT	TION	1	16	õ			
II. CURRENT I	EMPLOYMENT INFORMATION							
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JON E. NERLI	Please enter you're current address on the lines belo		Certification(s) below will ex				
	correct the City, state and ZIP Code. Please print le	gibly.	The fee to renev	w these cations: \$100			
				olete or submit renewal the expiration date will			
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I. CERTIFIC	CATES TO RENEW:		******	Training Units			
Certification ⁻	Гуре Category		Class	Required			
OPERATOR	WASTEWATER TREAT	MENT	А	16			
OPERATOR	WASTEWATER COLLEC	CTION	2	16			
OPERATOR	WATER TREATMENT		2	16			
OPERATOR	WASTEWATER TREAT	MENT	5	30			
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Employer's Nam	e:		Phone #:				
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This is page one of	a two page form. Both pages must be com	Operator Certification	perator Certification Number: 2263					
	ase enter you're current address on the lines l			Certification(s) shown below will expire on: 12/1/20				
con	rect the City, state and ZIP Code. Please prin	nt legibly.	The fee to re	enew these rtifications:	\$50			
			requirements result in a	Failure to complete or submit rend requirements by the expiration dat result in an additional late fees a described in Section V.				
I. CERTIFICAT	ΓES TO RENEW:		4656		raining Units			
Certification Typ	e Category		Class		equired			
TEMPORARY	WASTEWATER TRE	ATMENT	5	45	5			
II. CURRENT EN	IPLOYMENT INFORMATION							
Employer's Name:			Phone #	#: 				
Number of Facilities	(or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not op	erating any Facility		I provide contractual services to the Facility					
Please provide the fo	llowing information about each Facility/Pla	nt that you operate. Use ad	dtional pages as nee	eded.				
Facility / Plant Name	Facility / Plant Name			NPDES (W	/astewater)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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This is page one	of a two page form. Both	perator Certification Nu	mber: 2327					
	Please enter you're current a	ddress on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 12/1/202				
	correct the City, state and Z	IP Code. Please print legibly.		The fee to renew certifica	4 - 11			
			Failure to complete or submit reneware requirements by the expiration date we result in an additional late fees as described in Section V.					
I. CERTIFIC	ATES TO RENEW:				Training Units			
Certification Ty	ype (Category		Class	Required			
OPERATOR	\	VASTEWATER TREATMENT		5	30			
OPERATOR	\	VASTEWATER TREATMENT		Α	16			
II. CURRENT	EMPLOYMENT INFO	RMATION						
Employer's Name	:			Phone #:				
Number of Facilit	ies (or Plants) that you curre	ntly operate:		I am employed by the Facility owner				
I am currently not	operating any Facility]	I p	provide contractual services to the Facility				
Please provide the	e following information abo	ut each Facility/Plant that you operc	ate. Use addtio	onal pages as needed.				
Facility / Plant Na	ame		Class I	PDWIS (Water) NPD	DES (Wastewater)			
		(OVER)						



III. CONTINUING EDUCATION:

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	Please enter you're current address on the lines below and, if necessity	essary,	Certification(s) s below will exp					
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$ 100				
				ete or submit renewal the expiration date will				
			result in an ad	Iditional late fees as d in Section V.				
I. CERTIFIC	ATES TO RENEW:			Training Units				
Certification T	ype Category		Class	Required				
OPERATOR	WATER TREATMENT		2	16				
OPERATOR	WASTEWATER TREATMENT		5	30				
OPERATOR	WASTEWATER TREATMENT		Α	16				
II. CURRENT	EMPLOYMENT INFORMATION							
Employer's Name	:		Phone #:					
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I am currently not	t operating any Facility	I pro	vide contractual serv	vices to the Facility				
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Facility / Plant Na	ame	Class PD	OWIS (Water) NPI	DES (Wastewater)				
	T T							
	(OVER)							



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	ease enter you're current address on the lines below and, if ned	cessary,	Certification(s) sl below will expi					
cc	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification					
			requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.				
I. CERTIFICA	TES TO RENEW:			Training Units				
Certification Typ	oe Category		Class	Required				
OPERATOR	WASTEWATER TREATMENT		5	30				
OPERATOR	WASTEWATER TREATMENT		А	16				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
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Facility / Plant Nam	e	Class P	DWIS (Water) NPD	DES (Wastewater)				
	(OVER)							



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	lease enter you're current addres		essary,	Certification(s below will ex	12/1/2023				
c	orrect the City, state and ZIP Co	de. Please print legibly.		The fee to rene certif	ew these fications:	\$50			
				- requirements b	ubmit renewal iration date will Il late fees as				
I. CERTIFICA	ATES TO RENEW:					aining Units			
Certification Ty	pe Categ	jory		Class		quired			
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Facility / Plant Na	me	Class PDW	VIS (Water) NP	DES (Wastewater)		
	(OVER)					



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Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one	of a two page form. Both pages must be completed and return	ned. Operator Certification Number	r: 2441				
	Please enter you're current address on the lines below and, if nece	Certification(s) shows below will expire on					
(correct the City, state and ZIP Code. Please print legibly.	The fee to renew thes certification	X I (10)				
		Failure to complete or requirements by the eresult in an addition described in	xpiration date will onal late fees as				
I. CERTIFICA	ATES TO RENEW:		Training Units				
Certification Ty	ype Category	Class	Required				
OPERATOR	WASTEWATER TREATMENT	Α	16				
OPERATOR	WATER TREATMENT	G	7				
OPERATOR	WASTEWATER TREATMENT	5	30				
II. CURRENT	EMPLOYMENT INFORMATION						
Employer's Name:		Phone #:					
Number of Faciliti	ies (or Plants) that you currently operate:	I am employed by the Facility owner					
I am currently not	operating any Facility	I provide contractual services to the Facility					
Please provide the	e following information about each Facility/Plant that you operate	te. Use addtional pages as needed.					
Facility / Plant Na	me	Class PDWIS (Water) NPDES	(Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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

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- 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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	ease enter you're current address on the lines be		Certification(s) show below will expire o					
co	rect the City, state and ZIP Code. Please print	legibly.	The fee to reno certif	ew these fications: \$50				
			— requirements b result in an	pplete or submit renewal y the expiration date will additional late fees as bed in Section V.				
I. CERTIFICA	ΓES TO RENEW:			Training Units				
Certification Typ	e Category		Class	Required				
OPERATOR	WATER TREATMENT	Г	3	30				
II. CURRENT EN	APLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	(or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not op	erating any Facility	I	I provide contractual services to the Facility					
Please provide the fo	ollowing information about each Facility/Plant	that you operate. Use add	ltional pages as neede	ed.				
Facility / Plant Name	·	Class	PDWIS (Water) N	IPDES (Wastewater)				



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	ase enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp	1 / / 1 / / / / 3			
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950			
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.			
I. CERTIFICAT	TES TO RENEW:			Training Units			
Certification Type	e Category		Class	Required			
TEMPORARY	WASTEWATER COLLECTION		2	24			
II. CURRENT EM	IPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities	(or Plants) that you currently operate:	I am employed by the Facility owner					
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This is page one	of a two page form. Both pages must	rator Certifcatio	2690					
	Please enter you're current address on t	•	y,	12/1/2023				
C	correct the City, state and ZIP Code. Pl	ease print legibly.		The fee to re	new these tifications:	\$50		
			Failure to complete or submit renewater requirements by the expiration date result in an additional late fees as described in Section V.					
I. CERTIFICA	ATES TO RENEW:			acse.		raining Units		
Certification Ty	pe Category			Class		equired		
OPERATOR	WATER DIS	STRIBUTION		1	1	6		
II. CURRENT I	EMPLOYMENT INFORMATIO	N						
Employer's Name:				Phone #	<u>:</u> :			
Number of Facilitie	es (or Plants) that you currently operat	e:	I am employed by the Facility owner					
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	enter you're current address on the lines below and, if ne	ecessary,	Certification(s) below will exp	1 / / 1 / / 11 / 3
correct	the City, state and ZIP Code. Please print legibly.		The fee to renev	v these cations: \$50
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
SUPERINTENDENT	WASTEWATER TREATMENT		Α	7
II. CURRENT EMPI	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or I	Plants) that you currently operate:		I am employed b	y the Facility owner
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	lease enter you're current address on the lines belo		Certification(s) shown below will expire on: 1					
С	orrect the City, state and ZIP Code. Please print le	gibly.	The fee to rene certif	ew these ications: \$50				
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Certification Ty	pe Category		Class	Required				
OPERATOR	WATER TREATMENT		2	16				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	by the Facility owner				
I am currently not o	pperating any Facility	I	I provide contractual services to the Facility					
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Facility / Plant Nan	ne	Class	PDWIS (Water) N	PDES (Wastewater)				



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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one of a two pag	erator Certifcation Nu	mber: 3021				
•	you're current address on the lines below and, if necess	ary,	Certification(s) sl below will expi			
correct the C	ity, state and ZIP Code. Please print legibly.		The fee to renew certifica	X 1710		
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
I. CERTIFICATES TO	RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT EMPLOYN	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants)) that you currently operate:		I am employed by	the Facility owner		
I am currently not operating any	y Facility	I provide contractual services to the Facility				
Please provide the following in	formation about each Facility/Plant that you operate.	Use addtio	nal pages as needed.			
Facility / Plant Name		Class P	DWIS (Water) NPD	DES (Wastewater)		
				_		
	(OVER)					



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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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

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a tw	o page form. Both pages must be completed and return	ned. Op	erator Certification N	umber: 3141				
	enter you're current address on the lines below and, if nece	essary,	Certification(s) shown below will expire on: 12/1/202					
correct	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.				
I. CERTIFICATES	TO RENEW:		describe	Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	WASTEWATER COLLECTION		2	24				
II. CURRENT EMPL	OYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or I	Plants) that you currently operate:		I am employed b	y the Facility owner				
I am currently not operati	ng any Facility	I pı	I provide contractual services to the Facility					
Please provide the follow	ring information about each Facility/Plant that you operat	te. Use addtio	onal pages as needed.					
Facility / Plant Name		Class F	PDWIS (Water) NP	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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

This is page one o	f a two page form. Both pages must be completed and i	returned. O	perator Certifcation Nu	ımber: 3187				
	lease enter you're current address on the lines below and, is	f necessary,	Certification(s) s below will exp	1 / / 1 / / / / 3				
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$5A				
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.				
I. CERTIFICA	TES TO RENEW:			Training Units				
Certification Typ	oe Category		Class	Required				
OPERATOR	WASTEWATER TREATMENT		4	30				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner				
I am currently not o	perating any Facility	ΙI	I provide contractual services to the Facility					
Please provide the j	following information about each Facility/Plant that you o	perate. Use addt	ional pages as needed.					
Facility / Plant Nam	ne e	Class	PDWIS (Water) NPI	DES (Wastewater)				



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Page 2

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Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
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This is page one of	f a two page form. Both pa	nges must be completed and retur	ned. O _l	perator Certifcation Nu	mber: 3198				
	ease enter you're current ad	dress on the lines below and, if nec	essary,	Certification(s) sl below will expi	1 / / 1 / / 11 / 3				
co	rrect the City, state and ZII	Code. Please print legibly.		The fee to renew certifica	\$50				
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.						
I. CERTIFICA	TES TO RENEW:				Training Units				
Certification Typ	e Ca	ategory		Class	Required				
TEMPORARY	W	ASTEWATER TREATMENT		5	45				
TEMPORARY	W	ASTEWATER TREATMENT		Α	24				
II. CURRENT E	MPLOYMENT INFOR	MATION							
Employer's Name:				Phone #:					
Number of Facilities	(or Plants) that you curren	tly operate:		I am employed by	the Facility owner				
I am currently not of	perating any Facility		Ιp	rovide contractual serv	rices to the Facility				
Please provide the f	collowing information about	each Facility/Plant that you opera	te. Use addti	onal pages as needed.					
Facility / Plant Nam	e		Class 1	PDWIS (Water) NPD	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page	age form. Both pages must be completed and retui	rned. Operator	Certification N	Tumber: 3524					
	er you're current address on the lines below and, if nec		Certification(s) shown below will expire on: 12/1/						
correct the	City, state and ZIP Code. Please print legibly.	Т	he fee to renev certific	v these cations: \$50					
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.						
I. CERTIFICATES To	O RENEW:			Training Units					
Certification Type	Category		Class	Required					
OPERATOR	WASTEWATER TREATMENT		5	30					
OPERATOR	WASTEWATER TREATMENT		Α	16					
II. CURRENT EMPLOY	MENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities (or Plan	nts) that you currently operate:	Ιa	am employed ł	by the Facility owner					
I am currently not operating a	any Facility	I provide	contractual se	rvices to the Facility					
Please provide the following	information about each Facility/Plant that you operate	ite. Use addtional po	iges as needed	<u> </u>					
Facility / Plant Name		Class PDWIS	6 (Water) NF	PDES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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	•	on the lines below and, if necessar	ry,	Certification(s) below will exp	1 / / 1 / / 11 / 3				
	correct the City, state and ZIP Cod	e. Please print legibly.		The fee to renew certific	\$50				
				lete or submit renewal the expiration date will Iditional late fees as d in Section V.					
I. CERTIFIC	ATES TO RENEW:				Training Units				
Certification Ty	/pe Categ	ory		Class	Required				
OPERATOR	WATER	RTREATMENT		4	30				
II. CURRENT	EMPLOYMENT INFORMA	ΓΙΟΝ							
Employer's Name:				Phone #:					
Number of Facilit	ies (or Plants) that you currently op	perate:		I am employed by the Facility owner					
I am currently not	operating any Facility		I pro	provide contractual services to the Facility					
Please provide the	e following information about each	Facility/Plant that you operate. U	Jse addtior	al pages as needed.					
Facility / Plant Na	me	(Class PI	Class PDWIS (Water) NPDES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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

This is page one of a two	o page form. Both pages must be completed and r	perator Certification Number: 3609						
	enter you're current address on the lines below and, if	f necessary,	Certification(s) shown below will expire on: 12/1/2					
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100				
			Failure to complete or submit renews requirements by the expiration date w result in an additional late fees as described in Section V.					
I. CERTIFICATES	TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WASTEWATER COLLECTION		2	16				
OPERATOR	WATER DISTRIBUTION		1	16				
OPERATOR	WASTEWATER TREATMENT		5	30				
OPERATOR	WASTEWATER TREATMENT		Α	16				
OPERATOR	WASTEWATER TREATMENT		S	16				
II. CURRENT EMPL	OYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or P	Plants) that you currently operate:		I am employed b	y the Facility owner				
I am currently not operating	ng any Facility	I pro	ovide contractual ser	vices to the Facility				
Please provide the followi	ing information about each Facility/Plant that you o	perate. Use addtioi	nal pages as needed.					
Facility / Plant Name		Class Pl	DWIS (Water) NP	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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This is page one	of a two page form. Both page	s must be completed and return	e d. Op	erator Certifcation Nu	mber: 3648				
	Please enter you're current addre	ess on the lines below and, if neces	sary,	Certification(s) sl below will expi	1 / / 1 / / 11 / 3				
(correct the City, state and ZIP C	ode. Please print legibly.		The fee to renew certifica	\$50				
			Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.						
I. CERTIFICA	ATES TO RENEW:				Training Units				
Certification Ty	pe Cate	gory		Class	Required				
OPERATOR	INDU	JSTRIAL WASTEWATER		7	16				
II. CURRENT I	EMPLOYMENT INFORM	ATION							
Employer's Name:				Phone #:					
Number of Faciliti	es (or Plants) that you currently	operate:		I am employed by the Facility owner					
I am currently not	operating any Facility		I pr	I provide contractual services to the Facility					
Please provide the	following information about ed	ch Facility/Plant that you operate	. Use addtio	nal pages as needed.					
Facility / Plant Na	me		Class P	ass PDWIS (Water) NPDES (Wastewater					



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Page 2

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	ase enter you're current address on the lines below and, if necessary	essary,	Certification(s) below will exp	1 / / 1 / / 11 / 3			
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50			
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.			
I. CERTIFICAT	ES TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WATER TREATMENT		4	30			
II. CURRENT EM	PLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner					
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	(OVER)						



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This is page one of a two	page form. Both pages must be completed and ret	urned. O _l	perator Certifcation N	umber: 3747				
	ter you're current address on the lines below and, if n	ecessary,	Certification(s) s below will exp	1 / / 1 / / / / 3				
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew certification	950				
			Failure to complete or sure requirements by the expirational result in an additional described in Section					
I. CERTIFICATES 7	ΓΟ RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER TREATMENT		5	16				
II. CURRENT EMPLO	YMENT INFORMATION							
Employer's Name:			Phone #:					
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Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)				



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Page 2

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С	orrect the City, state and ZIP Code. Please print legib	ly.	The fee to renew certification	\$50				
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I. CERTIFICA	ATES TO RENEW:		46561166	Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
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Employer's Name:			Phone #:					
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	lease enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp					
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification					
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Certification Typ	oe Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
SUPERINTENDENT	WATER TREATMENT		4	7				
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Employer's Name:			Phone #:					
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Facility / Plant Nam	ne e	Class P	DWIS (Water) NPI	DES (Wastewater)				
	(OVER)							



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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date								
Last 4 digits of Social Security Number	Email Address	_							
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators									
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708							
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *							

1	cons	ent to	receive	my	certificate(s)	by by	emial	in	lieu	of mail	



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

This is page one of a two page form. Both pages must be completed and returned.	Operator Certification Number: 3870				
RUSSELL D. HARRISON Please enter you're current address on the lines below and, if necessary,	Certification(s) s below will exp				
correct the City, state and ZIP Code. Please print legibly.	The fee to renew certification	4 1 7 7 7 1			
	—— requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.			
I. CERTIFICATES TO RENEW:		Training Units			
Certification Type Category	Class	Required			
OPERATOR WATER TREATMENT	2	16			
OPERATOR WASTEWATER TREATMENT	4	30			
OPERATOR WASTEWATER TREATMENT	5	30			
OPERATOR WASTEWATER TREATMENT	А	16			
SUPERINTENDENT WATER TREATMENT	1	7			
SUPERINTENDENT WATER TREATMENT	2	7			
SUPERINTENDENT WASTEWATER TREATMENT	4	7			
SUPERINTENDENT WASTEWATER TREATMENT	5	7			
SUPERINTENDENT WASTEWATER TREATMENT	А	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	y the Facility owner			
I am currently not operating any Facility	I provide contractual serv	vices to the Facility			
Please provide the following information about each Facility/Plant that you operate. Use ac	ddtional pages as needed.	_			
Facility / Plant Name Class	PDWIS (Water) NPI	DES (Wastewater)			
(OVER)					



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature	Date								
Last 4 digits of Social Security Number	Email Address	_							
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators									
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708							
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1	cons	ent to	receive	my	certificate(s)	by by	emial	in	lieu	of mail	



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This is page one of	of a two page form. Both pages must be comp	Operator Certification	Number: 3876					
	lease enter you're current address on the lines b	•	Certification(s below will e					
c	orrect the City, state and ZIP Code. Please prin	t legibly.	The fee to ren certi	new these fications: \$50				
			requirements b	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.				
	ATES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WASTEWATER TRE	ATMENT	Α	16				
OPERATOR	WASTEWATER TRE	ATMENT	5	30				
II. CURRENT F	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
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I am currently not	operating any Facility		I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plan	nt that you operate. Use ad	ldtional pages as need	ed.				
Facility / Plant Nar	ne	Class	PDWIS (Water) N	NPDES (Wastewater)				
		(OVER)						



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature	Date								
Last 4 digits of Social Security Number	Email Address	_							
Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators									
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708							
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Please verify your information shown on this application and make any corrections as needed.

This is page on	e of a two page form. Both pages must be completed and return	ed. Operator C	ertifcation Numbe	r: 4124
DEMOND MI	Please enter you're current address on the lines below and, if neces		tification(s) shows elow will expire or	1 / / 1 / / 11 / 3
	correct the City, state and ZIP Code. Please print legibly.	The	e fee to renew these certifications	4 - 11
				r submit renewal xpiration date will
		re	esult in an additio	
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7				Required
SUPERINTENDE	ENT WATER TREATMENT		4	7
SUPERINTENDE	ENT WATER TREATMENT		3	7
SUPERINTENDE	ENT WATER TREATMENT		1	7
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:	I am	employed by the	Facility owner
I am currently no	ot operating any Facility	I provide co	ontractual services	to the Facility
Please provide ti	he following information about each Facility/Plant that you operate	. Use addtional page	es as needed.	
Facility / Plant N	Jame	Class PDWIS (Water) NPDES	(Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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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 Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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This is page one	of a two page form. Both pages must be completed and return	ned. Operator Certifo	ation Number:	4206		
	Please enter you're current address on the lines below and, if nece		tion(s) shown will expire on:	12/1/2023		
C	correct the City, state and ZIP Code. Please print legibly.		o renew these certifications:	\$100		
		requireme result i				
	ATES TO RENEW:			raining Units		
Certification Ty	pe Category	Clas	s Re	equired		
OPERATOR	WASTEWATER COLLECTION	2	16	5		
OPERATOR	WATER DISTRIBUTION	1	16	5		
II. CURRENT I	EMPLOYMENT INFORMATION					
Employer's Name:		Pho	ne #:			
Number of Facilitie	es (or Plants) that you currently operate:	I am emp	loyed by the Fa	cility owner		
I am currently not	operating any Facility	I provide contrac	tual services to	the Facility		
Please provide the	following information about each Facility/Plant that you operat	te. Use addtional pages as i	needed.			
Facility / Plant Nar	me	Class PDWIS (Water	r) NPDES (W	astewater)		
				_		
	(OVER)					



III. CONTINUING EDUCATION:

Page 2

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This is page one of	of a two page form. Both pages must be	Operator (Certification	4233				
	lease enter you're current address on the	•		rtification elow will	12/1/2023			
c	orrect the City, state and ZIP Code. Pleas	se print legibly.	Th	e fee to rei cert	new these tifications:	\$50		
			requ	Failure to complete or submired requirements by the expiration result in an additional late described in Section				
I. CERTIFICA	TES TO RENEW:					raining Units		
Certification Ty	pe Category			Class		equired		
OPERATOR	WASTEWATE	R COLLECTION		2	10	6		
II. CURRENT F	EMPLOYMENT INFORMATION							
Employer's Name:				Phone #	:			
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by the Facility owner					
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Please provide the	following information about each Facili	y/Plant that you operate. Use	addtional pag	ges as need	led.			
Facility / Plant Nar	ne	Clas	ss PDWIS	(Water)	NPDES (W	Vastewater)		



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Page 2

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This is page one	of a two page form. Both pages mu	erator Certification	4283					
	Please enter you're current address or		sary,	Certification(s below will ex	12/1/2023			
C	correct the City, state and ZIP Code.	Please print legibly.		The fee to rene certif	ew these fications:	\$50		
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.					
I. CERTIFICA	ATES TO RENEW:					aining Units		
Certification Ty	pe Categor	у		Class		equired		
TEMPORARY	WASTEW	/ATER COLLECTION		2	24	1		
II. CURRENT I	EMPLOYMENT INFORMATI	ION						
Employer's Name:				Phone #:				
Number of Faciliti	es (or Plants) that you currently open	rate:	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 F	acility/Plant that you operate.	Use addtio	nal pages as neede	ed.			
Facility / Plant Na	me		Class P	DWIS (Water) N	IPDES (W	astewater)		



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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This is page one	of a two page form. Both pages must b	Operator Certificatio	n Number: 4377					
	Please enter you're current address on the		Certification below will					
(correct the City, state and ZIP Code. Plea	se print legibly.	The fee to re	enew these tifications: \$50				
			requirements result in a	by the expiration date will n additional late fees as ribed in Section V.				
I. CERTIFICA	ATES TO RENEW:		-	Training Units				
Certification Ty	rpe Category		Class	Required				
OPERATOR	WATER TREA	TMENT	5DE	16				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #	·				
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by the Facility owner					
I am currently not	operating any Facility		I provide contractual services to the Facility					
Please provide the	following information about each Facili	ty/Plant that you operate. Use ad	ldtional pages as need	ded.				
Facility / Plant Na	me	Class	PDWIS (Water)	NPDES (Wastewater)				



III. CONTINUING EDUCATION:

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This is page on	e of a two page form. Bot	h pages must be completed and ret	urned. C	perator Certifcation Nu	ımber: 4553			
ANTHONY J.	•	t address on the lines below and, if no	ecessary,	Certification(s) s below will exp				
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certification	\$50			
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.			
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units			
Certification 7	Гуре	Category		Class	Required			
TEMPORARY		WASTEWATER TREATMENT		5	45			
II. CURRENT	EMPLOYMENT INF	ORMATION						
Employer's Name	e:			Phone #:				
Number of Facili	ities (or Plants) that you cu	rrently operate:	I am employed by the Facility owner					
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This is page one of a	two page form. Both pages must be completed and	perator Certification	Number: 4564					
	se enter you're current address on the lines below and,	if necessary,	Certification(s) shown below will expire on: 12/1/2023					
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these ications: \$50				
			requirements by result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.				
I. CERTIFICATI	ES TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WASTEWATER COLLECTION		2	16				
II. CURRENT EMI	PLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (c	or Plants) that you currently operate:		I am employed	by the Facility owner				
I am currently not oper	rating any Facility	Ιp	I provide contractual services to the Facility					
Please provide the foll	owing information about each Facility/Plant that you	operate. Use addti	onal pages as neede	<i>d</i> .				
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This is page one of	a two page form. Both pages must be completed and retur	ned. Ope	erator Certification N	umber: 4595				
	ase enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	1 / / 1 / / / / 3				
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	X50				
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICAT	TES TO RENEW:			Training Units				
Certification Type	e Category		Class	Required				
OPERATOR	WASTEWATER TREATMENT		5	30				
OPERATOR	WASTEWATER TREATMENT		Α	16				
II. CURRENT EM	IPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner				
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Facility / Plant Name		Class Pl	DWIS (Water) NP	DES (Wastewater)				



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	ase enter you're current address on the lines below and, if ne	cessary,	Certification(s) s below will expi	1 / / 1 / / 11 / 3			
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification				
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Certification Type	e Category		Class	Required			
TEMPORARY	WATER TREATMENT		2	24			
TEMPORARY	WASTEWATER COLLECTION		2	24			
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Employer's Name:			Phone #:				
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner			
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Please provide the fo	llowing information about each Facility/Plant that you oper	ate. Use addtio	nal pages as needed.				
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)			
	(OVER)						



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

This is page one of a	two page form. Both pages must be completed and retu	ırned. Ope	rator Certifcation N	umber: 5315			
	se enter you're current address on the lines below and, if ne	ecessary,	Certification(s) shown below will expire on: 12/1/202				
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	950			
			requirements by result in an ac	plete or submit renewal y the expiration date wil additional late fees as ped in Section V.			
I. CERTIFICATI	ES TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	INDUSTRIAL WASTEWATER		4	16			
II. CURRENT EMI	PLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	y the Facility owner			
I am currently not oper	ating any Facility	I pro	I provide contractual services to the Facility				
Please provide the follo	owing information about each Facility/Plant that you oper	rate. Use addtion	al pages as needed.				
Facility / Plant Name		Class PI	OWIS (Water) NP	DES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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	Please enter you're current address		sary,	Certification(s) below will exp	1/2023				
C	correct the City, state and ZIP Co	de. Please print legibly.		The fee to renew certific		ı			
		Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.							
	ATES TO RENEW:					ng Units			
Certification Ty	rpe Categ	ory		Class	Requir	ed			
OPERATOR	WAST	EWATER TREATMENT		Α	16				
OPERATOR	WAST	EWATER TREATMENT		5	30				
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Facility / Plant Na	me		Class I	PDWIS (Water) NP	DES (Wastew	vater)			
		(OVER)							



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corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica						
			Failure to complete or sub requirements by the expira result in an additional la described in Section						
I. CERTIFICAT	ES TO RENEW:			Training Units					
Certification Type	Category		Class	Required					
OPERATOR	WASTEWATER TREATMENT		5	30					
OPERATOR	WASTEWATER TREATMENT		Α	16					
II. CURRENT EM	IPLOYMENT INFORMATION								
Employer's Name:			Phone #:						
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Facility / Plant Name		Class I	PDWIS (Water) NPD	DES (Wastewater)					
			_						
	(OVER)		·						



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	lease enter you're current address on the lines below		Certification(s) below will ex					
Co	orrect the City, state and ZIP Code. Please print legil	oly.	The fee to renev	v these cations: \$50				
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.				
I. CERTIFICA	TES TO RENEW:		4000110	Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER TREATMENT		2	16				
II. CURRENT E	MPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by the Facility owner					
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	e enter you're current address on the lines below and, if ned	essary,	Certification(s) below will exp	1 / / 1 / / / / 3				
corre	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100				
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I. CERTIFICATE	ES TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER TREATMENT		4	30				
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by)	emial	in	lieu	of mail	



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This is page one	of a two page form. Both	perator Certifcation Nu	mber: 6556						
	Please enter you're current	address on the lines below and, if nec	cessary,	Certification(s) si below will expi	1 / / 1 / / 11 / 3				
C	correct the City, state and Z	IP Code. Please print legibly.		The fee to renew certification	\$50				
				 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as I in Section V.				
I. CERTIFICA	ATES TO RENEW:				Training Units				
Certification Ty	/pe	Category		Class	Required				
OPERATOR		INDUSTRIAL WASTEWATER		1	0				
II. CURRENT I	EMPLOYMENT INFO	ORMATION							
Employer's Name:				Phone #:					
Number of Faciliti	es (or Plants) that you curr	ently operate:		I am employed by the Facility owner					
I am currently not	operating any Facility]	Ιŗ	I provide contractual services to the Facility					
Please provide the	following information abo	ut each Facility/Plant that you oper	ate. Use addti	onal pages as needed.					
Facility / Plant Na	me	Class	PDWIS (Water) NPI	DES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one of a t	two page form. Both pages must be completed and re	perator Certification N	Tumber: 6614					
	e enter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 12/1/202					
correc	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50				
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.				
I. CERTIFICATE	ES TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	INDUSTRIAL WASTEWATER		2	0				
II. CURRENT EMP	PLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or	r Plants) that you currently operate:		I am employed b	y the Facility owner				
I am currently not opera	ating any Facility	Ιp	I provide contractual services to the Facility					
Please provide the follo	owing information about each Facility/Plant that you op	perate. Use addti	onal pages as needed					
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This is page one o	f a two page form. Both pages must be completed and return	ned. Operator Certification Number	er: 6923				
	lease enter you're current address on the lines below and, if nece	Certification(s) show below will expire o					
Co	orrect the City, state and ZIP Code. Please print legibly.	The fee to renew these certification	4511				
		Failure to complete or requirements by the eresult in an addition described in	expiration date will onal late fees as				
I. CERTIFICA	TES TO RENEW:		Training Units				
Certification Type	pe Category	Class	Required				
OPERATOR	WASTEWATER TREATMENT	А	16				
OPERATOR	WASTEWATER TREATMENT	5	30				
II. CURRENT E	MPLOYMENT INFORMATION						
Employer's Name:		Phone #:					
Number of Facilitie	es (or Plants) that you currently operate:	I am employed by the	Facility owner				
I am currently not o	operating any Facility	I provide contractual services	I provide contractual services to the Facility				
Please provide the	following information about each Facility/Plant that you operat	te. Use addtional pages as needed.					
Facility / Plant Nan	ne	Class PDWIS (Water) NPDES	(Wastewater)				
	(OVER)						



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This is page one of	a two page form. Both pages must be completed and ret	perator Certifcation Nu	mber: 7051				
	ase enter you're current address on the lines below and, if no	ecessary,	Certification(s) shown below will expire on: 12/1/20				
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50			
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.			
I. CERTIFICAT	TES TO RENEW:		described	Training Units			
Certification Type	e Category		Class	Required			
OPERATOR	WATER TREATMENT		1	16			
II. CURRENT EN	IPLOYMENT 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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This is page one of a two	o page form. Both pages must be completed and return	rned. Operator Certif	fcation Number:	7067					
	enter you're current address on the lines below and, if nec		Certification(s) shown below will expire on:						
correct t	the City, state and ZIP Code. Please print legibly.	The fee	e to renew these certifications:	450					
		requiren resul	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:		Tı	raining Units					
Certification Type	Category	Cla	ass Re	equired					
OPERATOR	WASTEWATER TREATMENT	5	30)					
OPERATOR	WASTEWATER TREATMENT	А	16	ô					
II. CURRENT EMPL	OYMENT INFORMATION								
Employer's Name:		Ph	none #:						
Number of Facilities (or P	Plants) that you currently operate:	I am em	nployed by the Fa	cility owner					
I am currently not operating	ng any Facility	I provide contra	actual services to	the Facility					
Please provide the followi	ing information about each Facility/Plant that you operc	ate. Use addtional pages a	s needed.						
Facility / Plant Name		Class PDWIS (Wat	ter) NPDES (W	/astewater)					



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Page 2

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This is page one	of a two page form. Both pa	perator Certification 1	Number: 7112						
	Please enter you're current add	ress on the lines below and, if neo	cessary,	Certification(s) shown below will expire on: 12/1/202					
C	correct the City, state and ZIP	Code. Please print legibly.		The fee to rene certif	ew these ications: \$50				
				requirements by result in an	plete or submit renewal y the expiration date will additional late fees as oed in Section V.				
I. CERTIFICA	ATES TO RENEW:				Training Units				
Certification Ty	pe Ca	tegory		Class	Required				
OPERATOR	WA	ASTEWATER COLLECTION		2	16				
II. CURRENT I	EMPLOYMENT INFOR	MATION							
Employer's Name:				Phone #:					
Number of Facilitie	es (or Plants) that you current	ly operate:		I am employed by the Facility owner					
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Facility / Plant Nar	me		Class	PDWIS (Water) N	PDES (Wastewater)				



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Page 2

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Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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This is page one of a two	page form. Both pages must be completed and return	rned. Opera	ator Certifcation N	umber: 7382				
	ter you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 12/1					
correct th	ne City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100				
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.					
I. CERTIFICATES	TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WASTEWATER COLLECTION		2	16				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT EMPLO	DYMENT INFORMATION							
Employer's Name:			Phone #:					
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III. CONTINUING EDUCATION:

Page 2

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	lease enter you're current addr	ess on the lines below and, if nec	essary,	Certification(s below will ex	12/1/2023			
c	orrect the City, state and ZIP (Code. Please print legibly.		The fee to rene certif	ew these fications:	\$50		
				- requirements b result in an	y the exp	submit renewal piration date will tal late fees as		
I. CERTIFICA	ATES TO RENEW:					aining Units		
Certification Ty	pe Cate	egory		Class		equired		
TEMPORARY	WAS	STEWATER TREATMENT		3	45			
II. CURRENT I	EMPLOYMENT INFORM	IATION						
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	lease enter you're current ac	ldress on the lines below and, if ne	cessary,	Certification(s) shown below will expire on: 12/1/20				
Co	orrect the City, state and ZI	P Code. Please print legibly.		The fee to rene certifi	w these cations: \$50			
			Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.					
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Certification Ty	pe C	ategory		Class	Required			
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	ou're current address on the lines below and, if nece	essary,	Certification(s) s below will expi					
correct the Ci	ty, state and ZIP Code. Please print legibly.		The fee to renew certification	620				
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.				
I. CERTIFICATES TO	RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT EMPLOYM	IENT INFORMATION							
Employer's Name:			Phone #:					
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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by by	emial	in	lieu	of mail	



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This is page one of	f a two page form. Both pages mus	Operator Certification	Number: 8892					
	lease enter you're current address on	•	Certification(s below will ex	1 1 1 1 1 1 1 1 1 3				
c	orrect the City, state and ZIP Code. P	lease print legibly.	The fee to reno certif	ew these fications: \$50				
			requirements b	uplete or submit renewal y the expiration date will additional late fees as bed in Section V.				
I. CERTIFICA	TES TO RENEW:			Training Units				
Certification Ty	pe Category		Class	Required				
OPERATOR	WATER TR	REATMENT	3	30				
II. CURRENT E	MPLOYMENT INFORMATION	ON						
Employer's Name:			Phone #:					
Number of Facilitie	es (or Plants) that you currently opera	te:	I am employed by the Facility owner					
I am currently not of	pperating any Facility		I provide contractual services to the Facility					
Please provide the	following information about each Fa	cility/Plant that you operate. Use a	ddtional pages as neede	ed.				
Facility / Plant Nar	ne	Class	PDWIS (Water) N	IPDES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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This is page one of a	two page form. Both pages must be completed and	perator Certification N	umber: 9091					
	se enter you're current address on the lines below and,	if necessary,	Certification(s) s below will exp	1 / / 1 / / 11 / 3				
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50				
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.				
I. CERTIFICATI	ES TO RENEW:		******	Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER DISTRIBUTION		1	16				
II. CURRENT EMI	PLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	y the Facility owner				
I am currently not oper	rating any Facility	Ιp	I provide contractual services to the Facility					
Please provide the foll	owing information about each Facility/Plant that you	operate. Use addti	onal pages as needed.					
Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)				



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This is page one of a	two page form. Both pages must be completed and retur	ned. Operat	tor Certifcation N	Number: 9164					
	se enter you're current address on the lines below and, if nece	essary,	Certification(s) below will ex	1 / / 1 / / / / / 3					
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$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. CERTIFICATE	ES TO RENEW:			Training Units					
Certification Type	Category		Class	Required					
OPERATOR	WASTEWATER COLLECTION		2	16					
OPERATOR	WATER DISTRIBUTION		1	16					
II. CURRENT EMI	PLOYMENT INFORMATION								
Employer's Name:			Phone #:						
Number of Facilities (o	or Plants) that you currently operate:		I am employed l	by the Facility owner					
I am currently not opera	rating any Facility	I provi	de contractual se	rvices to the Facility					
Please provide the follo	owing information about each Facility/Plant that you opera	te. Use addtional	pages as needed	1.					
Facility / Plant Name		Class PDW	VIS (Water) NI	PDES (Wastewater)					



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This is page one of	a two page form. Both pages mus	ed. Op	erator Certifcation N	umber: 9235					
	ease enter you're current address on		sary,	Certification(s) below will exp	1 / / 1 / / 11 / 3				
co	rrect the City, state and ZIP Code. I	Please print legibly.		The fee to renew certific	\$50				
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.					
I. CERTIFICA	TES TO RENEW:	40001100	Training Units						
Certification Typ	e Category	,		Class	Required				
OPERATOR	WATER TE	REATMENT		4	30				
II. CURRENT E	MPLOYMENT INFORMATION	ON							
Employer's Name:				Phone #:					
Number of Facilities	(or Plants) that you currently opera	ite:	I am employed by the Facility owner						
I am currently not of	perating any Facility		I provide contractual services to the Facility						
Please provide the f	ollowing information about each Fa	ncility/Plant that you operate	. Use addtio	nal pages as needed.					
Facility / Plant Nam	2		Class P	DWIS (Water) NP	DES (Wastewater)				



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This is page one	of a two page form. Both pages	perator Certification N	umber: 9295					
	Please enter you're current address	The state of the s	cessary,	Certification(s) below will exp	1 / / 1 / / / / 3			
C	correct the City, state and ZIP Cod	e. Please print legibly.		The fee to renew certific	\$50			
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.			
I. CERTIFICA	ATES TO RENEW:	40501150	Training Units					
Certification Ty	pe Categ	ory		Class	Required			
OPERATOR	WATER	RTREATMENT		G	7			
II. CURRENT I	EMPLOYMENT INFORMA	TION						
Employer's Name:				Phone #:				
Number of Facilitie	es (or Plants) that you currently of	perate:		I am employed by the Facility owner				
I am currently not	operating any Facility		I provide contractual services to the Facility					
Please provide the	following information about each	Facility/Plant that you oper	ate. Use addti	onal pages as needed.				
Facility / Plant Nar	me		Class 1	PDWIS (Water) NP	DES (Wastewater)			



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This is page one	of a two page form. Both pages must be complete	perator Certification N	Tumber: 9593					
	Please enter you're current address on the lines below		Certification(s) shown below will expire on:					
C	correct the City, state and ZIP Code. Please print leg	ibly.	The fee to renev	v these cations: \$50				
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Certification Ty	pe Category		Class	Required				
OPERATOR	WATER TREATMENT		3	30				
II. CURRENT I	EMPLOYMENT INFORMATION							
Employer's Name:			Phone #:					
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I am currently not	operating any Facility	I	I provide contractual services to the Facility					
Please provide the	following information about each Facility/Plant the	at you operate. Use addt	ional pages as needed	<u> </u>				
Facility / Plant Nar	me	Class	PDWIS (Water) NF	PDES (Wastewater)				



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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by by	emial	in	lieu	of mail	



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This is page one of a t	two page form. Both pages must be completed and ref	Operator Certification Number: 9611						
	e enter you're current address on the lines below and, if n	necessary,	Certification(s) s below will exp	1 / / 1 / / 11 / 3				
correc	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50				
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.				
I. CERTIFICATE	ES TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
TEMPORARY	INDUSTRIAL WASTEWATER		7	24				
II. CURRENT EMP	PLOYMENT INFORMATION							
Employer's Name:			Phone #:					
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	the Facility owner				
I am currently not opera	ating any Facility	I p	I provide contractual services to the Facility					
Please provide the follo	owing information about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed.					
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)				



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
* AN INCOMPLETE A	APPLICATION WILL B	E RETURNED *	

1	cons	ent to	receive	my	certificate(s)	by by	emial	in	lieu	of mail	



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This is page one of a	two page form. Both pages must be completed and return	e d. Opera	tor Certifcation N	umber: 9646			
	se enter you're current address on the lines below and, if necess	sary,	shown oire on: 12/1/2023				
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50			
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.			
I. CERTIFICATI	ES TO RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WATER TREATMENT		2	16			
II. CURRENT EMI	PLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (o	or Plants) that you currently operate:	I am employed by the Facility owner					
I am currently not oper	ating any Facility	I provide contractual services to the Facility					
Please provide the follo	owing information about each Facility/Plant that you operate.	. Use addtional	pages as needed.				
Facility / Plant Name		Class PDV	VIS (Water) NP	DES (Wastewater)			
	(OVER)						



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to: Marylar	nd Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Department of the Er	nvironment, P.O. Box 2057, 1	Baltimore, Maryland 21203-1708	
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This is page one of a	two page form. Both pages must be completed and ret	urned. Op	erator Certifcation Nu	ımber: 9780				
	se enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will expi					
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification					
			Failure to complete or submit rerequirements by the expiration da result in an additional late fees described in Section V.					
I. CERTIFICATI	ES TO RENEW:			Training Units				
Certification Type	Category		Class	Required				
OPERATOR	WATER TREATMENT		1	16				
OPERATOR	WASTEWATER TREATMENT		1	16				
II. CURRENT EMI	PLOYMENT INFORMATION							
Employer's Name:			Phone #:					
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Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)				
	(OVER)							



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Last 4 digits of Social Security Number	Email Address	_	
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This is page one of a two pag	Operator Certifcation Nu	mber: 9796					
-	you're current address on the lines below and, if	necessary,	Certification(s) shelow will expire				
correct the Ci	ty, state and ZIP Code. Please print legibly.		The fee to renew to certificate	620			
		Failure to e requiremen result in des					
I. CERTIFICATES TO	RENEW:			Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WATER TREATMENT		G	7			
II. CURRENT EMPLOYM	MENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (or Plants)	that you currently operate:		I am employed by	the Facility owner			
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Please provide the following in	formation about each Facility/Plant that you op	perate. Use addi	tional pages as needed.				
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)			



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This is page one	of a two page form. Both p	perator Certifcation N	umber: 9823		
	Please enter you're current a	ddress on the lines below and, if no	ecessary,	Certification(s) below will exp	
•	correct the City, state and ZI	P Code. Please print legibly.		The fee to renew certific	\$50
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:			4000110	Training Units
Certification Ty	/pe C	ategory		Class	Required
OPERATOR	II	NDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Name:				Phone #:	
Number of Faciliti	ies (or Plants) that you curren	ntly operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility		Ιj	provide contractual ser	vices to the Facility
Please provide the	e following information abou	t each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant Na	me		Class	PDWIS (Water) NP	DES (Wastewater)



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Page 2

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This is page one of a tw	o page form. Both pages must be completed and retur	ned. Operator Cert	tifcation Numb	er: 9864
	enter you're current address on the lines below and, if nec		fication(s) show ow will expire	1 / / 1 / / 11 / 3
correct	the City, state and ZIP Code. Please print legibly.	The fe	ee to renew the certificatio	\$100
		require	ements by the	or submit renewal expiration date will ional late fees as a Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category	C	lass	Required
OPERATOR	WASTEWATER COLLECTION	2		16
OPERATOR	WATER DISTRIBUTION	1		16
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:		P	Phone #:	
Number of Facilities (or I	Plants) that you currently operate:	I am e	mployed by the	e Facility owner
I am currently not operati	ng any Facility	I provide cont	ractual service	es to the Facility
Please provide the follow	ring information about each Facility/Plant that you opera	te. Use addtional pages	as needed.	
Facility / Plant Name		Class PDWIS (W	ater) NPDES	S (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature		Date
Last 4 digits of Social Security Number	Email Address	
Make checks payable to: N	Maryland Board of Waterworks ar	nd Waste Systems Operators
Mail to: Maryland Department of	f the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *

	1	Consent t	n receive	my	certificate(s)	hu	emial i	in li	ou of	mail	



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

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

This is page one	of a two page form. Both pages mu	erator Certification Number: 9983							
	Please enter you're current address or	nt address on the lines below and, if necessary		Certification(s) shown below will expire on: 12/1/					
C	correct the City, state and ZIP Code.	Please print legibly.		The fee to rene certif	\$50				
				Failure to complete or submit renormal requirements by the expiration date result in an additional late fees a described in Section V.					
I. CERTIFICA	ATES TO RENEW:					aining Units			
Certification Ty	pe Categor	/		Class		equired			
OPERATOR	WASTEW	ATER COLLECTION		2	16	5			
II. CURRENT I	EMPLOYMENT INFORMATI	ON							
Employer's Name:				Phone #:					
Number of Faciliti		I am employed by the Facility owner							
I am currently not	I pr	provide contractual services to the Facility							
Please provide the	following information about each F	acility/Plant that you operate.	. Use addtio	nal pages as neede	ed.				
Facility / Plant Name			Class P	ss PDWIS (Water) NPDES (Wastewater)					



III. CONTINUING EDUCATION:

Page 2

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