

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 of	ne of a two page form. Bo	th pages must be completed and ret	urned. (	Operator Certification Nu	ımber: <b>0065</b>
2	-	ter you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
	correct the City, state and			The fee to renew certification	X 17111
				requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as
I CERTIFI	CATES TO RENEW	7•		— describe	d in Section V.
Certification		Category		Class	Training Units Required
TEMPORAR	Υ	WASTEWATER TREATMEN	ΙΤ	5	45
TEMPORAR	Υ	WATER TREATMENT		3	45
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner
I am currently n	not operating any Facility	<u> </u>	I	provide contractual serv	vices to the Facility
Please provide	the following information a	 bout each Facility/Plant that you ope	rate. Use addi	tional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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



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		ou're current address on the lines below and, if necessary, y, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on:  The fee to renew these certifications:  \$50\$		
	correct the City, state and					
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
	CATES TO RENEW	<u>.</u>			<b>Training Units</b>	
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		Α	16	
II. CURRENT	Γ EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner	
I am currently n	ot operating any Facility		Ιp	provide contractual serv	vices to the Facility	
Please provide	the following information a	oout each Facility/Plant that you operat	e. Use addti	onal pages as needed.		
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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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	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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	Please enter you're current address on the lines below and, if necessary,		ary,	Certification(s) shown below will expire on: 12/1/2		
	correct the City, state and ZIP Code.	orrect 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 l in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type Categor	у		Class	Required	
OPERATOR	WATER	DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFORMAT	ON				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you currently open	rate:		I am employed by	the Facility owner	
I am currently r	not operating any Facility		I p	rovide contractual serv	vices to the Facility	
Please provide	the following information about each F	acility/Plant that you operate.	Use addti	onal pages as needed.		
Facility / Plant Name			Class 1	PDWIS (Water) NPI	DES (Wastewater)	



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Operator in Responsible Charge:

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•	•	you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
correct the City, state and Z		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. CERTIFI	CATES TO R	ENEW:			Training Units
Certification	Type	Category		Class	Required
SUPERINTE	ENDENT	WATER TREATMENT		4	7
II. CURREN	T EMPLOYME	NT INFORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) tha	at you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I	provide contractual serv	vices to the Facility	
Please provide	the following inform	nation about each Facility/Plant that yo	u operate. Use ada	ltional pages as needed.	
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Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page on	ie of a two page form. Both pages must be completed and	returned. Op	perator Certification N	umber: <b>0793</b>
•	Please enter you're current address on the lines below and, if necessary,	if necessary,	Certification(s) s below will exp	1 / / 1 / / 11 / / /
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification <sup>1</sup>	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not operating any Facility		I p	rovide contractual ser	vices to the Facility
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Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)



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•	Please enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp	
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			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:		40501150	Training Units
Certification 1	Type Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

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



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

This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	ımber: <b>0857</b>
	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	950
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:		describe	Training Units
Certification T	Type Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	2:		Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner
I am currently not operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide th	ne following information about each Facility/Plant that you o	perate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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

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- 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

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcat	Operator Certification Number:		
JOHNSON Please e		lease enter you're current address on the lines below and, if necessary,		on(s) shown ll expire on:	12/1/2024	
	correct the City, state and ZIP Code. Please	t the City, state and ZIP Code. Please print legibly.		renew these ertifications:	\$50	
			requirement result in	ts by the exp	submit renewal piration date will al late fees as ection V.	
I. CERTIFI	CATES TO RENEW:			Т	raining Units	
Certification	Type Category		Class		equired	
OPERATOR	WATER DIS	TRIBUTION	1	1	6	
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nar	ne:		Phone	#:		
Number of Faci	lities (or Plants) that you currently operate:		I am emplo	yed by the Fa	acility owner	
I am currently not operating any Facility			I provide contractu	al services to	the Facility	
Please provide	the following information about each Facility	y/Plant that you operate. Use a	ddtional pages as ne	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (V	Vastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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

This is page one of	a two page form. Both pages must be completed and return	ed. Operator Certifica	ntion Number: 10029		
	ase enter you're current address on the lines below and, if neces		ion(s) shown vill expire on: 12/1/2024		
	rect the City, state and ZIP Code. Please print legibly.		o renew these certifications: \$50		
		requireme result i	complete or submit renewal nts by the expiration date will n an additional late fees as escribed in Section V.		
I. CERTIFICAT	TES TO RENEW:		Training Units		
Certification Type	e Category	Class	_		
OPERATOR	WATER DISTRIBUTION	1	16		
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:		Phon	ne #:		
Number of Facilities (or Plants) that you currently operate:		I am empl	I am employed by the Facility owner		
I am currently not operating any Facility		I provide contract	tual services to the Facility		
Please provide the fo	llowing information about each Facility/Plant that you operate	e. Use addtional pages as n	needed.		
Facility / Plant Name		Class PDWIS (Water	) NPDES (Wastewater)		



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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

This is page one of a two page for	ed. Operator Certification N	Number: 10255			
•	're current address on the lines below and, if necess	Certification(s) sary, below will ex			
correct the City, state and ZIP Code. Please print legibly.		The fee to rener certifi	w these cations: \$50		
		requirements by	plete or submit renewal the expiration date will additional late fees as red in Section V.		
I. CERTIFICATES TO R	ENEW:		Training Units		
Certification Type	Category	Class	Required		
SUPERINTENDENT	WATER DISTRIBUTION	1	7		
II. CURRENT EMPLOYME	NT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants) that you currently operate:		I am employed	I am employed by the Facility owner		
I am currently not operating any F	acility	I provide contractual se	rvices to the Facility		
Please provide the following infor	mation about each Facility/Plant that you operate.	Use addtional pages as needed	<i>l</i> .		
Facility / Plant Name		Class PDWIS (Water) NI	PDES (Wastewater)		



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page or	ne of a two page form. B	oth pages must be completed and i	returned. (	Operator Certifcation Nu	mber: <b>10256</b>
GERSTNER Please enter yo	•	enter you're current address on the lines below and, if necess	f necessary,	Certification(s) sl below will expi	
	correct the City, state a	City, state and ZIP Code. Please print legibly.		The fee to renew certifica	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENE	<u>W:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
SUPERINTE	NDENT	WATER DISTRIBUTION		1	7
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT IN	NFORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you	currently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility		I	provide contractual serv	ices to the Facility
Please provide	the following information	about each Facility/Plant that you of	perate. Use add	tional pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	ımber: <b>10316</b>
· · · · · · · · · · · · · · · · · · ·	ease enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp	
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			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFICAT	ΓES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
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 operating any Facility		Ιp	rovide contractual serv	vices to the Facility
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Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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#### VII. APPLICANT'S STATEMENT

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

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



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This is page one of a two page form. Both pages must be completed and returned.			ned. O	perator Certification N	Number: <b>1034</b>
	•	ease enter you're current address on the lines below and, if necessary		Certification(s) below will ex	
	correct the City, state and Z	ect the City, state and ZIP Code. Please print legibly.		The fee to renever certification.	w these cations: \$50
				Failure to complete or submit r requirements by the expiration of result in an additional late fe	
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER		7	16
II. CURREN	ΓEMPLOYMENT INFO	RMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you curr	ently operate:		I am employed l	by the Facility owner
I am currently n	ot operating any Facility	]	Ιŗ	provide contractual se	rvices to the Facility
Please provide i	the following information abo	_ ut each Facility/Plant that you opera	ıte. Use addtı	ional pages as needed	<u></u>
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)	



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

Page 2

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

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- 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.
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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	mber: <b>10707</b>	
•	•	se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.		Certification(s) si below will expi	1 / / 1 / / 11 / / /
	correct the City, state and			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. CERTIFI	CATES TO RENEW	<u>'-</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
<b>OPERATOR</b>		WASTEWATER TREATMEN	NT	5	30
OPERATOR		WASTEWATER TREATMEN	١T	Α	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility		ΙŢ	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you ope	erate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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•	•	r're current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.	if necessary,	Certification(s) s below will expi	
	correct the City, state an			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. CERTIFI	CATES TO RENEV	<u>V:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	Y	WASTEWATER TREATM	ENT	5A	69
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility	$\Box$	I	provide contractual serv	vices to the Facility
Please provide	the following information of	about each Facility/Plant that you	operate. Use add	tional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	10715	
•	•	ase enter you're current address on the lines below and, if necessary,		n(s) shown l expire on:	12/1/2024
	correct the City, state and ZIP Code. Please	ct the City, state and ZIP Code. Please print legibly.	The fee to r	enew these rtifications:	\$50
			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		iration date will Il late fees as
I. CERTIFI	CATES TO RENEW:				aining Units
Certification	Type Category		Class		equired
OPERATOR	WATER TRE	ATMENT	4	30	)
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone	#:	
Number of Faci	lities (or Plants) that you currently operate:		I am employ	ed by the Fac	cility owner
I am currently n	ot operating any Facility		I provide contractua	al services to	the Facility
Please provide	the following information about each Facility	/Plant that you operate. Use a	ddtional pages as nee	eded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	astewater)



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Op				perator Certification Number: 10718		
	Please enter you're current address on the lines below and, if necessary,		Certification(s) si below will expi			
	correct the City, state an	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
				— requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFI	CATES TO RENEW	<u>/:</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORAR	Υ	WASTEWATER TREAT	MENT	5A	69	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility			I	I provide contractual services to the Facility		
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Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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

Page 2

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Operator in Responsible Charge:

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	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(s) below will ex		12/1/2024	
	correct the City, state and ZIP Cod	orrect the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these ications:	\$50
				Failure to complete or submit renews requirements by the expiration date w result in an additional late fees as described in Section V.		iration date will Il late fees as
I. CERTIFIC	CATES TO RENEW:					aining Units
Certification <sup>-</sup>	Type Catego	ory		Class		equired
OPERATOR	WAST	EWATER COLLECTION		2	16	<b>;</b>
II. CURRENT	EMPLOYMENT INFORMA	ΓΙΟΝ				
Employer's Nam	e:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility		I p	I provide contractual services to the Facility			
Please provide t	he following information about each	Facility/Plant that you operate.	Use addtie	onal pages as neede	ed.	
Facility / Plant Name			Class I	PDWIS (Water) N	PDES (W	astewater)



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

Page 2

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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

#### VII. APPLICANT'S STATEMENT

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

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



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

This is page one of a two page form. Both pages must be completed and returned.			eturned. (	Operator Certification N	umber: <b>10724</b>	
•	•	current address on the lines below and, if necessary, te and ZIP Code. Please print legibly.	necessary,	Certification(s) below will exp		
	correct the City, state and			The fee to renew these certifications: \$50		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW	<u>'.</u>			Training Units	
Certification	Туре	Category		Class	Required	
TEMPORAR	Υ	WASTEWATER COLLECT	ION	2	24	
II. CURREN	T EMPLOYMENT INF	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility		I	provide contractual ser	rvices to the Facility		
Please provide	the following information a	— bout each Facility/Plant that you o <sub>l</sub>	perate. Use add	tional pages as needed		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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

Page 2

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

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



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcati	10725	
•	Please enter you're current address on the		Certificatio below wil	n(s) shown ll expire on:	12/1/2024
	correct the City, state and ZIP Code. Pleas	e print legibly.		The fee to renew these certifications: \$50	
			requirement result in	s by the exp	submit renewal piration date will al late fees as ection V.
I. CERTIFIC	CATES TO RENEW:				raining Units
Certification	Type Category		Class		equired
TEMPORAR'	Y WASTEWA <sup>-</sup>	TER TREATMENT	5A	6	9
II. CURREN	EMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone	#:	
Number of Facil	ities (or Plants) that you currently operate:		I am employ	red by the Fa	acility owner
I am currently not operating any Facility			I provide contractua	al services to	the Facility
Please provide t	he following information about each Facilit	y/Plant that you operate. Use ac	ddtional pages as ne	eded.	_
Facility / Plant Name		Class	PDWIS (Water)	NPDES (V	Vastewater)



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

Page 2

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

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

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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification 1	Number: <b>10726</b>
MARTINEZ-SOTO  Please enter you're current address on the lin correct the City, state and ZIP Code. Please	ease enter you're current address on the lines be		Certification(s) below will ex	
	prrect the City, state and ZIP Code. Please print	legibly.	The fee to rene certifi	w these scations: \$50
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ped in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
TEMPORARY	INDUSTRIAL WAS	STEWATER	1	0
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not operating any Facility		]	provide contractual se	ervices to the Facility
Please provide the f	ollowing information about each Facility/Plant	that you operate. Use add	ltional pages as neede	
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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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 10730		
	Please enter you're current address on the lines below and,	if necessary,	Certification(s) below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50  Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	rpe Category		Class	Required	
TEMPORARY	WASTEWATER COLLEC	TION	2	24	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		Ιp	rovide contractual ser	vices to the Facility	
Please provide the	following information about each Facility/Plant that you	operate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page of	one of a two page form. Bo	th pages must be completed and retu	rned. O	perator Certification Nu	mber: <b>10738</b>
-	2	you're current address on the lines below and, if necess		Certification(s) sh below will expin	
	correct the City, state and	y, state and ZIP Code. Please print legibly.		The fee to renew to certificate	450
				requirements by tl	ete or submit renewal he expiration date will
				result in an additional late fees described in Section V.	
I. CERTIF	ICATES TO RENEW	<u>/:</u>		described	Training Units
Certification	туре	Category		Class	Required
TEMPORAF	RY	WASTEWATER TREATMENT	Т	Α	24
TEMPORAF	RY	WASTEWATER TREATMENT	Т	5	45
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		ΙĮ	provide contractual serv	ices to the Facility	
Please provide	the following information d	— about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned			ned. O <sub>j</sub>	perator Certifcation Nu	umber:	10742
•	•	re current address on the lines below and, if necessary		Certification(s) s below will exp		12/1/2024
	correct the City, state and	te and ZIP Code. Please print legibly.		The fee to renew certification		\$100
				Failure to compl requirements by to result in an address describe	the expi	iration date will al late fees as
	ICATES TO RENEW	<u>':</u>				raining Units
Certification	Type	Category		Class	Re	equired
TEMPORAR	RY	WATER DISTRIBUTION		1	24	1
TEMPORAR	RY	WASTEWATER COLLECTION		2	24	4
II. CURREN	T EMPLOYMENT INF	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Fac	cilities (or Plants) that you cu	irrently operate:		I am employed by	y the Fa	cility owner
I am currently i	not operating any Facility		I p	rovide contractual ser	vices to	the Facility
Please provide	the following information a	bout each Facility/Plant that you operat	e. Use addti	onal pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (W	astewater)
		(OVER)				



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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



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This is page one of a two page form. Both pages must be completed and return			Operator Certification No	amber: <b>10748</b>	
•	Please enter you're current address on the lines below and, if necessary		Certification(s) s below will exp	1 / / 1 / / / / / /	
	correct the City, state and ZIP Code. Pleas	e 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. CERTIFIC	CATES TO RENEW:			<b>Training Units</b>	
Certification <sup>7</sup>	Type Category		Class	Required	
TEMPORARY	WATER TRI	EATMENT	2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide t	he following information about each Facilit	y/Plant that you operate. Use a	ddtional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	
		T			
		(OVER)			



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

Page 2

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Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address			
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
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This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation Nu	ımber: 10750	
	r you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legi	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO	O RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plant	ts) that you currently operate:		I am employed by	the Facility owner	
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Please provide the following	information about each Facility/Plant that you operate	. Use addtion	nal pages as needed.		
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#### **III. CONTINUING EDUCATION:**

Page 2

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	lease enter you're current address on the lines below and, if necessary,	sary,	Certification(s) si below will expi	1 / / 1 / / 11 / / /	
	correct the City, state and ZIP Code	he City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Catego	ory		Class	Required
OPERATOR	WATE	R TREATMENT		4	30
II. CURREN	T EMPLOYMENT INFORMAT	ΓΙΟΝ			
Employer's Nar	me:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner	
I am currently not operating any Facility		Ιp	rovide contractual serv	rices to the Facility	
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-	Please enter you're current address on the lines below and, if necessary	ν,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Name		lass P	DWIS (Water) NPI	DES (Wastewater)



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

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•	•	ease enter you're current address on the lines below and, if necessary, rrect the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) below will exp		
	correct the City, state and ZIP			The fee to renew these certifications: \$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. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type Ca	tegory		Class	Required	
TEMPORAR	Y W	ASTEWATER TREATMENT		5A	69	
II. CURREN	Γ EMPLOYMENT INFOR	MATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you current	y operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility		Ιp	orovide contractual ser	rvices to the Facility		
Please provide	the following information about	each Facility/Plant that you operat	e. Use addti	onal pages as needed		
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#### **III. CONTINUING EDUCATION:**

Page 2

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•	lease enter you're current address on the lines below and, if	necessary,	Certification(s) below will exp	
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			<ul> <li>requirements by result in an ac</li> </ul>	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
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Certification Typ	oe Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWAT	ER	7	16
II. CURRENT E	MPLOYMENT 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 operating any Facility		ΙĮ	provide contractual ser	vices to the Facility
Please provide the j	following information about each Facility/Plant that you op	perate. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)



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

Page 2

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

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			urned. (	Operator Certifcation N	umber: 10782
	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) s below will exp	1 / / 1 / / / / / /
	correct the City, state and	et 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 Iditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	туре	Category		Class	Required
OPERATOR	?	WASTEWATER COLLECTION	NC	2	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	urrently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility		I	provide contractual ser	vices to the Facility
Please provide	the following information a	 about each Facility/Plant that you ope	rate. Use add	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Nu	ımber: <b>10811</b>	
	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) s below will exp	1 / / 1 / / 1 / / /
	correct the City, state and	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
				requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR	R	INDUSTRIAL WASTEWATE	R	6	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	urrently operate:		I am employed by	y the Facility owner
I am currently i	not operating any Facility		I	provide contractual serv	vices to the Facility
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Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			returned. (	Operator Certification Number: 1096			
•	•	ase enter you're current address on the lines below and, if necessary, rect the City, state and ZIP Code. Please print legibly.		Certification(s below will ex		1/2024	
	correct the City, state and			The fee to reno 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.		on date will e fees as	
I. CERTIFIC	CATES TO RENEW	<u>7:</u>			Traini	raining Units	
Certification	Туре	Category		Class	Requi	_	
OPERATOR		INDUSTRIAL WASTEWA	ΓER	1	0		
II. CURREN	T EMPLOYMENT INI	FORMATION					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed	by the Facility	owner	
I am currently n	ot operating any Facility		I	provide contractual s	ervices to the F	acility	
Please provide	the following information a	bout each Facility/Plant that you o	operate. Use add	tional pages as neede	ed.		
Facility / Plant Name		Class	PDWIS (Water) N	IPDES (Wastev	vater)		



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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•	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) below will exp	1 / / 1 / / / / / /
	correct the City, state and	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. CERTIFI	CATES TO RENEW	<u>′:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR	R	WASTEWATER COLLECTION	ON	2	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed b	by the Facility owner
I am currently r	not operating any Facility		I	provide contractual ser	vices to the Facility
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#### **III. CONTINUING EDUCATION:**

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	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) below will ex	
	correct the City, state and ZI	rect the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these ications: \$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. CERTIFIC	CATES TO RENEW:				Training Units
Certification 7	Гуре С	ategory		Class	Required
OPERATOR	V	VASTEWATER COLLECTION	1	2	16
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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		Ιį	provide contractual se	ervices to the Facility	
Please provide th	he following information abou	ut each Facility/Plant that you opera	te. Use addt	ional pages as neede	<i>d</i> .
Facility / Plant N	ame		Class	PDWIS (Water) N	PDES (Wastewater)



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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 one of a two page form. Both pages must be completed and returned.			ned. O	perator Certification Nur	mber: <b>11126</b>
YERINA	Please enter you're current address on the lines below and, if necessar	essary,	Certification(s) sh below will expir	1 / / 1 / / 11 / /	
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	\$50
				Failure to complete or submit rener requirements by the expiration date result in an additional late fees a described in Section V.	
I. CERTIFICATES TO RENEW:					Training Units
Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER		7	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility		
Please provide	the following information a	bout each Facility/Plant that you opera	ıte. Use addti	onal pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			



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

Page 2

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

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

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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



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

This is page of	one of a two page form. Bo	th pages must be completed and re	turned. O	perator Certifcation Nu	mber: 11158	
•	•	nter you're current address on the lines below and, if neces		Certification(s) shown below will expire on: 12/1/202		
	correct the City, state and	state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
	ICATES TO RENEW	<u>/:</u>			<b>Training Units</b>	
Certification	n Type	Category		Class	Required	
OPERATOR	?	WASTEWATER COLLECTION	ON	2	16	
OPERATOR	3	WATER DISTRIBUTION		1	16	
II. CURREN	NT EMPLOYMENT IN	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		ΙĮ	provide contractual serv	rices to the Facility		
Please provide	e the following information c	ubout each Facility/Plant that you op	erate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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

Page 2

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Name and Certification Number of
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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•	•	ou're current address on the lines below and, if necessar		Certification(s) s below will expi	1 / / 1 / / / / / /	
	correct the City, state and	state and ZIP Code. Please print legibly.		The fee to renew certification	\$100	
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
	CATES TO RENEW	<u>/:</u>			<b>Training Units</b>	
Certification	Type	Category		Class	Required	
<b>OPERATOR</b>		WASTEWATER COLLECTION	N	2	16	
OPERATOR	}	WATER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Fac	ilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			Ιp	provide contractual serv	vices to the Facility	
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#### **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	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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		u're current address on the lines below and, if necessar		Certification(s) s below will expi	1 / / 1 / / / / / /	
	correct the City, state and	state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
	CATES TO RENEW	<u>:</u>			<b>Training Units</b>	
Certification	Type	Category		Class	Required	
<b>OPERATOR</b>		WASTEWATER TREATMENT		5	30	
<b>OPERATOR</b>		WASTEWATER TREATMENT		Α	16	
II. CURREN	Γ EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner	
I am currently n	ot operating any Facility		Ιp	provide contractual serv	vices to the Facility	
Please provide	the following information a	bout each Facility/Plant that you opera	te. Use addti	onal pages as needed.		
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1135		
•	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 1	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
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 not operating any Facility		Ιp	rovide contractual serv	vices to the Facility	
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Facility / Plant Name		Class ]	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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•	e enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	
	et the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
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I. CERTIFICATE	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDEN	T WASTEWATER TREATMENT		5	7
II. CURRENT EMP	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		I pr	ovide contractual serv	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)
				_



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

Page 2

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



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This is page one of a two page form. Both pages must be completed and returned.		rned. O	perator Certifcation Nu	ımber: <b>1140</b>	
		e current address on the lines below and, if necessary		Certification(s) s below will expi	1 / / 1 / / / / / /
	correct the City, state and	I ZIP Code. Please print legibly.		The fee to renew certifica	<b>\$50</b>
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW	<u>':</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT	-	5	30
<b>OPERATOR</b>		WASTEWATER TREATMENT	-	Α	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	errently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility		Ιμ	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	ite. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			turned. (	Operator Certifcation N	umber: 1141		
OZBOLT  Please enter yo	•	r you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) below will exp	1 / / 1 / / 11 / / /		
	correct the City, state an			The fee to renew these certifications: \$50			
					Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	ICATES TO RENEW	<u>/:</u>			Training Units		
Certification	Туре	Category		Class	Required		
OPERATOR	R	INDUSTRIAL WASTEWATE	R	2	0		
II. CURREN	T EMPLOYMENT IN	FORMATION					
Employer's Naı	me:			Phone #:			
Number of Facilities (or Plants) that you currently operate:			I am employed b	y the Facility owner			
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility			
Please provide	the following information of	ubout each Facility/Plant that you ope	erate. Use add	tional pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)			



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	ımber: <b>11465</b>
•	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 these certifications: \$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	y the Facility owner
I am currently not operating any Facility		Ιp	rovide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you $o_{ m p}$	perate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			d returned.	Operator Certification Number: 1146			
•	•	're current address on the lines below and, if necessar		Certification(s below will e	/	12/1/2024	
correct the City, state and ZIP Code. Please print legibly		I ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
			requirements b result in an	y the expi	ubmit renewal ration date will I late fees as tion V.		
I. CERTIFI	CATES TO RENEW	<u>'•</u>			Tr	aining Units	
Certification	Type	Category		Class		quired	
OPERATOR		INDUSTRIAL WASTEW	ATER	2	0		
II. CURREN	T EMPLOYMENT INF	FORMATION					
Employer's Nar	me:			Phone #:			
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed	l by the Fac	cility owner	
I am currently not operating any Facility		I	provide contractual s	services to	the Facility		
Please provide	the following information a	— bout each Facility/Plant that yo	u operate. Use add	tional pages as neede	ed.		
Facility / Plant Name		Class	PDWIS (Water) N	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		
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 11614		
REEVE Please enter yo	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legible			The fee to renew these certifications: \$50  Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification T	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner	
I am currently not operating any Facility		I p	rovide contractual serv	vices to the Facility	
Please provide th	ne following information about each Facility/Plant that you open	rate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation Nu	ımber: 1180
-	lease 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 these certifications: \$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
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Please provide th	e following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	_
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)



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Page 2

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

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



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

This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	umber: <b>12048</b>	
•	•	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	1 / / 1 / / 1 / / /
	correct the City, state and	e City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirements by to result in an ad	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.	
I. CERTIFI	CATES TO RENEW	<u>:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATE	R	3	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	rrently 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 a	bout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			turned. (	Operator Certification N	lumber: 12155
•	•	urrent address on the lines below and, if necessary,		Certification(s) below will exp	
	ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50	
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification <sup>-</sup>	Туре	Category		Class	Required
TEMPORARY	<i>(</i>	INDUSTRIAL WASTEWATE	R	2	0
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed b	by the Facility owner
I am currently no	ot operating any Facility	_	I	provide contractual ser	rvices to the Facility
Please provide t	he following information al	bout each Facility/Plant that you ope	erate. Use addi	tional pages as needed	<u> </u>
Facility / Plant Name		Class	PDWIS (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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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Operators In Training 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	12156	
•	•	ease enter you're current address on the lines below and, if necessary,		n(s) shown l expire on:	12/1/2024
	correct the City, state and ZIP Code. Please	ode. Please print legibly.		The fee to renew these certifications: \$50	
			requirements	s by the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFIC	CATES TO RENEW:			т	raining Units
Certification	Type Category		Class		equired
TEMPORAR'	/ INDUSTRIAL	WASTEWATER	2	0	
II. CURREN	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone	#:	
Number of Facil	ities (or Plants) that you currently operate:		I am employ	red by the Fa	acility owner
I am currently no	ot operating any Facility		I provide contractua	al services to	the Facility
Please provide t	he following information about each Facility	/Plant that you operate. Use ad	ldtional pages as nee	eded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	Vastewater)



#### **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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			eturned. (	Operator Certification Number: 1217		
•	•	current address on the lines below and, if necessary,		Certification(s below will e		024
	correct the City, state and	nd ZIP Code. Please print legibly.		The fee to reno certif	ew these fications: \$50	
				requirements b result in an	nplete or submit ren by the expiration da additional late fees bed in Section V.	te will
I. CERTIFI	CATES TO RENEW	<u>7:</u>			Training U	Jnits
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER COLLECT	ION	2	16	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cu	urrently operate:		I am employed	by the Facility own	er
I am currently n	ot operating any Facility		I	provide contractual s	services to the Facilit	ty 🔲
Please provide	the following information a	bout each Facility/Plant that you o	perate. Use add	tional pages as neede	ed.	
Facility / Plant Name		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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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Nu	ımber: <b>12221</b>	
•	-	se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp	1 / / 1 / / 1 / / /
	correct the City, state and			The fee to renew certification	\$50
				requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR'	Υ	INDUSTRIAL WASTEWATER	3	6	24
II. CURREN	Γ EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner
I am currently n	ot operating any Facility	_	I	provide contractual serv	vices to the Facility
Please provide i	the following information al	oout each Facility/Plant that you oper	rate. Use addi	ional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Operator in Responsible Charge:

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This is page one	e of a two page form. Bot	n pages must be completed and retu	rned. Oj	perator Certification N	lumber: 12222
ABER	Please enter you're current address on the lines below and, if necess		cessary,	Certification(s) below will exp	
	correct the City, state and	e City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50
				Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW:	<u>.</u>			Training Units
Certification T	- ype	Category		Class	Required
TEMPORARY	,	WASTEWATER TREATMENT	Γ	5	45
TEMPORARY	•	WASTEWATER TREATMENT	Γ	Α	24
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed b	by the Facility owner
I am currently no	t operating any Facility		Ιp	rovide contractual ser	rvices to the Facility
Please provide th	e following information ab	out each Facility/Plant that you oper	ate. Use addti	onal pages as needed	·.
Facility / Plant Na	ame		Class	PDWIS (Water) NP	PDES (Wastewater)
		(OVER)			



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

Page 2

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Name and Certification Number of
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 12241		
	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		ssary,	Certification(s) below will ex	1 / / 1 / / / / / / / / / / / / / / / /
correc				The fee to rene certifi	w these ications: \$50
				Failure to complete or submit renew requirements by the expiration date we result in an additional late fees as described in Section V.	
I. CERTIFICA	ATES TO RENEW				<b>Training Units</b>
Certification Ty	ype	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name:				Phone #:	
Number of Faciliti	ies (or Plants) that you cur	rently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility		Ιp	provide contractual se	ervices to the Facility
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Facility / Plant Na	me		Class	PDWIS (Water) N	PDES (Wastewater)



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

Page 2

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•	Please enter you're current address on the lines belo		Certification below will	
	correct the City, state and ZIP Code. Please print le	gibly.	The fee to renew these certifications: \$50  Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER CO	LLECTION	2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #	: <u> </u>
Number of Faciliti	es (or Plants) that you currently operate:		I am employe	d by the Facility owner
I am currently not operating any Facility			I provide contractual	services to the Facility
Please provide the	following information about each Facility/Plant th	nat you operate. Use ad	dtional pages as need	led.
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)



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

Page 2

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Certification	Туре	Category		Class	Required	
TEMPORAR'	Y	WASTEWATER COLLECTIO	N	2	24	
II. CURRENT	TEMPLOYMENT INFO	RMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	ities (or Plants) that you curre	ently operate:		I am employed b	by the Facility owner	
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VALENCIA  Please enter	Please enter you're curre	enter you're current address on the lines below and, if necessary, t the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will exp	1 / / 1 / / / / / /
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I. CERTIFI	CATES TO RENEW	<u>7:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	Υ	INDUSTRIAL WASTEWATER	R	2	0
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner
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Certification T	ype Cat	egory		Class	Required	
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	ATES TO RENEW:					raining Units
Certification T	ype Categor	У		Class	R	equired
TEMPORARY	WASTE	WATER TREATMENT		5	4	5
TEMPORARY	WASTE	WATER TREATMENT		Α	2	4
II. CURRENT	EMPLOYMENT INFORMATI	ON				
Employer's Name	:			Phone #:	:	
Number of Facilit	ties (or Plants) that you currently open	rate:		I am employe	d by the Fa	acility owner
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Facility / Plant Na	ame	Cl	lass PDV	WIS (Water)	NPDES (V	Vastewater)
,						
		(OVER)				



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

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

#### VII. APPLICANT'S STATEMENT

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

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



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcat	Operator Certification Number: 122		
	•	nt address on the lines below and, if necessary,	Certification(s) shown below will expire on:		12/1/2024	
correct the City, state and ZIP Code. Plea	se print legibly.		renew these ertifications:	\$50		
			requiremen result in	ts by the exp	submit renewal piration date will al late fees as action V.	
I. CERTIFICA	TES TO RENEW:				raining Units	
Certification Ty	oe Category		Class		equired	
TEMPORARY	INDUSTRIA	AL WASTEWATER	2	0		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone	e #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am emplo	yed by the Fa	acility owner	
I am currently not o	perating any Facility		I provide contractu	ial services to	the Facility	
Please provide the	following information about each Facil	ity/Plant that you operate. Use o	addtional pages as ne	eeded.		
Facility / Plant Name		Clas	s PDWIS (Water)	NPDES (V	Vastewater)	



#### **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:

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



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

This is page one of a two page form. Both pages must be completed and returned			ed. Or	erator Certifcation Nu	mber: 12248	
	Please enter you're current address	The state of the s	ssary,	Certification(s) sh below will expir	1 / / 1 / / 11 / / 1	
	correct the City, state and ZIP Coo	le. Please print legibly.		The fee to renew to certificate	\$50	
				requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.	
I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification Ty	ype Categ	ory		Class	Required	
TEMPORARY	WAS	EWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORMA	TION				
Employer's Name				Phone #:		
Number of Facilit	ies (or Plants) that you currently o	perate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	<del></del>	I p	rovide contractual serv	ices to the Facility	
Please provide the	e following information about each	n Facility/Plant that you operate	e. Use addtio	onal pages as needed.		
Facility / Plant Na	me		Class I	PDWIS (Water) NPD	ES (Wastewater)	
		(OVER)				



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

Page 2

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

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

This is page o	one of a two page form.	Both pages must be completed and	d returned.	Operator Certification Nu	ımber: 12249	
•	•	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will expi	1 / / 1 / / 11 / /	
	correct the City, state			The fee to renew certification	\$ 100	
					ete or submit renewal he expiration date will	
				result in an ad	ditional late fees as	
I. CERTIFI	ICATES TO RENE	<u>:W:</u>			Training Units	
Certification	Туре	Category		Class	Required	
TEMPORAR	RY	WASTEWATER COLLEC	CTION	1	24	
TEMPORAR	RY	WATER DISTRIBUTION		1	24	
II. CURREN	T EMPLOYMENT I	NFORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you	currently operate:		I am employed by	the Facility owner	
I am currently	not operating any Facility			I provide contractual serv	vices to the Facility	
Please provide	the following information	n about each Facility/Plant that you	u operate. Use ado	dtional 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		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Nu	mber: 12250	
•	-	se enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
	correct the City, state an	he City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	ICATES TO RENEV	<u>V:</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORAR	RY	WATER TREATMENT		4	45
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	cilities (or Plants) that you	currently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	$\Box$	I	provide contractual serv	rices to the Facility
Please provide	the following information	about each Facility/Plant that you op	perate. Use addi	ional pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPD	DES (Wastewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 12251		
•	'lease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	1 / / 1 / / / / / /	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50  Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
TEMPORAR	Y WATER DISTRIBUTION		1	24	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently n	not operating any Facility	Ι <sub>1</sub>	provide contractual serv	vices to the Facility	
Please provide	the following information about each Facility/Plant that you	u operate. Use addt	ional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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•	•	e current address on the lines below and, if necessary, rate and ZIP Code. Please print legibly.		Certification(s) s below will exp	1 / / 1 / / / / / /
	correct the City, state ar			The fee to renew certification	150
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEV	<u>V:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
TEMPORAR	Ϋ́	WASTEWATER TREATMENT		5	45
TEMPORAR	Ϋ́	WASTEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you o	currently operate:		I am employed by	y the Facility owner
I am currently r	not operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide	the following information	about each Facility/Plant that you operate	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.

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			ned. Op	perator Certification Nu	mber: 12	2259
•	•	ase enter you're current address on the lines below and, if necess		Certification(s) shelow will expire		2/1/2024
	correct the City, state and	y, state and ZIP Code. Please print legibly.		The fee to renew certifica		50
				Failure to comple requirements by the result in an added	he expirat ditional la	tion date will te fees as
I. CERTIFI	CATES TO RENEW	<u>':</u>			Trair	ning Units
Certification	Type	Category		Class	Requ	ıired
TEMPORAR'	Υ	WASTEWATER TREATMENT		5	45	
TEMPORAR'	Υ	WASTEWATER TREATMENT		Α	24	
II. CURREN	T EMPLOYMENT INF	FORMATION				
Employer's Nan	me:			Phone #:		
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facili	ty owner
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Facility / Plant 1	Name		Class I	PDWIS (Water) NPD	DES (Wast	ewater)
		(OVER)				



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	Please enter you're current address on the lines below and,	if necessary,	Certification(s) si below will expi	1 / / 1 / / 11 / / /
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORAR	Y WATER TREATMENT		4	45
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
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		ent address on the lines below and, if nec	cessary,	Certification(s) shown below will expire on: 12/1/2		)24
	correct the City, state an	d ZIP Code. Please print legibly.		The fee to renew certific		
				requirements by result in an ac	lete or submit reno the expiration dat Iditional late fees ed in Section V.	e will
I. CERTIF	ICATES TO RENEV	<u>V:</u>			Training U	nits
Certification	n Type	Category		Class	Required	
TEMPORAF	RY	WATER DISTRIBUTION		1	24	
TEMPORAF	RY	WASTEWATER COLLECTIO	N	2	24	
II. CURREN	NT EMPLOYMENT IN	FORMATION				
Employer's Na	ame:			Phone #:		
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	y the Facility owner	r
I am currently	not operating any Facility		Ιp	provide contractual ser	vices to the Facility	у 🔲
Please provide	e the following information o	about each Facility/Plant that you oper	ate. Use addti	ional pages as needed.		
Facility / Plant	t Name		Class	PDWIS (Water) NP	DES (Wastewater)	
		(OVER)				



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				Failure to comple requirements by t result in an ad described	the expi	ration date will l late fees as
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Certification	Type	Category		Class	Re	quired
TEMPORAR'	Υ	WASTEWATER TREATMENT		Α	24	
TEMPORAR'	Υ	WASTEWATER TREATMENT		5	45	
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Employer's Nan	ne:			Phone #:		
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Facility / Plant ?	Name		Class I	PDWIS (Water) NPI	DES (W	astewater)
		(OVER)				



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•	Please enter you're current address	· · · · · · · · · · · · · · · · · · ·	•		hown ire on: 12/1/2024
	correct the City, state and ZIP Code	e City, state and ZIP Code. Please print legibly.		The fee to renew certification	950
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as d in Section V.
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Certification	Type Catego	ory		Class	Required
TEMPORAR	Y WATE	R TREATMENT		4	45
II. CURREN	Γ EMPLOYMENT INFORMA	ΓΙΟΝ			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently op	erate:		I am employed by	the Facility owner
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Please verify your information shown on this application and make any corrections as needed.

This is page of	one of a two page form. Bo	th pages must be completed and retu	rned. O	perator Certifcation Nu	ımber: <b>12265</b>
PLOTT	Please enter you're current address on the lines below and, if necess		cessary,	Certification(s) s below will expi	
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
				Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.	
I. CERTIF	ICATES TO RENEW	<u>'-</u>			<b>Training Units</b>
Certification	n Type	Category		Class	Required
TEMPORAF	RY	WASTEWATER COLLECTIO	N	2	24
TEMPORAF	RY	WATER DISTRIBUTION		1	24
II. CURREN	NT EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		ΙĮ	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one	of a two page form. Both pages must be completed and returned	perator Certification Number: 12266			
	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi		
correct	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$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. CERTIFIC	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	I pı	ovide contractual serv	ices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. U	Jse addtio	onal pages as needed.		
Facility / Plant Na	ame (	Class P	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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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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•	Please enter you're current address on the lines below and, if i	necessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFIC.	ATES TO RENEW:		46561106	Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	y the Facility owner
I am currently not operating any Facility		Ιį	provide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Name and Certification Number of
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Nu	mber: <b>12709</b>		
	Please enter you're current address on the lines below and, if necessary,		necessary,	Certification(s) si below will expi		
	correct the City, state an	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by t result in an ad	te or submit renewal e expiration date will itional late fees as in Section V.	
I. CERTIFI	CATES TO RENEV	<u>/:</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORAR'	Υ	WATER TREATMENT		3	45	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner	
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Please provide	the following information o	about each Facility/Plant that you o	perate. Use add	tional pages as needed.		
Facility / Plant Name			Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification 1	Number: <b>1289</b>
	ease 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 legi	bly.	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. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUT	ON	1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed	by the Facility owner
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Please provide	the following information about each Facility/Plant tha	t you operate. Use add	tional pages as neede	<i>d</i> .
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wastewater)



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

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Open			perator Certifcation Nu	mber: <b>1344</b>	
	're current address on the lines below and, if necessar		Certification(s) s below will expi	1 / / 1 / / / / / /	
	correct the City,	y, state and ZIP Code. Please print legibly.		The fee to renew certification	4 171/1
					ete or submit renewal
				requirements by the expiration date result in an additional late fees a described in Section V.	
I. CERTIF	ICATES TO R	ENEW:			Training Units
Certification	n Type	Category		Class	Required
OPERATOR	₹	WASTEWATER TREATMENT		5	30
OPERATOR	3	WASTEWATER TREATMENT		Α	16
SUPERINT	ENDENT	WATER TREATMENT		2	7
II. CURREN	NT EMPLOYME	NT INFORMATION			
Employer's Na	ime:			Phone #:	
Number of Fac	cilities (or Plants) tha	at you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Fa	acility	Ιp	provide contractual serv	vices to the Facility
Please provide	e the following inform	mation about each Facility/Plant that you opera	te. Use addti	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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Page 2

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

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



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This is page of	ne of a two page form. Bot	h pages must be completed and re	t <b>urned.</b> C	Operator Certifcation Nur	mber: <b>1384</b>	
•	•	you're current address on the lines below and, if necessary, ity, state and ZIP Code. Please print legibly.		Certification(s) sh below will expir		2024
	correct the City, state and			The fee to renew t certificat	<b>150</b>	
				Failure to comple requirements by th result in an add described	ne expiration da	ate will
I. CERTIFI	CATES TO RENEW	<u>.</u>			Training l	Units
Certification	Type	Category		Class	Required	
<b>OPERATOR</b>		WATER TREATMENT		4	30	
OPERATOR		WATER TREATMENT		3	30	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed by	the Facility own	ner
I am currently r	not operating any Facility		I	provide contractual servi	ices to the Facili	ity 🔲
Please provide	the following information al	oout each Facility/Plant that you ope	erate. Use addt	ional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (Wastewater	()
		(OVER)		<u> </u>		



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

Page 2

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

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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			eturned. (	Operator Certification N	Number: <b>1400</b>	
•	•	ou're current address on the lines below and, if necessary,		Certification(s) below will ex		
	correct the City, state and	and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW	<u>'.</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWAT	ER	2	0	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed l	by the Facility owner	
I am currently not operating any Facility		I	provide contractual se	rvices to the Facility		
Please provide	the following information a	bout each Facility/Plant that you o	perate. Use add	tional pages as needed	<u> </u>	
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)		



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returne			urned. O	Operator Certification Number: 1547		
•	e current address on the lines below and, if necessary,		Certification(s) s below will exp	1 / / 1 / / 11 / //		
correct the City, state and ZIP Code. Please print legibly.		state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
I. CERTIFI	CATES TO R	ENEW:			<b>Training Units</b>	
Certification	Type	Category		Class	Required	
SUPERINTE	NDENT	WASTEWATER TREATMEN	IT	Α	7	
SUPERINTE	NDENT	WASTEWATER TREATMEN	ΙΤ	5	7	
II. CURREN	Γ EMPLOYME	NT INFORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) tha	at you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility			Ιp	provide contractual ser	vices to the Facility	
Please provide	the following inform	mation about each Facility/Plant that you ope	rate. Use addti	ional pages as needed.		
Facility / Plant 1	Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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Page 2

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Operator in Responsible Charge:

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	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 le	gibly.	The fee to renew certification	\$50	
			requirements by t	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Гуре Category		Class	Required	
OPERATOR	WATER TREATME	NT	4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently no	ot operating any Facility		I provide contractual serv	vices to the Facility	
Please provide ti	he following information about each Facility/Plant t	hat you operate. Use add	dtional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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		ry,	Certification below will	n(s) shown expire on:	12/1/2024	
			The fee to re	enew these tifications:	\$100	
				requirements result in a	by the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFIC  Certification	CATES TO RENEW: Type	<u>Category</u>		Class		raining Units equired
SUPERINTEN	NDENT	WASTEWATER TREATMENT		4	7	-
OPERATOR		INDUSTRIAL WASTEWATER		5	3(	0
OPERATOR		WATER TREATMENT		4	3(	
OPERATOR		WATER TREATMENT		5AS	10	
OPERATOR		WASTEWATER TREATMENT		1	10	6
OPERATOR		WASTEWATER TREATMENT		3	30	0
OPERATOR		WASTEWATER TREATMENT		4	30	0
OPERATOR		WASTEWATER TREATMENT		5	30	0
OPERATOR		WASTEWATER TREATMENT		Α	10	6
SUPERINTEN	NDENT	WATER TREATMENT		3	7	
SUPERINTER	NDENT	WASTEWATER TREATMENT		5	7	
SUPERINTER	NDENT	WASTEWATER TREATMENT		Α	7	
SUPERINTER	NDENT	WATER TREATMENT		5AS	7	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam				Phone #	<i>‡</i> :	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employe	ed by the Fa	cility owner
I am currently no	ot operating any Facility	7 —	I pro	vide contractual	l services to	the Facility
Please provide ti	he following information ab	out each Facility/Plant that you operate. \	Use addtion	al pages as nee	ded.	
Facility / Plant N	Jame		Class PD	WIS (Water)	NPDES (W	Vastewater)
		(OVER)				



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

Page 2

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	Please enter you're current address on the lines below and, if necessary,		ary,	Certification(s) selow will exp	1 / / 1 / / 11 / / /
	correct the City, state and ZIP Code	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$5A
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Catego	ту		Class	Required
OPERATOR	WATER	R DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INFORMAT	ION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you currently ope	rate:		I am employed b	y the Facility owner
I am currently i	not operating any Facility		I p	rovide contractual ser	vices to the Facility
Please provide	the following information about each i	Facility/Plant that you operate.	Use addtie	onal pages as needed.	
Facility / Plant Name			Class I	PDWIS (Water) NP	DES (Wastewater)



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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page of	one of a two page form. Bo	th pages must be completed and retu	rned. O	perator Certifcation Nu	ımber: <b>2103</b>
•	•	enter you're current address on the lines below and, if necessary, t the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
	correct the City, state and			The fee to renew certification	
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW	<u>7:</u>			<b>Training Units</b>
Certification	n Type	Category		Class	Required
OPERATOR	₹	WASTEWATER TREATMENT	Τ	5	30
<b>OPERATOR</b>	3	WASTEWATER TREATMENT	Τ	Α	16
II. CURREN	NT EMPLOYMENT INI	FORMATION			
Employer's Na	ime:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide	e the following information a	bout each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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

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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page of	one of a two page form. Be	oth pages must be completed and ret	urned. O	perator Certifcation Nu	mber: <b>2148</b>
•	•	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi	1 / / 1 / / 11 / / /
	correct the City, state ar			The fee to renew certifica	\$50
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEV	<u>v:</u>			<b>Training Units</b>
Certification	n Type	Category		Class	Required
TEMPORAF	RY	WASTEWATER TREATMEN	<b>IT</b>	5	45
TEMPORAF	RY	WASTEWATER TREATMEN	NT .	Α	24
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you o	currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιŗ	provide contractual serv	vices to the Facility
Please provide	the following information	— about each Facility/Plant that you ope	erate. Use addti	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)



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

Page 2

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Operator in Responsible Charge:

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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			ned. O	perator Certification N	Jumber: <b>2262</b>
•	•	current address on the lines below and, if necessary, the and ZIP Code. Please print legibly.	essary,	Certification(s) below will ex	
	correct the City, state and Z			The fee to renew these certifications: \$50	
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification <sup>1</sup>	Туре	Category		Class	Required
OPERATOR	I	NDUSTRIAL WASTEWATER		6	16
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Nam	e:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed l	by the Facility owner	
I am currently not operating any Facility		Ιŗ	provide contractual se	rvices to the Facility	
Please provide t	he following information abo	- ut each Facility/Plant that you opera	ıte. Use addtı	ional pages as needea	1.
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)	



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
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		current address on the lines below and, if necessary, ate and ZIP Code. Please print legibly.		Certification(s) sl below will expi	
	correct the City, state an			The fee to renew certifica	450
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEV	<u>V:</u>			<b>Training Units</b>
Certification	n Type	Category		Class	Required
TEMPORAF	RY	WASTEWATER TREATMEN	Т	5	45
TEMPORAF	RY	WASTEWATER TREATMEN	Т	Α	24
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	ame:			Phone #:	
Number of Fac	cilities (or Plants) that you c	currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιp	provide contractual serv	ices to the Facility
Please provide	e the following information	about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant	t Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



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

Page 2

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•	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
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I. CERTIFIC	ATES TO RENEW:		described	Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	te. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)
				_



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

Page 2

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This is page one of a two	o page form. Both pages must be completed and returne	ed. Opera	ator Certifcation N	umber: <b>2309</b>
	enter you're current address on the lines below and, if necess	sary,	Certification(s) below will exp	
correct t	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	6.100
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES	TO RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		Α	24
TEMPORARY	WATER TREATMENT		3	45
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURRENT EMPLO	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 prov	ride contractual ser	rvices to the Facility
Please provide the followi	ing information about each Facility/Plant that you operate.	. Use addtiona	ıl pages as needed.	
Facility / Plant Name		Class PD	WIS (Water) NP	DES (Wastewater)
				_
	(OVER)			



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

Page 2

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

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

Name and Certification Number of
Operator in Responsible Charge:

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

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



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This is page or	ne of a two page form. Bot	h pages must be completed and retu	irned. O	perator Certifcation Nu	ımber: <b>2406</b>		
OLDLAND	Please enter you're current address on the lines below and, if necess	cessary,	Certification(s) s below will exp				
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification			
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
I. CERTIFI	CATES TO RENEW	<u>:</u>			<b>Training Units</b>		
Certification	Type	Category		Class	Required		
<b>OPERATOR</b>		WASTEWATER TREATMEN	Т	5	30		
<b>OPERATOR</b>		WASTEWATER TREATMEN	Т	А	16		
II. CURREN	T EMPLOYMENT INF	ORMATION					
Employer's Nar	me:			Phone #:			
Number of Facilities (or Plants) that you currently operate:				I am employed by the Facility owner			
I am currently not operating any Facility			Ιp	I provide contractual services to the Facility			
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addti	ional pages as needed.			
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)		
		(OVER)					



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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	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708		
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I his is page one of a two page form. Both pages must be completed and returned.			ea. Op	erator Certification	i Number:	2481
FELTON	Please enter you're current address on the lines below and, if necessary	ssary,	Certification( below will		12/1/2024	
	correct the City, state and Z	the City, state and ZIP Code. Please print legibly.		The fee to rer	new these ifications:	\$50
				Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		iration date will al late fees as
I. CERTIF	ICATES TO RENEW:				Ti	raining Units
Certification	Type (	Category		Class	Re	equired
<b>OPERATOR</b>	? /	WASTEWATER TREATMENT		5	30	0
<b>OPERATOR</b>	? /	WASTEWATER TREATMENT		Α	16	6
II. CURREN	T EMPLOYMENT INFO	RMATION				
Employer's Name:			Phone #:	:		
Number of Facilities (or Plants) that you currently operate:				I am employed by the Facility owner		
I am currently not operating any Facility		I pr	I provide contractual services to the Facility			
Please provide	the following information abo	ut each Facility/Plant that you operate	. Use addtio	nal pages as need	led.	
Facility / Plant	Name		Class P	DWIS (Water)	NPDES (W	Vastewater)
		(OVER)				
		(UVEK)				



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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 one of a two page form. Both pages must be completed and returned.			Operator Certi	perator Certification Number: <b>2562</b>		
		urrent address on the lines below and, if necessary,		cation(s) shown w will expire on:	12/1/2024	
		ty, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100		
			requirer			
I. CERTIF	<u>ICATES TO REN</u>	EW:		Т	Training Units	
Certification	Type	Category	Cla		Required	
OPERATOR	?	WATER TREATMENT	1	1	6	
OPERATOR	₹	WASTEWATER TREATMENT	5	3	30	
OPERATOR	?	WASTEWATER TREATMENT	Α	1	6	
SUPERINTE	ENDENT	WATER TREATMENT	1	7	•	
II. CURREN	T EMPLOYMENT	INFORMATION				
Employer's Na	me:		Pł	none #:		
Number of Fac	cilities (or Plants) that yo	ou currently operate:	I am en	nployed by the F	acility owner	
I am currently	not operating any Facili	ty	I provide contr	actual services to	o the Facility	
Please provide	the following informati	on about each Facility/Plant that you operate. Use	addtional pages a	ıs needed.	_	
Facility / Plant	Name	Clas	ss PDWIS (Wa	ter) NPDES (V	Wastewater)	
		(OVER)				
		(OVER)				



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

Page 2

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Last 4 digits of Social Security Number	Email Address		
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	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification(s) shown below will expire on: 12/1/2024	
				The fee to renew certifica	\$50
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification <sup>7</sup>	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMEN	ΙΤ	5	30
OPERATOR		WASTEWATER TREATMEN	ΙΤ	Α	16
II. CURRENT	ΓEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			Ιp	provide contractual serv	vices to the Facility
Please provide t	the following information a	bout each Facility/Plant that you ope	rate. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)	



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•	Please enter you're current address on the lines below and, if necessary,		Certification(s) selow will exp	1 2 / 1 / 201 2/1
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50  Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLEC	CTION	2	16
II. CURRENT	EMPLOYMENT 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 operating any Facility		Ιŗ	provide contractual ser	vices to the Facility
Please provide the	following information about each Facility/Plant that you	operate. Use addti	ional pages as needed.	
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* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			irned. O	perator Certifcation Nu	mber: <b>2691</b>
•	•	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will expi	1 / / 1 / / 11 / / /
	correct the City, state an			The fee to renew certification	\$50
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.	
I. CERTIF	ICATES TO RENEV	<u>V:</u>			<b>Training Units</b>
Certification	n Type	Category		Class	Required
OPERATOR	₹	WASTEWATER TREATMEN	Т	5	30
<b>OPERATOR</b>	3	WASTEWATER TREATMEN	Т	Α	16
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner	
I am currently not operating any Facility			Ιp	provide contractual serv	vices to the Facility
Please provide	the following information	about each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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

This is page or	ne of a two page form. Both pages must be	completed and returned.	Operator Certificatio	n Number: <b>2784</b>	
	Please enter you're current address on the li		Certification below will		
	correct the City, state and ZIP Code. Please	print legibly.	The fee to re	new these tifications: \$100	
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.	
I. CERTIFI	CATES TO RENEW:		— desci		
Certification			Class	Training Units Required	
OPERATOR	WATER TRE	ATMENT	4	30	
OPERATOR	WASTEWAT	ER TREATMENT	Α	16	
OPERATOR	WASTEWAT	ER TREATMENT	5	30	
II. CURREN	Γ EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #	:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility			I provide contractual	services to the Facility	
Please provide	the following information about each Facility	Plant that you operate. Use ad	dtional pages as need	ded.	
Facility / Plant 1	Name	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:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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	•	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	1 / / 1 / / / / / /	
	correct the City, state and	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFI	ICATES TO RENEW	<u>/:</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR	2	INDUSTRIAL WASTEWATER	2	2	0	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Na	me:			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 ser	vices to the Facility		
Please provide	the following information a	— about each Facility/Plant that you oper	rate. Use addi	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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		nter you're current address on the lines below and, if necessa		Certification(s) si below will expi	1 / / 1 / / / / /
	correct the City, state and	state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			<b>Training Units</b>
Certification <sup>7</sup>	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
II. CURRENT	Γ EMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		Ιp	provide contractual serv	rices to the Facility
Please provide t	he following information a	bout each Facility/Plant that you operat	e. Use addti	ional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
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Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
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This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation Nu	ımber: <b>2938</b>
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	1 / / 1 / / / / / /
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I pr	ovide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	_
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)



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

Page 2

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This is page o	one of a two page form. Bot	h pages must be completed and retu	rned. O	perator Certification	Number:	2939
•	•	Please enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly.		Certification(s below will ex		12/1/2024
	correct the City, state and			The fee to rene certif	ew these fications:	\$100
				requirements b result in an	y the expi	ubmit renewal ration date will l late fees as ction V.
I. CERTIF	ICATES TO RENEW	<u>:</u>			Tr	aining Units
Certification	туре	Category		Class	Re	equired
OPERATOR	₹	WASTEWATER COLLECTIO	N	2	16	<b>;</b>
OPERATOR	₹	WATER DISTRIBUTION		1	16	j
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you cu	rrently operate:		I am employed	by the Fac	cility owner
I am currently not operating any Facility		Ιį	provide contractual s	ervices to	the Facility	
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addt	ional pages as neede	ed.	
Facility / Plant	Name		Class	PDWIS (Water) N	IPDES (W	astewater)
		(OVER)				



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

Page 2

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

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

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



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

This is page one of a two page form. Both pages must be completed and returned.				perator Certifcation Nu	ımber: <b>2965</b>
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification(s) s below will exp	1 / / 1 / / 1 / / /
				The fee to renew certification	\$50
				requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Ca	ategory		Class	Required
OPERATOR	VV	ATER TREATMENT		2	16
II. CURREN	T EMPLOYMENT INFOR	MATION			
Employer's Nar	me:			Phone #:	
Number of Faci	lities (or Plants) that you curren	tly operate:		I am employed by	y 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 ope	rate. Use addt	ional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
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- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

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

Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	3163	
	Please enter you're current address on the lines below and, if necessary,		Certification below wil	n(s) shown l expire on:	12/1/2024
	correct the City, state and ZIP Code. Please pri	nt legibly.	The fee to re	enew these rtifications:	\$50
			requirements	Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.	
I. CERTIFI	CATES TO RENEW:			T	raining Units
Certification	Type Category		Class		equired
OPERATOR	WATER TREAT	MENT	4	30	0
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nar	me:		Phone	#:	
Number of Faci	clities (or Plants) that you currently operate:	_	I am employ	ed by the Fa	acility owner
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide	the following information about each Facility/Pla	ant that you operate. Use ac	ldtional pages as nee	eded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	Vastewater)



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
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Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
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This is page o	one of a two page form. Bot	th pages must be completed and retu	irned. O	perator Certifcation N	Jumber: 3	189
•	•	ease enter you're current address on the lines below and, if necessary, prrect the City, state and ZIP Code. Please print legibly.		Certification(s) below will ex		2/1/2024
	correct the City, state and			The fee to renev	w these cations:	5100
				Failure to comp requirements by result in an a describ	the expira	ation date will late fees as
I. CERTIFI	ICATES TO RENEW	<u>'•</u>			Tra	ining Units
Certification	Type	Category		Class	Req	ιuired
<b>OPERATOR</b>	2	WASTEWATER COLLECTION	N	2	16	
OPERATOR	2	WATER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INF	FORMATION				
Employer's Naı	me:			Phone #:		
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed l	by the Faci	lity owner
I am currently not operating any Facility		ΙĮ	provide contractual se	rvices to th	ne Facility	
Please provide	the following information a	— bout each Facility/Plant that you oper	ate. Use addt	ional pages as needea	l.	
Facility / Plant	Name		Class	PDWIS (Water) NI	PDES (Was	stewater)
		(OVER)				



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page on	e of a two page form. Both pages must be completed and r	eturned. Op	perator Certification N	umber: <b>3226</b>	
•	Please enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp	1 / / 1 / / / / / /	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I p	I provide contractual services to the Facility		
Please provide th	he following information about each Facility/Plant that you op	perate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)	



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Nu	mber: <b>3251</b>
	Please enter you're current address on the lines be		Certification(s) shelow will expire	
	correct the City, state and ZIP Code. Please print	legibly.	The fee to renew certifica	\$50
,			— requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER C	OLLECTION	2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility		I provide contractual serv	ices to the Facility
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#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			ırned. (	Operator Certifcation Nu	umber: <b>3745</b>
•	•	se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp	
	correct the City, state and			The fee to renew these certifications: \$50	
				requirements by result in an ad	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>		46561166	Training Units
Certification	Туре	Category		Class	Required
OPERATOR		WASTEWATER TREATMEN	Т	5	30
II. CURREN	Γ EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide	the following information al	bout each Facility/Plant that you oper	rate. Use addi	tional pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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



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

This is page one of a two page form. Both pages must be completed and returned.			<b>urned.</b> C	perator Certifcation Nu	mber: <b>3981</b>
•	•	you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will expi	
	correct the City, state and ZIP			The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Ca	tegory		Class	Required
OPERATOR	WA	ATER TREATMENT		1	16
II. CURREN	ΓEMPLOYMENT INFOR	MATION			
Employer's Nan	ne:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner	
I am currently not operating any Facility		Ij	provide contractual serv	vices to the Facility	
Please provide	the following information about	each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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

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- No course can be used more than one time for any three-year renewal period.
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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			perator Certification Number: 4006		
BULL		Please enter you're current address on the lines below and, if necess		Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legible		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. CERTIF	<u>ICATES TO R</u>	ENEW:			<b>Training Units</b>
Certification	n Type	Category		Class	Required
OPERATOR	₹	WASTEWATER COLLECTION		2	16
OPERATOR	3	INDUSTRIAL WASTEWATER		5	30
OPERATOR	₹	WASTEWATER TREATMENT		5	30
OPERATOR	₹	WASTEWATER TREATMENT		Α	16
SUPERINTE	ENDENT	WASTEWATER TREATMENT		5	7
SUPERINTE	ENDENT	WASTEWATER TREATMENT		Α	7
II. CURREN	NT EMPLOYME	NT INFORMATION			
Employer's Na	me:			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 pı	ovide contractual ser	vices to the Facility	
Please provide	the following infor	mation about each Facility/Plant that you operate.	Use addtio	onal pages as needed.	_
Facility / Plant	Name		Class F	PDWIS (Water) NP	DES (Wastewater)
		(OVER)			
		(OVER)			



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

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

This is page one of a two page form. Both pages must be completed and returned. Ope			perator Certification Number: 4084			
CURRIN	Please enter you're current address on the lines below and, if necessary		essary,	Certification(s) s below will expi	1 / / 1 / / / / / /	
	correct the City, state and	City, state and ZIP Code. Please print legibly.		The fee to renew certification	150	
				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	<u>.</u>			<b>Training Units</b>	
Certification <sup>7</sup>	Type	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		Α	16	
II. CURRENT	TEMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility		Ιp	provide contractual serv	vices to the Facility	
Please provide t	he following information al	oout each Facility/Plant that you operate	te. Use addti	onal pages as needed.		
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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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	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			ed. Op	erator Certifcation Nu	mber: <b>4549</b>
•	Please enter you're current address on the lines below and, if necessar		ssary,	Certification(s) shelow will expire	
	correct the City, state and Zl	City, state and ZIP Code. Please print legibly.		The fee to renew certifica	£100
				requirements by tl	te or submit renewal ne expiration date will
				result in an additional late fees a described in Section V.	
I. CERTIF	ICATES TO RENEW:			described	Training Units
Certification	n Type C	Category		Class	Required
OPERATOR	<b>₹</b> V	VASTEWATER COLLECTION		2	16
OPERATOR	₹ ٧	VASTEWATER TREATMENT		5	30
OPERATOR	₹ /	VASTEWATER TREATMENT		Α	16
II. CURREN	NT EMPLOYMENT INFO	RMATION			
Employer's Na	ame:			Phone #:	
Number of Fac	cilities (or Plants) that you curre	ntly operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		I pr	ovide contractual serv	ices to the Facility
Please provide	e the following information abou	ut each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant	t Name		Class P	DWIS (Water) NPD	ES (Wastewater)
					_
		(OLUED)			
		(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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two pag	e form. Both pages must be completed and returned.	Operator Certification Nu	mber: <b>45661</b>
•	ou're current address on the lines below and, if necessary	Certification(s) sl y, below will expi	1 / / 1 / / 11 / /
correct the City, s	ity, state and ZIP Code. Please print legibly.	The fee to renew certifica	\$100
		requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES TO	RENEW:		<b>Training Units</b>
Certification Type	Category	Class	Required
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	16
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
I am currently not operating any	y Facility	I provide contractual serv	vices to the Facility
Please provide the following in	formation about each Facility/Plant that you operate. Us	se addtional pages as needed.	
Facility / Plant Name	C	lass PDWIS (Water) NPD	DES (Wastewater)

(OVER)



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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	Please enter you're current address on the lines below and, if necessary		ecessary,	Certification(s) sh below will expir	1 / / 1 / / 11 / / 1
	correct the City, state and	e City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	\$50
				<ul> <li>requirements by the result in an add</li> </ul>	te or submit renewal ne expiration date will ditional late fees as in Section V.
I. CERTIFI	CATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR	R	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	rrently 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 a	— bout each Facility/Plant that you oper	rate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)	
-					
		(OVER)			



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

Page 2

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Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page of	one of a two page form. Bo	th pages must be completed and retu	irned. O	perator Certifcation Nu	umber: <b>4696</b>
•	•	enter you're current address on the lines below and, if necess		Certification(s) s below will exp	
	correct the City, state and	City, state and ZIP Code. Please print legibly.		The fee to renew certification	
				requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW	<u>/:</u>			<b>Training Units</b>
Certification	n Type	Category		Class	Required
TEMPORAF	RY	WASTEWATER TREATMEN	Т	5	45
TEMPORAF	RY	WASTEWATER TREATMEN	Т	А	24
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	urrently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		Ιj	provide contractual ser	vices to the Facility	
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Facility / Plant	Name		Class	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 returned.				perator Certification N	4702	
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.		Certification(s) below will ex		12/1/2024
	correct the City, state and			The fee to renev		\$50
				Failure to comp requirements by result in an a describ	the expi	ration date will l late fees as
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Tr	aining Units
Certification	Type	Category		Class	Re	quired
OPERATOR		WATER TREATMENT		4	30	)
OPERATOR		WATER TREATMENT		5AS	16	6
II. CURRENT	Γ EMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
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Facility / Plant N	Name		Class I	PDWIS (Water) NI	PDES (W	astewater)
		(OVER)				



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	Please enter you're current address on the lines below and, if necessary		ecessary,	Certification(s) sl below will expi		024
	correct the City, state a	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	<b>\$50</b>	<b>150</b>
						te will
	CATES TO RENEV	<u>V:</u>			Training U	nits
Certification	Type	Category		Class	Required	
SUPERINTE	NDENT	WASTEWATER TREATMEN	ΝT	5	7	
SUPERINTE	NDENT	WASTEWATER TREATMEN	NT .	Α	7	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you	currently operate:		I am employed by	the Facility owne	er
I am currently n	ot operating any Facility		I	provide contractual serv	ices to the Facilit	у 🔲
Please provide	the following information	 about each Facility/Plant that you ope	erate. Use addt	ional pages as needed.		
Facility / Plant 1	Name		Class	PDWIS (Water) NPD	DES (Wastewater)	ı
		(OVER)				



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				requirements by result in an a	the exp	submit renewal iration date will al late fees as ction V.
	<u>CATES TO RENEW:</u>					raining Units
Certification	Type	Category		Class	R	equired
TEMPORAR'	Υ	WASTEWATER TREATMENT		5	4	5
TEMPORAR'	Υ	WASTEWATER TREATMENT		Α	24	4
II. CURRENT	Γ EMPLOYMENT INFO	ORMATION				
Employer's Nam	ne:			Phone #:		
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		<u>,                                      </u>				
		(OVER)				



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	Please enter you're current address on the lin	es below and, if necessary,		on(s) shown ill expire on:	12/1/2024	
	correct the City, state and ZIP Code. Please	print legibly.		renew these ertifications:	\$50	
			requirement result in	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:			Т	raining Units	
Certification	Type Category		Class		equired	
OPERATOR	WATER TREA	ATMENT	4	3	0	
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Employer's Nar	me:		Phone	: #:		
Number of Faci	ilities (or Plants) that you currently operate:		I am emplo	yed by the Fa	acility owner	
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This is page	one of a two page form. Bo	th pages must be completed and ret	urned. C	perator Certifcation Nu	mber: <b>4739</b>
SYDLIK Please enter ye	•	ter you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.		Certification(s) s below will expi	
	correct the City, state and			The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIF	ICATES TO RENEW	<u>7:</u>			<b>Training Units</b>
Certification	n Type	Category		Class	Required
TEMPORAR	RY	WASTEWATER TREATMEN	IT	5	45
TEMPORA	RY	WASTEWATER TREATMEN	IT	Α	24
II. CURREN	NT EMPLOYMENT INI	FORMATION			
Employer's Na	ame:			Phone #:	
Number of Fac	cilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιj	provide contractual serv	rices to the Facility	
Please provide	e the following information d	ubout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant	t Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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

Page 2

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

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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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3	2	r you're current address on the lines below and, if necess		Certification(s) below will exp	
	correct the City, state and	te and ZIP Code. Please print legibly.		The fee to renew certific	(51)
					lete or submit renewal the expiration date will
				result in an additional late fees as described in Section V.	
I. CERTIFI	CATES TO RENEW	<u>':</u>		describe	Training Units
Certification	Type	Category		Class	Required
OPERATOR	R	WASTEWATER TREATMEN	Т	Α	16
OPERATOR	}	WASTEWATER TREATMEN	Т	5	30
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner
I am currently not operating any Facility		Ιį	provide contractual ser	vices to the Facility	
Please provide	the following information a	— bout each Facility/Plant that you oper	rate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)
		(OVER)			



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

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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•	2	nter you're current address on the lines below and, if necessary, he City, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi	
	correct the City, state and			The fee to renew certifica	¥ 17111
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as
I. CERTIFI	CATES TO RENEW	•		— described	l in Section V.
Certification		<u>-</u> Category		Class	Training Units Required
OPERATOR		WASTEWATER COLLECTION	N	2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nan	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I	provide contractual serv	rices to the Facility	
Please provide	the following information a	— bout each Facility/Plant that you oper	rate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



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f a two page form. Both pages must be completed and returned	d. Ope	rator Certifcation N	Tumber: <b>5556</b>
orrect the City, state and ZIP Code. Please print legibly.			v these cations: \$100
		requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
ATES TO RENEW:			<b>Training Units</b>
pe Category		Class	Required
WATER TREATMENT		2	16
WASTEWATER TREATMENT		5	30
WASTEWATER TREATMENT		Α	16
MPLOYMENT INFORMATION			
		Phone #:	
es (or Plants) that you currently operate:		I am employed b	by the Facility owner
pperating any Facility	I pro	vide contractual se	rvices to the Facility
following information about each Facility/Plant that you operate.	Use addtion	al pages as needed	<u>.</u>
ne	Class PE	OWIS (Water) NF	PDES (Wastewater)
(OVFR)			
	Please enter you're current address on the lines below and, if necess orrect the City, state and ZIP Code. Please print legibly.  ATES TO RENEW:  pe Category  WATER TREATMENT  WASTEWATER TREATMENT  WASTEWATER TREATMENT  WASTEWATER TREATMENT  CMPLOYMENT INFORMATION  es (or Plants) that you currently operate:  operating any Facility	Please enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly.  ATES TO RENEW:  pe	Certification(s) below will exporrect the City, state and ZIP Code. Please print legibly.  The fee to renew certification and describe.  Class  WATES TO RENEW:  pe Category Class  WASTEWATER TREATMENT 2  WASTEWATER TREATMENT 5  WASTEWATER TREATMENT A  CMPLOYMENT INFORMATION  Phone #:  I am employed to prevait and pages as needed and the contractual set of the contr



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Page 2

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			returned. (	Operator Certification Nu	ımber: <b>5653</b>
NORRIS  Please enter you're current address on the lines below a correct the City, state and ZIP Code. Please print legible		ou're current address on the lines below and, if necessary,		Certification(s) s below will exp	
		ate and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50  Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RE	NEW:			Training Units
Certification <sup>-</sup>	Туре	Category		Class	Required
SUPERINTE	NDENT	WATER TREATMENT		4	7
II. CURRENT	EMPLOYMEN	ΓINFORMATION			
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 not operating any Facility		I	provide contractual serv	vices to the Facility	
Please provide t	he following informa	ation about each Facility/Plant that you o	perate. Use add	tional pages as needed.	
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(OVER)



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

Page 2

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•	•	ease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	1 2 / 1 / 201 2/1
	correct the City, state and ZII	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:				Training Units
Certification	Туре С	ategory		Class	Required
OPERATOR	W	ASTEWATER TREATMENT		3	30
II. CURREN	ΓEMPLOYMENT INFOR	RMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you curren	tly operate:		I am employed by	the Facility owner
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Please provide t	he following information about	t each Facility/Plant that you operat	te. Use addt	ional pages as needed.	_
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(OVER)



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Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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



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This is page of	ne of a two page form. Bot	th pages must be completed and retu	urned. C	perator Certifcation Nu	mber: <b>6129</b>
•	•	you're current address on the lines below and, if necessary, ity, state and ZIP Code. Please print legibly.		Certification(s) s below will expi	
	correct the City, state and			The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATE	R	2	0
OPERATOR		WATER TREATMENT		2	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility		Ιĵ	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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

Page 2

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

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

Name and Certification Number of
Operator in Responsible Charge:

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: <b>6279</b>			
•	Please enter you're current address on the line	•	Certification(s) shown below will expire on:		12/1/2024	
	correct the City, state and ZIP Code. Please p	e and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements	s by the exp	submit renewal viration date will al late fees as ction V.	
I. CERTIFI	CATES TO RENEW:				raining Units	
Certification	Type Category		Class		equired	
TEMPORAR	Y WATER TREA	TMENT	4	4	5	
II. CURREN	Γ EMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone	#:		
Number of Faci	lities (or Plants) that you currently operate:		I am employ	ed by the Fa	icility owner	
I am currently n	ot operating any Facility	_	I provide contractua	l services to	the Facility	
Please provide	the following information about each Facility/P	lant that you operate. Use ad	ldtional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	Vastewater)	

(OVER)



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

Page 2

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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certification Number: 6531		
	Please enter you're current address on the lines below and, if necessary		ecessary,	Certification(s) sl below will expi		
	correct the City, state and ZIP (	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
				Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification	Type Cat	egory		Class	Required	
OPERATOR	WA	TER TREATMENT		4	30	
II. CURREN	ΓEMPLOYMENT INFORM	IATION				
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner				
I am currently not operating any Facility		I provide contractual services to the Facility				
Please provide	the following information about e	ach Facility/Plant that you ope	rate. Use addt	ional pages as needed.		
Facility / Plant 1	Name		Class	PDWIS (Water) NPD	DES (Wastewater)	

(OVER)



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

Page 2

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Name and Certification Number of
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: <b>6900</b>		
BOROWY	Please enter you're current address on the lines below and, if necessary	necessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
				Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.	
I. CERTIF	ICATES TO RENEW	<u>/:</u>			<b>Training Units</b>
Certification	1 Type	Category		Class	Required
OPERATOR	₹	WASTEWATER TREATMEN	NT	5	30
OPERATOR	?	WASTEWATER TREATMEN	NT	Α	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently 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 a	 about each Facility/Plant that you ope	erate. Use addi	tional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)	·	·	



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

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GOULD  Please enter you're current address on the correct the City, state and ZIP Code. Please	•	ease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	Code. Please print legibly.		The fee to renew these certifications: \$50		
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I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Type Cate	egory		Class	Required
OPERATOR	WA	TER TREATMENT		2	16
II. CURREN	Γ EMPLOYMENT INFORM	IATION			
Employer's Nan	ne:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner	
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	te enter you're current address on the lines below and, if ne		cation(s) shown w will expire on:	1 / / 1 / / 11 / /	
correct the City, state and ZIP Code. Please print legibly		The fee	e to renew these certifications:	\$5A	
		requirer			
I. CERTIFICATE	ES TO RENEW:			Training Units	
Certification Type	Category	Cla	ass F	Required	
OPERATOR	WASTEWATER TREATMENT	Α	,	16	
OPERATOR	WASTEWATER TREATMENT	5	3	30	
II. CURRENT EMP	PLOYMENT INFORMATION				
Employer's Name:		Ph	none #:		
Number of Facilities (or Plants) that you currently operate:		I am en	nployed by the F	Facility owner	
I am currently not operating any Facility			actual services t	to the Facility	
Please provide the follo	owing information about each Facility/Plant that you oper	ate. Use addtional pages a	ıs needed.		
Facility / Plant Name		Class PDWIS (Wa	iter) NPDES (	Wastewater)	



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

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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



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This is page one of a two page form. Both pages must be completed and returned.			Certification Nui	mber: <b>7611</b>
	e enter you're current address on the lines below and, if ne		ertification(s) shoelow will expir	1 / / 1 / / / / /
correct the City, state and ZIP Code. Please print legibly.		Th	e fee to renew t certificat	<b>\$50</b>
		requ	irements by the	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICATE	ES TO RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT	Γ	5	30
OPERATOR	WASTEWATER TREATMENT	Γ	Α	16
II. CURRENT EMP	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r Plants) that you currently operate:	I an	n employed by	the Facility owner
I am currently not operating any Facility			ontractual servi	ices to the Facility
Please provide the follo	owing information about each Facility/Plant that you oper	ate. Use addtional pag	ges 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
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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Nu	ımber: <b>7700</b>
		e enter you're current address on the lines below and, if necessary, et the City, state and ZIP Code. Please print legibly.		Certification(s) s below will expi	
	correct the City, st			The fee to renew certification	
,				— requirements by t result in an ad	ete or submit renewal the expiration date wil ditional late fees as d in Section V.
I. CERTIF	ICATES TO RE	<u>:NEW:</u>			<b>Training Units</b>
Certification	n Type	Category		Class	Required
SUPERINTE	ENDENT	WASTEWATER TREATM	ИENT	5	7
SUPERINTE	ENDENT	WASTEWATER TREATM	ИENT	Α	7
II. CURREN	T EMPLOYMEN	T INFORMATION			
Employer's Na	me:			Phone #:	
Number of Facilities (or Plants) that you currently operate:				I am employed by	the Facility owner
I am currently not operating any Facility			I	provide contractual serv	vices to the Facility
Please provide	the following inform	ation about each Facility/Plant that you	operate. Use ada	ltional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		OVERV			
		(OVER)			



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

Page 2

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Operator in Responsible Charge:

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

This is page one of a two page form. Both pages must be completed and returned.			urned.	Operator Certifcation Nu	mber: <b>7810</b>
-	•	Please enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) sl below will expi	1 / / 1 / / 11 / / /
	correct the City, state and Z			The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type (	Category		Class	Required
OPERATOR		WATER TREATMENT		3	30
II. CURREN	T EMPLOYMENT INFO	RMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you curre	ently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I	provide contractual serv	ices to the Facility	
Please provide	the following information above	- ut each Facility/Plant that you ope	rate. Use addi	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)	



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

Page 2

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This is page or	ne of a two page form. Bot	th pages must be completed and ret	urned. O	perator Certifcation Nu	mber: <b>7987</b>	
•	•	you're current address on the lines below and, if necess		Certification(s) si below will expi	1 / / 1 / / 11 / / /	
	correct the City, state and	tate and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units	
Certification	Type	Category		Class	Required	
<b>OPERATOR</b>		WASTEWATER TREATMEN	<b>I</b> T	5	30	
OPERATOR		WASTEWATER TREATMEN	<b>IT</b>	Α	16	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nan	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner	
I am currently n	not operating any Facility		Ιp	provide contractual serv	vices to the Facility	
Please provide	the following information a	bout each Facility/Plant that you ope	erate. Use addti	ional pages as needed.		
Facility / Plant	Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) si below will expi	
	correct the City, state and			The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEW	<u>.</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR	R	WATER TREATMENT		2	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		I	provide contractual serv	vices to the Facility
Please provide	the following information a	— bout each Facility/Plant that you op	erate. Use addi	tional pages as needed.	
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#### **III. CONTINUING EDUCATION:**

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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 / / / / / /	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50		
			requirements by result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
	ΓES TO RENEW:			<b>Training Units</b>	
Certification Type	e Category		Class	Required	
OPERATOR	WASTEWATER TREATME	NT	5	30	
OPERATOR	WASTEWATER TREATME	NT	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	
I am currently not op	erating any Facility	I pro	ovide contractual ser	vices to the Facility	
Please provide the fo	llowing information about each Facility/Plant that you op	perate. Use addtion	nal pages as needed.		
Facility / Plant Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)	
-					



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

Page 2

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Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one	e of a two page forn	<ol> <li>Both pages must be completed and ret</li> </ol>	urned. O	perator Certifcation Nu	umber: <b>8349</b>
•	•	ter you're current address on the lines below and, if necess		Certification(s) s below will exp	1 / / 1 / / 1 / / /
	te and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
				requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO REM	<u>IEW:</u>			<b>Training Units</b>
Certification T	уре	Category		Class	Required
SUPERINTEN	IDENT	WASTEWATER TREATMEN	ΙΤ	Α	7
SUPERINTEN	IDENT	WASTEWATER TREATMEN	ΙΤ	5	7
II. CURRENT	<b>EMPLOYMENT</b>	INFORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ties (or Plants) that y	ou currently operate:		I am employed by	y the Facility owner
I am currently no	t operating any Facil	ity	Į I	provide contractual serv	vices to the Facility
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Facility / Plant N	ame		Class	PDWIS (Water) NPI	DES (Wastewater)



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· · · · · · · · · · · · · · · · · · ·	ase enter you're current address on the lines below and, if neo	cessary,	Certification(s) s below will exp	1 / / 1 / / / / / /
	ect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications:  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	ES TO RENEW:			Training Units
<b>Certification Type</b>	Category		Class	Required
OPERATOR	WASTEWATER COLLECTIO	N	2	16
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (	or Plants) that you currently operate:		I am employed by	y the Facility owner
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•	Please enter you're current address on the lines below and,	if necessary,	Certification(s) below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:	-	
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner	
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GARRETT, JR.  Please enter you're current address on the lines below and, if a correct the City, state and ZIP Code. Please print legibly.				Certification(s below will e		12/1/2024
		IP Code. Please print legibly.		The fee to reno certif	ew these fications:	\$100
				Failure to complete or submit renewal requirements by the expiration date will		
				result in an additional late for described in Section V.		
I. CERTIFIC	CATES TO RENEW:			ueseri		raining Units
Certification T	-ype (	Category		Class		equired
OPERATOR	V	VASTEWATER COLLECTION		2	16	6
OPERATOR	V	VATER DISTRIBUTION		1	16	6
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ties (or Plants) that you curre	ntly operate:		I am employed	l by the Fa	cility owner
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Facility / Plant N	ame		Class	PDWIS (Water) N	NPDES (W	/astewater)
		(07.777)				
		(OVER)				



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WHITSON  Please enter you're current address on the lines below and, if a correct the City, state and ZIP Code. Please print legibly.		•		Certification(s) s below will exp	
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I. CERTIFI	CATES TO R	ENEW:			Training Units
Certification	Type	Category		Class	Required
SUPERINTE	ENDENT	WATER TREATMENT		3	7
SUPERINTE	NDENT	WASTEWATER TREATME	ENT	3	7
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Number of Faci	ilities (or Plants) tha	at 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 be completed and returned.			urned. O	Operator Certification Number: 9291			
	•	lease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp			
	correct the City, state and ZIP	rect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
I. CERTIFIC	CATES TO RENEW:				Training Units		
Certification	Type Cat	egory		Class	Required		
OPERATOR	WA	TER TREATMENT		4	30		
II. CURREN	Γ EMPLOYMENT INFORM	MATION					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you currently	y operate:		I am employed by	the Facility owner		
I am currently not operating any Facility		Ιŗ	provide contractual serv	vices to the Facility			
Please provide	the following information about e	each Facility/Plant that you ope	rate. Use addti	ional pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)			



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

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

### VII. APPLICANT'S STATEMENT

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

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



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This is page one of a two page form. Both pages must be completed and returned			d. Ope	Operator Certification Number: 9312		
SHAFER  Please enter you're current address on the lines below and, if			sary,	Certification(s) shown below will expire on: 12/1/2024		
	correct the City, state a	d ZIP Code. Please print legibly.		The fee to rene certifi	w these scations: \$100	
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIF	<u>ICATES TO RENE</u>	<u>W:</u>			<b>Training Units</b>	
Certification	n Type	Category		Class	Required	
OPERATOR	3	WATER TREATMENT		1	16	
OPERATOR	₹	WASTEWATER TREATMENT		5	30	
OPERATOR	?	WASTEWATER TREATMENT		Α	16	
SUPERINTE	ENDENT	WATER TREATMENT		1	7	
SUPERINTE	ENDENT	WASTEWATER TREATMENT		5	7	
SUPERINTE	ENDENT	WASTEWATER TREATMENT		Α	7	
II. CURREN	T EMPLOYMENT I	NFORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you	currently operate:		I am employed	by the Facility owner	
I am currently	not operating any Facility		I pro	vide contractual se	ervices to the Facility	
Please provide	the following information	about each Facility/Plant that you operate.	Use addtion	al pages as needed	d.	
Facility / Plant	Name		Class PI	OWIS (Water) N	PDES (Wastewater)	
		(OVER)				
		(OVEX)				



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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	ease enter you're current address on the lines below and, if neces	ssary,	Certification(s) si below will expi	1 / / 1 / / 11 / /	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICAT	<u>ΓES TO RENEW:</u>			Training Units	
Certification Type	e Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
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 operating any Facility		I provide contractual services to the Facility			
Please provide the fo	ollowing information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	
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Page 2

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This is page of	ne of a two page form. Bo	Operator Certification N	lumber: <b>9679</b>			
NEUPANE	Please enter you're current address on the lines below and, if necessary	necessary,	Certification(s) below will exp	1 / / 1 / / 11 / / /		
	correct the City, state and ZIP Code. Please print legibly.				The fee to renew these certifications: \$50	
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I. CERTIFICATES TO RENEW:				Training Units		
Certification	Type	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWAT	ER	2	0	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Name:				Phone #:		
Number of Facilities (or Plants) that you currently operate:				I am employed b	by the Facility owner	
I am currently not operating any Facility			I	provide contractual ser	rvices to the Facility	
Please provide	the following information a	 bout each Facility/Plant that you op	perate. Use add	tional pages as needed	<u></u>	
Facility / Plant Name			Class	PDWIS (Water) NF	DES (Wastewater)	



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