

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

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

This is page one	of a two page form. Both pages must be completed and returned	l. Op	Operator Certification Number: 0129		
	ease enter you're current address on the lines below and, if necessary, rrect the City, state and ZIP Code. Please print legibly.	ıry,	Certification(s) below will ex The fee to rene	pire on: $12/1/2022$	
				cations: \$50	
			Failure to complete or submit representation da requirements by the expiration da result in an additional late fees described in Section V.		
	ATES TO RENEW:			Training Units	
Certification Ty	/pe Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual se	ervices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. U	Jse addtio	nal pages as needed	<i>d.</i>	
Facility / Plant Na	me C	Class P	DWIS (Water) NI	PDES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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	Please enter you're current address on the lines below and	, if necessary,	Certification(s) below will exp			
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.			
	ATES TO RENEW:			Training Units		
Certification Ty	rpe Category		Class	Required		
OPERATOR	WATER TREATMENT		3	30		
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	Ι	provide contractual ser	vices to the Facility		
Please provide the	following information about each Facility/Plant that you	ı operate. Use ada	tional pages as needed.			
Facility / Plant Nat	me	Class	PDWIS (Water) NP	DES (Wastewater)		



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	EN 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 below will	n(s) shown l expire on: 12/1/2022		
cc			The fee to renew these certifications: \$100			
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.			
I. CERTIFICA	TES TO RENEW:			Training Units		
Certification Typ	De Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #	4:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employe	ed by the Facility owner		
I am currently not o	perating any Facility	I pro	ovide contractual	l services to the Facility		
Please provide the j	following information about each Facility/Plant that you operate	e. Use addtion	nal pages as need	eded.		
Facility / Plant Nam	ne	Class PI	OWIS (Water)	NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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	e 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 certifica	\$50		
			Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.			
I. CERTIFICATES TO RENEW:				Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT EMP	PLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (o	or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not oper	ating any Facility	Ιp	rovide contractual serv	vices to the Facility		
Please provide the follo	owing information about each Facility/Plant that you operate. Us	e addti	onal pages as needed.			
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

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Email Address

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	ase enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp	
corr	rect the 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 the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities ((or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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	ase enter you're current address on the lines below and, if necess	ary,	Certification(s) s below will exp			
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	TES TO RENEW:			Training Units		
Certification Type	e Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		А	24		
II. CURRENT EN	IPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not op	erating any Facility	I pi	I provide contractual services to the Facility			
Please provide the fo	llowing information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.			
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)		



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Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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

This is page on	e of a two page form. Both pages must be completed and returned.	Op	Operator Certification Number: 0563			
KRISTAPHER	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 certific	\$50		
			Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.			
I. CERTIFICATES TO RENEW:				Training Units		
Certification T	ype Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	e:		Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently no	t operating any Facility	I pr	ovide contractual ser	vices to the Facility		
Please provide th	ne following information about each Facility/Plant that you operate. U	se addtio	nal pages as needed.			
Facility / Plant N	ame C	class P	DWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department 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 Certifcation Number: 0645		
JOSH HESTER	Please enter you're current address on the lines below and, if necessary,	necessary,	Certification(s) shown below will expire on:		12/1/2022	
	correct the City, state and	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements result in a	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.	
I. CERTIFIC	ATES TO RENEW:				т	raining Units
Certification T	уре	Category		Class		lequired
TEMPORARY		WASTEWATER TREATMENT		5	4	.5
TEMPORARY		WASTEWATER TREATMENT		А	2	4
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Name	:			Phone #	#:	
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner
I am currently not	t operating any Facility		Ι	provide contractua	l services to	o the Facility
Please provide th	e following information ab	out each Facility/Plant that you ope	erate. Use add	tional pages as nee	eded.	
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department 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	o page form. Both pages must be completed and returne	ed. Op	Operator Certification Number: 0687			
	enter you're current address on the lines below and, if neces	sary,	Certification(below will e			
correct t	the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these \$100 fications:		
			 requirements h result in an 	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.		
I. CERTIFICATES	TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT EMPL	OYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or P	Plants) that you currently operate:		I am employed	l by the Facility owner		
I am currently not operation	ng any Facility	I pi	rovide contractual s	services to the Facility		
Please provide the follow	ing information about each Facility/Plant that you operate.	Use addtie	onal pages as need	ed.		
Facility / Plant Name		Class I	PDWIS (Water) N	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of	of a two page form. Both pages must be completed and returne	Operator Certifcation Number: 0742		
	Please enter you're current address on the lines below and, if neces	sary,	Certification(s) s below will exp	
с	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.	
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT E	CMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not o	operating any Facility	I p	provide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate.	. Use addti	onal pages as needed.	
Facility / Plant Nar	ne	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a tv	wo page form. Both pages must be completed and returned	Operator Certifcation Number: 0773		
	enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp	
correct	t the 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 d in Section V.
I. CERTIFICATES	<u>S TO RENEW:</u>			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURRENT EMPI	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 0786			
LEROY PATT	Please enter you're current address on the lines below and, if necessary,	essary,	Certification below will				
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications	\$100	
				requirements result in a	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFIC	CATES TO RENEW				-	Training Units	
Certification ⁻	Туре	Category		Class		Required	
OPERATOR		WASTEWATER COLLECTION		2	-	16	
OPERATOR		WATER DISTRIBUTION		1		16	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Nam	ne:			Phone #	#:		
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employ	ed by the I	Facility owner	
I am currently no	ot operating any Facility		Ιŗ	provide contractual services to the Facility			
Please provide t	he following information al	bout each Facility/Plant that you operat	e. Use addt	ional pages as nee	eded.		
Facility / Plant N	Jame		Class	PDWIS (Water)	NPDES (Wastewater)	



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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.

VII. APPLICANT'S STATEMENT

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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 and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 0787		
	ou're current address on the lines below and, if neces	sary,	Certification(s) s below will exp		
correct the 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 l in Section V.	
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			provide contractual services to the Facility		
Please provide the following inf	ormation about each Facility/Plant that you operate.	. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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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.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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This is page one of a two page form. Bo	th pages must be completed and retur	ned. Op	erator Certifcatio	on Number	r: 0802
	bu're current address on the lines below and, if necessary, y, state and ZIP Code. Please print legibly.	essary,	Certification below will		
correct the City, state and			The fee to renew these certifications: \$100 Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		\$100
					xpiration date will nal late fees as
I. CERTIFICATES TO RENEW	<u> </u>			-	Training Units
Certification Type	Category		Class		Required
OPERATOR	WASTEWATER COLLECTION		2	:	16
OPERATOR	WATER DISTRIBUTION		1	:	16
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	#:	
Number of Facilities (or Plants) that you cu	arrently operate:		I am employ	ed by the l	Facility owner
I am currently not operating any Facility		I pr	ovide contractua	l services	to the Facility
Please provide the following information a	bout each Facility/Plant that you operat	e. Use addtio	onal pages as nee	eded.	
Facility / Plant Name		Class P	DWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 0975		
	se enter you're current address on the lines below and, if necess	essary,	Certification below will		
	correct the City, state and ZIP Code. Please print legibly.		The fee to re cer	new these \$100	
			 Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. 		
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Гуре Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	CEMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #	:	
Number of Facil	ities (or Plants) that you currently operate:		I am employe	ed by the Facility owner	
I am currently not operating any Facility		I p	provide contractual	services to the Facility	
Please provide th	he following information about each Facility/Plant that you operation	te. Use addti	onal pages as need	ded.	
Facility / Plant N	lame	Class	PDWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department 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 Number: 10199		
	er you're current address on the lines below and, if	necessary,	Certification(s) s below will exp		
correct the	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by tresult in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES T	<u>O RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPLOY	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility			provide contractual services to the Facility		
Please provide the following	g information about each Facility/Plant that you op	erate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	Class PDWIS (Water) NPDES (Wastewater)		



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

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This is page one of a tv	vo page form. Both pages must be completed and return	ned. Op	erator Certifcation	n Number: 10310
5	e enter you're current address on the lines below and, if necessary, et the City, state and ZIP Code. Please print legibly.	essary,	Certification below will	
			The fee to react	new these \$100
			 Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. 	
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EMPI	LOYMENT INFORMATION			
Employer's Name:			Phone #	:
Number of Facilities (or	Plants) that you currently operate:		I am employe	ed by the Facility owner
I am currently not operating any Facility		I pi	ovide contractual	services to the Facility
Please provide the follov	ving information about each Facility/Plant that you operate	e. Use addtio	onal pages as need	led.
Facility / Plant Name		Class F	DWIS (Water)	NPDES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 10402		
SHAKA K FREEMAN Please enter you're current address on the lines below and, if nece correct the City, state and ZIP Code. Please print legibly.		necessary,	Certification(s) below will exp		
			The fee to renew certific	\$50	
			 requirements by result in an ac 	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		3	45	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you op	erate. Use addti	onal pages as needed.		
Facility / Plant Nar	ne	Class	PDWIS (Water) NP	DES (Wastewater)	



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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

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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

This is page one of a two page form. Both pages must be completed and returned. Open			erator Certifcation Number: 10431		
	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) shown below will expire on: 12/1/2022		
C	correct the 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 l in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	/pe Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	I pro	rovide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtio	nal pages as needed.		
Facility / Plant Nat	me Cl	lass Pl	DWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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

This is page on	e of a two page form. Both pages must be completed and returned	perator Certifcation Number: 10520		
MICHAEL J M	Please enter you're current address on the lines below and, if necessa	ary,	Certification(s) below will ex	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renev certifi	w these \$50 cations:
			requirements by result in an a	plete or submit renewal v the expiration date will additional late fees as ed in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification T	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		3	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently no	ot operating any Facility	I pr	ovide contractual se	rvices to the Facility
Please provide th	he following information about each Facility/Plant that you operate. U	Use addtic	onal pages as needed	<i>l</i> .
Facility / Plant N	lame	Class P	DWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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

This is page one of a two p	age form. Both pages must be completed and returne	erator Certifcation Number: 10521			
	er you're current address on the lines below and, if neces	sary,	Certification(s) s below will exp		
correct the	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 l in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		3	45	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating	any Facility	I pi	provide contractual services to the Facility		
Please provide the following	information about each Facility/Plant that you operate.	Use addtie	onal pages as needed.		
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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 Number: 10543		
	ease enter you're current address on the lines below and, if necessary	у,	Certification(s) s below will exp	
co	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V	
I. CERTIFICATES TO RENEW:				Training Units
Certification Typ	e Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not op	perating any Facility	I pı	ovide contractual serv	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.	
Facility / Plant Name	e Cl	lass P	DWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Date

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This is page one	of a two page form. Both pages must be completed and returned.	perator Certifcation Number: 10548		
	Please enter you're current address on the lines below and, if necessar	y,	Certification(s) s below will exp	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as 1 in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	vpe Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Nat	me C	lass P	DWIS (Water) NPI	DES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 10720		
	se enter you're current address on the lines below and,	if necessary,		Certification(s) shown below will expire on: 12/1/2022	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica		
			requirements by tresult in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATI	<u>ES TO RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		5	30	
OPERATOR	WATER TREATMENT		3	30	
OPERATOR	WATER TREATMENT		5RO	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (c	or Plants) that you currently operate:		I am employed by the Facility owner		
I am currently not oper	ating any Facility	ΙĮ	I provide contractual services to the Facility		
Please provide the follo	owing information about each Facility/Plant that you	operate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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	Derator Certifcation Number: 10730		
	ase enter you're current address on the lines below and, if necessary,	ıry,	Certification(s) s below will exp	
correct th	ne 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 the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPLO	DYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	g any Facility	I p	rovide contractual serv	vices to the Facility
Please provide the followin	ng information about each Facility/Plant that you operate. U	Jse addti	onal pages as needed.	
Facility / Plant Name	(Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department 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	of a two page form. Both pages must be completed and returned	perator Certifcation Number: 10746		
	Please enter you're current address on the lines below and, if necessa	ıry,	Certification(s) s below will exp	
с	correct the 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 l in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT F	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pi	rovide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate. U	Use addtio	onal pages as needed.	
Facility / Plant Nar	ne (Class I	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department 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	e of a two page form. Both pages must be completed	Operator Certification N	perator Certification Number: 1075		
JAMES ALLEN	Please enter you're current address on the lines below		Certification(s) below will ex		
	correct the City, state and ZIP Code. Please print legi	bly.	The fee to renew certifie	w these \$50 cations:	
			requirements by result in an a	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed l	by the Facility owner	
I am currently not	t operating any Facility		I provide contractual se	rvices to the Facility	
Please provide th	e following information about each Facility/Plant tha	t you operate. Use ad	dtional pages as needed	<i>l.</i>	
Facility / Plant Na	ame	Class	PDWIS (Water) NI	PDES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department 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.	erator Certifcation Number: 10751			
	ease enter you're current address on the lines below and, if necessar	y,	Certification(s) shown below will expire on: 12/1/2022		
CO	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or submit re requirements by the expiration da result in an additional late fees described in Section V.		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	e Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EN	MPLOYMENT 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	perating any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide the fo	ollowing information about each Facility/Plant that you operate. U	se addtio	onal pages as needed.		
Facility / Plant Name	e C	Class P	DWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Date

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Email Address

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This is page one	e of a two page form. Both pages must be c	Operator Certifcation	Number: 10752		
JOSH BAKER	Please enter you're current address on the lin		Certification(below will e		
	correct the City, state and ZIP Code. Please	print legibly.	The fee to renew these certifications: \$50		
			requirements l result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.	
	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WATER DISTRIB	UTION	1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	::		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed	d by the Facility owner	
I am currently no	t operating any Facility		provide contractual	services to the Facility	
Please provide th	e following information about each Facility/	Plant that you operate. Use add	dtional pages as need	led.	
Facility / Plant Na	ame	Class	PDWIS (Water)	NPDES (Wastewater)	
_					



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Applicant's Signature:

Date

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Email Address

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This is page one of a	two page form. Both pages must be completed and returned	d. Ope	perator Certifcation Number: 10753		
	se enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp		
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not oper	rating any Facility	I pro	rovide contractual services to the Facility		
Please provide the foll	owing information about each Facility/Plant that you operate. U	Use addtion	nal pages as needed.		
Facility / Plant Name	(Class Pl	OWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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: 11147		
	enter 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 legibly.			The fee to renew these certifications: \$50		
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFICATES	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EMPI	LOYMENT 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 operat	ting any Facility	I	provide contractual serv	vices to the Facility	
Please provide the follow	ving information about each Facility/Plant that you operate	e. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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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 Certifcation N	umber: 11166	
	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 legible	y.	The fee to renew these certifications: \$50 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:			Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATE	ĒR	2	0	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently n	not operating any Facility	I	provide contractual ser-	vices to the Facility	
Please provide	the following information about each Facility/Plant that y	vou operate. Use add	ltional pages as needed.		
Facility / Plant Name Class		PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department 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: 11167			
	lease enter you're current address on the lines below and, if neces	sary,	Certification(s) shown below will expire on: 12/1/2022			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$100			
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.			
	TES TO RENEW:			Training Units		
Certification Typ	pe Category		Class	Required		
TEMPORARY	WATER TREATMENT		2	24		
TEMPORARY	WASTEWATER TREATMENT		5	45		
TEMPORARY	WASTEWATER TREATMENT		A	24		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	by the Facility owner		
I am currently not operating any Facility		I pro	provide contractual services to the Facility			
Please provide the	following information about each Facility/Plant that you operate.	Use addtio	nal pages as neede	d.		
Facility / Plant Nan	ne	Class P	DWIS (Water) N	PDES (Wastewater)		



III. CONTINUING EDUCATION:

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

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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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.			Dperator Certifcation Number: 11168		
RICHARD M OLIVER Please enter you're current address on the lines below and		ssary,	Certification(s) s below will exp		
correct the C	ity, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		1	24	
TEMPORARY	WASTEWATER TREATMENT		3	45	
II. CURRENT EMPLOYN	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants	s) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I pi	provide contractual services to the Facility		
Please provide the following in	formation about each Facility/Plant that you operate	. Use addtie	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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			Certification(s) s below will exp		
				The fee to renew these certifications: \$50	
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		
I. CERTIFICATES TO RENEV	<u>V:</u>			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT EMPLOYMENT IN	FORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner			
I am currently not operating any Facility		I	provide contractual services to the Facility		
Please provide the following information	about each Facility/Plant that you operat	e. Use addt	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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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

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	rrent address on the lines below and, if necessar	essary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	50	
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		
I. CERTIFICATES TO RENEW	·			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I pi	covide contractual serv	vices to the Facility	
Please provide the following information a	bout each Facility/Plant that you operat	e. Use addtio	onal pages as needed.		
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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

This is page one	of a two page form. Bot	n pages must be completed and	returned. (Operator Certifcation N	umber: 11173
KHALIL ELSHAZLY Please enter you're current address on the lines			f necessary,	Certification(s) s below will exp	
	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.
	ATES TO RENEW:	- -			Training Units
Certification Ty	/pe	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Name	:			Phone #:	
Number of Facilit	ies (or Plants) that you cur	rrently operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility		Ι	provide contractual ser	vices to the Facility
Please provide the	e following information at	out each Facility/Plant that you o	perate. Use add	ltional pages as needed.	
Facility / Plant Na	ime		Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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This is page one of	f a two page form. Both pages must be completed and returned.	. Op	erator Certifcation Nu	umber: 11176	
	ease enter you're current address on the lines below and, if necessar	ry,	Certification(s) shown below will expire on: 12/1/		
со	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
		Failure to complete or s requirements by the exp result in an additions described in Se		the expiration date will lditional late fees as	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		4	24	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not op	perating any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide the f	ollowing information about each Facility/Plant that you operate. U	lse addtic	onal pages as needed.		
Facility / Plant Nam	e	Class P	DWIS (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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This is page one	of a two page form. Both page	s must be completed and return	ned. O	perator Certifcation N	Number: 11178		
	Please enter you're current addre	e enter you're current address on the lines below and, if necessary,	ssary,	Certification(s) below will ex			
(correct the City, state and ZIP Co	ode. Please print legibly.		The fee to renew these certifications: \$50			
				requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.		
	ATES TO RENEW:				Training Units		
Certification Ty	pe Cate	gory		Class	Required		
TEMPORARY	WAS	EWATER TREATMENT		3	45		
II. CURRENT I	EMPLOYMENT INFORMA	ATION					
Employer's Name:				Phone #:			
Number of Faciliti	es (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 the	following information about ea	ch Facility/Plant that you operate	e. Use addt	ional pages as needed	<i>l.</i>		
Facility / Plant Nat	me		Class	PDWIS (Water) NI	PDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

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This is page one of a ty	wo page form. Both pages must be completed and returned.	. O _l	Operator Certifcation Number: 11179			
	e enter you're current address on the lines below and, if necessar	ry,	Certification(s) sl below will expi			
correc	t the City, state and ZIP Code. Please print legibly.		The fee to renew certifica			
			Failure to complete or submit renewa requirements by the expiration date wi result in an additional late fees as described in Section V.			
I. CERTIFICATE	<u>S TO RENEW:</u>			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		3	45		
II. CURRENT EMP	LOYMENT 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 opera	ting any Facility	I p	rovide contractual serv	vices to the Facility		
Please provide the follow	wing information about each Facility/Plant that you operate. U	se addti	onal pages as needed.			
Facility / Plant Name	C	Class 1	PDWIS (Water) NPD	DES (Wastewater)		



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This is page on	e of a two page form. Bot	h pages must be completed and	returned.	Operator Certifcation	on Number	: 11183
BRIAN SIMO	Please enter you're currer	t address on the lines below and,	if necessary,	Certification below wil	n(s) shown l expire on	
	correct the City, state and	ect the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$100 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
				requirements		
I. CERTIFIC	CATES TO RENEW	• •			٦	Fraining Units
Certification ⁻	Туре	Category		Class		Required
TEMPORARY		WASTEWATER COLLECTION		2	2	24
TEMPORARY		WATER DISTRIBUTION		1	2	24
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone	#:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employ	red by the F	Facility owner
I am currently no	ot operating any Facility		Ι	provide contractua	l services t	o the Facility
Please provide t	he following information a	bout each Facility/Plant that you	operate. Use add	tional pages as nee	eded.	
Facility / Plant N	Vame		Class	PDWIS (Water)	NPDES (Wastewater)



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Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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

This is page one of a ty	wo page form. Both pages must be completed and retur	ned. O	perator Certifcation Nu	umber: 11184
	e enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correc	t the 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 the expiration date will ditional late fees as d in Section V.
I. CERTIFICATES	<u>S TO RENEW:</u>			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURRENT EMPI	LOYMENT 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 operation	ting any Facility	II	provide contractual serv	vices to the Facility
Please provide the follow	wing information about each Facility/Plant that you operation	te. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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This is page one o	f a two page form. Both pages must be completed and returned.	Ope	erator Certifcation N	umber: 11185	
	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) shown below will expire on: 12/1/20 The fee to renew these certifications: \$50		
cc	orrect the City, state and ZIP Code. Please print legibly.				
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	pe Category		Class	Required	
TEMPORARY	WATER TREATMENT		1	24	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not o	operating any Facility	I pro	ovide contractual ser	vices to the Facility	
Please provide the j	following information about each Facility/Plant that you operate. Us	se addtior	nal pages as needed.		
Facility / Plant Nam	ne Cl	lass PI	OWIS (Water) NP	DES (Wastewater)	



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Applicant's Signature:

Date

Last 4 digits of Social Security Number

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This is page one	of a two page form. Bot	h pages must be completed and ret	urned.	Operator Certification	n Number: 🛾	11188
		at address on the lines below and, if necessary,	ecessary,	Certification below will		12/1/2022
	correct the City, state and	ZIP Code. Please print legibly.		The fee to represent the fee t	new these tifications:	\$100
				Failure to complete or submit requirements by the expiration result in an additional late described in Section V		ation date will late fees as
I. CERTIFIC	ATES TO RENEW	- -			Tra	ining Units
Certification T	уре	Category		Class		quired
TEMPORARY		WASTEWATER COLLECTION		2	24	
TEMPORARY		WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	:			Phone #	:	
Number of Facilit	ties (or Plants) that you cu	rrently operate:		I am employe	ed by the Fac	ility owner
I am currently not	t operating any Facility			I provide contractual	services to t	he Facility
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Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (Wa	stewater)
_						



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Date

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	er you're current address on the lines below and, if necess		cation(s) show will expire	
correct the City, state and ZIP Code. Please print legibly		The fee	to renew the certificatio	\$100
		requiren result	nents by the	or submit renewal expiration date will ional late fees as 1 Section V.
I. CERTIFICATES T				Training Units
Certification Type	Category	Cla	ISS	Required
TEMPORARY	WATER TREATMENT	1		24
TEMPORARY	WASTEWATER TREATMENT	5		45
TEMPORARY	WASTEWATER TREATMENT	А		24
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:		Ph	one #:	
Number of Facilities (or Pla	nts) that you currently operate:	I am em	ployed by th	e Facility owner
I am currently not operating	any Facility	I provide contra	actual service	es to the Facility
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REZONNE R DUNCAN Please enter you're current addre correct the City, state and ZIP Co		address on the lines below and, if necessary,	ssary,	Certification(s) shown below will expire on: 12/1,			
		ZIP Code. Please print legibly.		The fee to re cer	enew these tifications:	\$100	
				Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		piration date will al late fees as	
I. CERTIFICA	ATES TO RENEW	، <u>۱</u>			1	raining Units	
Certification Ty	pe	Category		Class	F	Required	
TEMPORARY		WATER TREATMENT		1	2	24	
TEMPORARY		WATER TREATMENT		5RO	2	24	
TEMPORARY		WASTEWATER TREATMENT		5	4	5	
TEMPORARY		WASTEWATER TREATMENT		А	2	24	
II. CURRENT F	EMPLOYMENT INF	ORMATION					
Employer's Name:				Phone #	<i>t</i> :		
Number of Faciliti	es (or Plants) that you cu	rrently operate:		I am employe	ed by the F	facility owner	
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SCOTT THO	Please enter you're current address on t			Certification(s) shown below will expire on: 12/1/2022			
correct the City,	correct the City, state and ZIP Code. Pl	ease print legibly.	The	The fee to renew these certifications: \$100		\$100	
			requir	ements sult in a	by the exp	submit renewal iration date will al late fees as ction V.	
	CATES TO RENEW:				Т	raining Units	
Certification ⁻	Type Category		(Class	Re	equired	
TEMPORARY	WATER TRE	ATMENT	2)	24	1	
TEMPORARY	WASTEWA	TER TREATMENT	5	•	45	5	
TEMPORARY	WASTEWA	TER TREATMENT	A	4	24	1	
II. CURRENT	EMPLOYMENT INFORMATIO	N					
Employer's Nam	le:			Phone #	! :		
Number of Facil	ities (or Plants) that you currently operat	e:	I am	employe	ed by the Fa	cility owner	
I am currently n	ot operating any Facility		I provide cor	ıtractual	services to	the Facility	
Please provide t	he following information about each Fac	ility/Plant that you operate. Use	addtional pages	s as need	ded.		
Facility / Plant N	Jame	Clas	ss PDWIS (V	Vater)	NPDES (W	/astewater)	



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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

This is page one of a	a two page form. Both pages must be completed and returned.	Derator Certifcation Number: 11193			
	ase enter you're current address on the lines below and, if necessar	y,	Certification(s) shown below will expire on: 12/1/2022 The fee to renew these certifications: \$50		
corr	rect the City, state and ZIP Code. Please print legibly.				
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICAT	<u>'ES TO RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities ((or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not ope	erating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide the fol	llowing information about each Facility/Plant that you operate. U	se addti	onal pages as needed.		
Facility / Plant Name	C	Class I	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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

This is page on	e of a two page form. Bot	Operator Certifcation N	erator Certifcation Number: 11194		
JASON DUN	Please enter you're curren	G ase enter you're current address on the lines below and, if necessary, rect the City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) s below will exp	
	correct the City, state and			The fee to renew certification	\$100
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
	CATES TO RENEW	-			Training Units
Certification 1	Туре	Category		Class	Required
TEMPORARY		WATER DISTRIBUTION		1	24
TEMPORARY		WASTEWATER COLLECTION		2	24
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facili	ities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility		Ι	provide contractual ser-	vices to the Facility
Please provide th	he following information al	out each Facility/Plant that you op	erate. Use add	tional pages as needed.	
Facility / Plant N	ame		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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

This is page on	e of a two page form. Both pages must be completed and return	Derator Certifcation Number: 11195			
JOE TERRY	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 exp		
			The fee to renew certifica	ew these \$50 fications:	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
II. CURRENT	CEMPLOYMENT 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 p	rovide contractual serv	vices to the Facility	
Please provide th	he following information about each Facility/Plant that you operate	. Use addti	onal pages as needed.		
Facility / Plant N	lame	Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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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 and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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This is page one of a two page form. Both pages must be completed and returned. Op					perator Certifcation Number: 11196		
	Please enter you're current	address on the lines below and,	if necessary,		on(s) shown ill expire on		
correct the City, state and ZIP Code. Please print le		ZIP Code. Please print legibly.	bly.	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	ATES TO RENEW:				٦	Fraining Units	
Certification Ty	уре	Category		Class	F	Required	
TEMPORARY		WATER TREATMENT		4	Z	15	
II. CURRENT	EMPLOYMENT INFO	ORMATION					
Employer's Name:	:			Phone	: #:		
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am emplo	yed by the F	Facility owner	
I am currently not	operating any Facility	7 _		I provide contractu	al services t	o the Facility	
Please provide the	e following information ab	out each Facility/Plant that you	operate. Use ad	dtional pages as ne	eeded.		
Facility / Plant Na	ime		Class	PDWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

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This is page on	e of a two page form. Both pages must be completed and returned	perator Certifcation Number: 1131			
GREGORY DI	DELOACH Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ary,	Certification(s) s below will expi		
				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	
OPERATOR	WASTEWATER COLLECTION		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 no	ot operating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide th	he following information about each Facility/Plant that you operate. \emptyset	Use addti	onal pages as needed.		
Facility / Plant N	lame	Class]	PDWIS (Water) NPI	DES (Wastewater)	



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This is page one of	f a two page form. Both pages must be completed and returned.	perator Certification Number: 1166				
BRUCE FOOTE Pla	ease enter you're current address on the lines below and, if necessary	у,	Certification(s) shown below will expire on: 12/1/2022			
CO.	rrect 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 dditional late fees as ed in Section V.		
	TES TO RENEW:			Training Units		
Certification Typ	e Category		Class	Required		
TEMPORARY	WATER DISTRIBUTION		1	24		
II. CURRENT EN	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	s (or Plants) that you currently operate:		I am employed b	y the Facility owner		
I am currently not op	perating any Facility	I pı	rovide contractual ser	vices to the Facility		
Please provide the fo	ollowing information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.			
Facility / Plant Name	e Cl	lass F	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.
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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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

This is page one	e of a two page form. Both pages i	Operator Certification Number:1180Certification(s) shown below will expire on:12/1/2022The fee to renew these certifications:\$50				
LUIS D. GOMEZ Please enter you're current address on the lines below and, if a correct the City, state and ZIP Code. Please print legibly.					sary,	
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
	ATES TO RENEW:				Training Units	
Certification T	ype Catego	ory		Class	Required	
TEMPORARY	WASTE	WATER TREATMENT		А	24	
II. CURRENT	EMPLOYMENT INFORMA	ΓΙΟΝ				
Employer's Name	2:			Phone #:		
Number of Facili	ties (or Plants) that you currently op	perate:		I am employed	by the Facility owner	
I am currently no	t operating any Facility		Ιŗ	provide contractual se	ervices to the Facility	
Please provide th	e following information about each	Facility/Plant that you operate.	. Use addt	ional pages as needed	<i>d</i> .	
Facility / Plant N	ame		Class	PDWIS (Water) NI	PDES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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This is page one o	This is page one of a two page form. Both pages must be completed and returned. C			umber: 1181	
	lease enter you're current address on the lines below and, if necess	ary,	Certification(s) s below will exp		
C	orrect the 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 the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	pe Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT E	CMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by the Facility owner		
I am currently not o	operating any Facility	II	provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you operate.	Use addt	ional pages as needed.		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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

This is page one of a	This is page one of a two page form. Both pages must be completed and returned. ${ m O}_{ m I}$			Operator Certifcation Number: 1208		
	AS se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.	bel	ification(s) low will ex fee to rene	w these \$50		
		Certifications: 50 Failure to complete or subm requirements by the expirati result in an additional lat described in Section		cations: plete or submit renewal y the expiration date will additional late fees as		
	ES TO RENEW:		~	Training Units		
Certification Type	Category	C	Class	Required		
OPERATOR	WATER DISTRIBUTION	1	L	16		
II. CURRENT EM	PLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you currently operate:	I am	I am employed by the Facility owner			
I am currently not ope	rating any Facility	I provide con	provide contractual services to the Facility			
Please provide the foll	lowing information about each Facility/Plant that you operate. Use	addtional page.	s as neede	<i>d</i> .		
Facility / Plant Name	Clas	ss PDWIS (V	Vater) N	PDES (Wastewater)		



III. 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

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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. O			Operator Certifcation Number: 1241		
	Please enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp		
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by tresult in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by the Facility owner		
I am currently not	operating any Facility	I p	rovide contractual serv	vices to the Facility	
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Facility / Plant Nar	ne	Class I	PDWIS (Water) NPI	DES (Wastewater)	



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This is page one	This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 1311		
	Please enter you're current address on the lines be		Certification below wil	n(s) shown Il expire on: 12/1/2022		
(correct the City, state and ZIP Code. Please print	legibly.	The fee to receive	enew these \$50 rtifications:		
			requirement result in a	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Ty	rpe Category		Class	Required		
TEMPORARY	WASTEWATER TREA	TMENT	5	45		
II. CURRENT I	EMPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employ	I am employed by the Facility owner		
I am currently not	operating any Facility		I provide contractua	provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant	that you operate. Use ad	ldtional pages as nee	eded.		
Facility / Plant Na	me	Class	PDWIS (Water)	NPDES (Wastewater)		



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	nter you're current address on the lines below and, if necessa	ary,	Certification(s) shown below will expire on: 12/1/2022 The fee to renew these certifications: \$100		
correct th	he City, state and ZIP Code. Please print legibly.				
			Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V.		
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WATER TREATMENT		2	7	
SUPERINTENDENT	WASTEWATER TREATMENT		3	7	
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pl	lants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating	g any Facility	I pro	rovide contractual services to the Facility		
Please provide the following	ng information about each Facility/Plant that you operate. U	Use addtior	nal pages as needed.		
Facility / Plant Name	(Class PI	OWIS (Water) NP	DES (Wastewater)	



III. 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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- 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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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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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 and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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

This is page on	This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 1467			
CHRISTIN L.	Please enter you're curren	nt address on the lines below and, if	necessary,	Certification(below will			
	correct the City, state and	I ZIP Code. Please print legibly.		The fee to rer certi	new these \$50		
				requirements result in an	mplete or submit renewal by the expiration date will 1 additional late fees as ibed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units			
Certification ⁻	Гуре	Category		Class	Required		
TEMPORARY		WASTEWATER TREATMENT		А	24		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Nam	le:			Phone #:			
Number of Facil	ities (or Plants) that you cu	irrently operate:		I am employe	I am employed by the Facility owner		
I am currently no	ot operating any Facility]	I provide contractual	provide contractual services to the Facility		
Please provide t	he following information a	bout each Facility/Plant that you of	perate. Use add	dtional pages as need	led.		
Facility / Plant N	Jame		Class	PDWIS (Water)	NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1505		
	ter you're current address on the lines below		Certification(s) s below will exp		
correct th	e City, state and ZIP Code. Please print legib	ıly.	The fee to renew certific	850	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTI	ON	2	16	
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating	g any Facility		I provide contractual ser	vices to the Facility	
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Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

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Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 1577		
	rrent address on the lines below and, if nece	essary,	Certification below will	n(s) shown expire on: 12/1/2022	
correct the City, state	and ZIP Code. Please print legibly.		The fee to re	enew these \$100 tifications:	
			 Failure to complete or submit representation of the expiration of the e		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EMPLOYMENT I	NFORMATION				
Employer's Name:			Phone #	#:	
Number of Facilities (or Plants) that yo	u currently operate:		I am employe	ed by the Facility owner	T
I am currently not operating any Facilit	у	ΙĮ	provide contractual services to the Facility		
Please provide the following information	on about each Facility/Plant that you operat	e. Use addt	ional pages as need	ded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a	This is page one of a two page form. Both pages must be completed and returned. O			Dperator Certifcation Number: 1688		
	se enter you're current address on the lines below and, if necess	ary,	Certification(s) s below will exp			
corre	ect the 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 the expiration date will ditional late fees as d in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT EM	PLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner			
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This is page one	his is page one of a two page form. Both pages must be completed and returned. O			Number: 1735	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 12/1/2022		
(correct the City, state and ZIP Code. Please print legibly.	7	The fee to rene certifi	w these \$50	
			Failure to complete or submit requirements by the expiration result in an additional late fe described in Section V.		
	ATES TO RENEW:			Training Units	
Certification Ty	vpe Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:	Ι	I am employed by the Facility owner		
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Facility / Plant Nat	me Cla	ass PDWI	S (Water) N	PDES (Wastewater)	



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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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 Certifcation Number: 1777		
1	ou're current address on the lines below and, if neo	cessary,	Certification(s) s below will exp		
correct the Cit	ty, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			 requirements by result in an ac 	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO	<u>RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLOYM	IENT 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	y Facility	Ιp	provide contractual services to the Facility		
Please provide the following inf	formation about each Facility/Plant that you opera	ate. Use addti	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 1848		
	ou're current address on the lines below and, if neo	cessary,	Certification(s) s below will exp		
correct the Cit	y, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
TEMPORARY	WATER TREATMENT		5	24	
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any	Facility	I p	rovide contractual services to the Facility		
Please provide the following inf	formation about each Facility/Plant that you operation	te. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department 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 retu	rned. O _l	perator Certification N	umber: 2130
	ou're current address on the lines below and, if new	cessary,	Certification(s) 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 renew requirements by the expiration date result in an additional late fees as described in Section V. 	
I. CERTIFICATES TO	<u>RENEW:</u>			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		А	7
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
II. CURRENT EMPLOYMI	ENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) t	that you currently operate:		I am employed by	y the Facility owner
I am currently not operating any	Facility	I p	rovide contractual ser	vices to the Facility
Please provide the following info	ormation about each Facility/Plant that you operation	ate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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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. O_F			perator Certifcation Number: 2256			
FRANK L NABOZNY Please enter you're current address on the lines below an correct the City, state and ZIP Code. Please print legibly			ecessary,	Certification(s) shown below will expire on: The fee to renew these certifications: \$100		
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	ATES TO RENEW:	-			Training Units	
Certification Ty	pe	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION		2	16	
SUPERINTENDEN	Т	WASTEWATER COLLECTION		2	7	
II. CURRENT F	EMPLOYMENT INFO	ORMATION				
Employer's Name:				Phone #:		
Number of Faciliti	es (or Plants) that you cur	rrently operate:		I am employed b	y the Facility owner	
I am currently not	operating any Facility		Ι	provide contractual ser	vices to the Facility	
Please provide the	following information ab	pout each Facility/Plant that you oper	rate. Use add	tional pages as needed		
Facility / Plant Nar	ne		Class	PDWIS (Water) NP	DES (Wastewater)	



III. 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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- 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

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VII. APPLICANT'S STATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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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 Certifcation Number: 2326		
CHANDRA B.	Please enter you're current address on the lines below and, if necessa	ıry,	Certification(s) shown below will expire on: 12/1/2		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
	CATES TO RENEW:			Training Units	
Certification 1	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT	CEMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide th	he following information about each Facility/Plant that you operate. U	Jse addti	onal pages as needed.		
Facility / Plant N	Jame	Class	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one of a two page form. Both pages must be completed and returned. Op			perator Certifcation Number: 2329		
JOSHUA THO	Please enter you're current address on the lines below and, if necessa	ary,	Certification(s) 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 rene requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification T	Type Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
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 no	ot operating any Facility	I p	rovide contractual ser	vices to the Facility	
Please provide th	he following information about each Facility/Plant that you operate. U	Use addti	onal pages as needed.		
Facility / Plant N	lame	Class]	PDWIS (Water) NP	DES (Wastewater)	



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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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

This is page one	e of a two page form. Both pages mus	t be completed and returned.	Operator Certification	Number: 2361
MARIO BENI	Please enter you're current address on	you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	Certification(s below will ex The fee to rene	xpire on: 12/1/2022
				fications: \$50
			requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWA	TER COLLECTION	2	16
II. CURRENT	EMPLOYMENT INFORMATIC	DN		
Employer's Name	<u> </u>		Phone #:	
Number of Facili	ties (or Plants) that you currently opera	te:	I am employed	by the Facility owner
I am currently no	t operating any Facility		I provide contractual s	ervices to the Facility
Please provide th	e following information about each Fa	cility/Plant that you operate. Use a	ddtional pages as neede	<i>ed.</i>
Facility / Plant N	ame	Class	PDWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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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. O_{II}			Operator Certifcation Number: 2514		
	ease enter you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 12/1/2022		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$100		
			 Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V. 		piration date will al late fees as
	TES TO RENEW:				raining Units
Certification Typ	e Category		Class	R	equired
SUPERINTENDENT	WATER TREATMENT		3	7	
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
SUPERINTENDENT	WASTEWATER TREATMENT		А	7	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #	<i>#</i> :	
Number of Facilities	(or Plants) that you currently operate:		I am employ	ed by the F	acility owner
I am currently not op	perating any Facility	I pr	ovide contractua	l services to	o the Facility
Please provide the fo	ollowing information about each Facility/Plant that you operate	e. Use addtio	onal pages as nee	eded.	
Facility / Plant Name	2	Class P	DWIS (Water)	NPDES (V	Wastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 2539		
	se enter you're current address on the lines below and, if necessar	ıry,	Certification(s below will e		
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these \$50 fications:	
			Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.		
I. CERTIFICAT	<u>ES TO RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not ope	erating any Facility	I pro	provide contractual services to the Facility		
Please provide the foll	lowing information about each Facility/Plant that you operate. U	Use addtion	nal pages as neede	ed.	
Facility / Plant Name	0	Class Pl	DWIS (Water) N	PDES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

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

Date

Last 4 digits of Social Security Number

Email Address

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

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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 Certifcation Number: 2556		
1	ou're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp		
correct the City	y, state and ZIP Code. Please print legibly.		The fee to renew certific	850	
			 Failure to complete or submit representation of the expiration of the e		
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		А	24	
TEMPORARY	WASTEWATER TREATMENT		5	45	
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any	Facility	I pr	provide contractual services to the Facility		
Please provide the following info	ormation about each Facility/Plant that you operate.	Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Date

Last 4 digits of Social Security Number

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 2593			
	se enter you're current address on the lines below and, if necess	sary,	Certification(s) below will exp			
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these \$50		
			 requirements by result in an a 	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Type	Category		Class	Required		
SUPERINTENDENT	WASTEWATER COLLECTION		2	7		
II. CURRENT EMI	PLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you currently operate:		I am employed b	by the Facility owner		
I am currently not oper	rating any Facility	Ιp	rovide contractual ser	vices to the Facility		
Please provide the foll	owing information about each Facility/Plant that you operate.	Use addti	onal pages as needed			
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)		



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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 Number: 2727		
	ease enter you're current address on the lines below and, if necess	sary,	Certification(s) below will exp		
co	prrect 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.	
	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WATER TREATMENT		1	24	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not o	perating any Facility	I pi	ovide contractual ser	vices to the Facility	
Please provide the f	following information about each Facility/Plant that you operate.	Use addtie	onal pages as needed.		
Facility / Plant Nam	e	Class F	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.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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: 3007		
	ease enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp		
coi	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
		Failure to complete or so requirements by the expi result in an additiona described in Sec		the expiration date will Iditional late fees as	
I. CERTIFICAT	<u>FES TO RENEW:</u>			Training Units	
Certification Type	e Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		3	45	
II. CURRENT EN	APLOYMENT 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	perating any Facility	II	provide contractual serv	vices to the Facility	
Please provide the fo	ollowing information about each Facility/Plant that you operat	te. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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 Certifcation Number: 3009			
	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) below will exp			
·	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
	ATES TO RENEW:			Training Units		
Certification Ty	ype Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		3	45		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:	:		Phone #:			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner		
I am currently not	operating any Facility	I pr	ovide contractual services to the Facility			
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed			
Facility / Plant Na	lime Cl	lass P	DWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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

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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: 3228			
	enter you're current address on the lines below and, if n	ecessary,	Certification(s) s below will exp			
correc	t the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.		
I. CERTIFICATES	<u>S TO RENEW:</u>			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	INDUSTRIAL WASTEWATER		5	45		
II. CURRENT EMPI	LOYMENT 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 operation	ting any Facility	Ιŗ	provide contractual ser	vices to the Facility		
Please provide the follow	wing 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:

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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.
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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

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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This is page one of a two page form. Both pages must be completed and returned. O			Operator Certifcation Number: 3229		
	e enter you're current address on the lines below and, if nece	ssary,	Certification(s) s below will expi		
corre	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
		Failure to complete or s requirements by the expi result in an additiona described in Sec		he expiration date will ditional late fees as	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EMP	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (o	or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not oper	ating any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the follo	owing 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:

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

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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department 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: 3235		
	ease enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will expi		
со	prrect the 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 1 in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WATER TREATMENT		1	24	
II. CURRENT EN	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 op	perating any Facility	I pi	rovide contractual serv	vices to the Facility	
Please provide the f	ollowing information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.		
Facility / Plant Nam	e	Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 3250			
	e enter you're current address on the lines below and, if nec	essary,	Certification(below will e			
correc	ct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100			
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.			
I. CERTIFICATES TO RENEW:				Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER COLLECTION		2	24		
TEMPORARY	WATER DISTRIBUTION		1	24		
II. CURRENT EMP	PLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (o	r Plants) that you currently operate:		I am employed	l by the Facility owner		
I am currently not opera	ating any Facility	I pr	provide contractual services to the Facility			
Please provide the follo	wing information about each Facility/Plant that you opera	te. Use addtio	onal pages as need	ed.		
Facility / Plant Name		Class P	DWIS (Water) N	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

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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

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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 Certifcation Number: 3270			
	ease enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp			
cc	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50		
			requirements by tresult in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Typ	De Category		Class	Required		
TEMPORARY	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not o	perating any Facility	Ιp	provide contractual serv	vices to the Facility		
Please provide the f	following information about each Facility/Plant that you operate	e. Use addti	onal pages as needed.			
Facility / Plant Nam	le	Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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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 and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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: 3284			
	lease enter you're current ad	dress on the lines below and, if r	necessary,	Certification(below will		12/1/2022
с	orrect the City, state and ZII	Code. Please print legibly.		The fee to rer cert	new these ifications:	\$50
				Failure to complete or submit requirements by the expiration result in an additional late described in Section V		ration date will late fees as
I. CERTIFICA	I. CERTIFICATES TO RENEW:				Tra	aining Units
Certification Ty	pe Ca	ategory		Class	Re	quired
SUPERINTENDEN	T IN	DUSTRIAL WASTEWATER		6	7	
II. CURRENT F	CMPLOYMENT INFOR	MATION				
Employer's Name:				Phone #:	:	
Number of Faciliti	es (or Plants) that you curren	tly operate:		I am employe	d by the Fac	cility 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	erate. Use add	ltional pages as need	led.	
Facility / Plant Nar	ne		Class	PDWIS (Water)	NPDES (Wa	astewater)



III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Date

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.

ROBERT WYATT JR Please enter you're current address on the lines below and, if necessary,			Operator Certification Number:3297Certification(s) shown below will expire on:12/1/2022		
			Failure to complete or submit re requirements by the expiration da result in an additional late fees described in Section V.		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT E	CMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate. U	Use addti	ional pages as needed.		
Facility / Plant Nar	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department 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 Certifcation Number: 3357		
	ase enter you're current address on the lines below and, if necessar	y,	Certification(s) s below will exp		
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			Failure to complete or submit representation of the expiration date for the expiration of the expirati		
	TES TO RENEW:			Training Units	
Certification Type	e Category		Class	Required	
SUPERINTENDENT	WATER TREATMENT		2	7	
II. CURRENT EN	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not op	erating any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide the fo	llowing information about each Facility/Plant that you operate. U	se addtio	onal pages as needed.		
Facility / Plant Name	C	Class P	DWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Number: 3360		
	'lease enter you're current address on the lines below and, if necessar orrect the City, state and ZIP Code. Please print legibly.	ıry,	Certification(s) below will ex	xpire on: 12/1/2022	
			The fee to renew these certifications: \$50		
			Failure to complete or submit requirements by the expiration result in an additional late for described in Section V		
	ATES TO RENEW:			Training Units	
Certification Typ	pe Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT E	CMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not o	operating any Facility	I pr	ovide contractual so	ervices to the Facility	
Please provide the j	following information about each Facility/Plant that you operate. U	Jse addtio	nal pages as neede	<i>d</i> .	
Facility / Plant Nan	ne C	Class P	DWIS (Water) N	PDES (Wastewater)	



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This is page one of	f a two page form. Both p	ages must be completed and return	ed. C	Derator Certifcation N	Number: 3411
	ease enter you're current ac	er you're current address on the lines below and, if necessa	ssary,	Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50		
				 Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V. 	
I. CERTIFICA	TES TO RENEW:				Training Units
Certification Typ	e C	ategory		Class	Required
SUPERINTENDENT		ASTEWATER TREATMENT		5	7
SUPERINTENDENT		ASTEWATER TREATMENT		А	7
II. CURRENT E	MPLOYMENT INFOR	RMATION			
Employer's Name:				Phone #:	
Number of Facilities	s (or Plants) that you current	ntly operate:		I am employed	by the Facility owner
I am currently not operating any Facility			provide contractual se	rvices to the Facility	
Please provide the f	following information abou	t each Facility/Plant that you operate	e. Use addi	tional pages as needed	<i>l.</i>
Facility / Plant Nam	e		Class	PDWIS (Water) NI	PDES (Wastewater)



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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.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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 Certifcation Number: 3427		
	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 tresult in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	vpe Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility	Ι	provide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you op	erate. Use ada	tional pages as needed.		
Facility / Plant Nat	me	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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 Certifcation Number: 3514		
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp		
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
		requirements by th result in an add		ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	pe Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		3	45	
II. CURRENT E	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	I	provide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operat	te. Use addt	ional pages as needed.		
Facility / Plant Nar	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- 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 agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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 Certifcation Number: 3557			
	lease enter you're current address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 12/1/2022		12/1/2022	
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to re cer	enew these rtifications:	\$100	
			Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.		oiration date will al late fees as	
	TES TO RENEW:				raining Units	
Certification Ty	De Category		Class	R	equired	
OPERATOR	WATER TREATMENT		4	30	C	
OPERATOR	WASTEWATER TREATMENT		5	30	C	
OPERATOR	WASTEWATER TREATMENT		А	16	6	
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by the Facility owner			
I am currently not o	operating any Facility	I prov	I provide contractual services to the Facility			
Please provide the	following information about each Facility/Plant that you operate.	Use addtiona	l pages as nee	eded.		
Facility / Plant Nan	ne	Class PDV	WIS (Water)	NPDES (W	Vastewater)	



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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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. O			Operator Certifcation Number: 3986			
P	QUATHAMER, JR lease enter you're current address on the		Certification below will			
co	prrect the City, state and ZIP Code. Plea	se print legibly.	The fee to represent the fee to represent the terms of t	new these \$50		
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Typ	e Category		Class	Required		
OPERATOR	WATER TREA	TMENT	1	16		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #	:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employe	I am employed by the Facility owner		
I am currently not o	perating any Facility		I provide contractual	provide contractual services to the Facility		
Please provide the	following information about each Facili	ty/Plant that you operate. Use a	ddtional pages as need	led.		
Facility / Plant Nan	le	Class	PDWIS (Water)	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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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: 4002		
	you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp		
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO	D RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plant	s) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating an	ny Facility	I	provide contractual ser-	vices to the Facility	
Please provide the following it	nformation about each Facility/Plant that you opera	te. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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This is page one of a two page f	Operator Certifcation 1	Number: 4006				
	're current address on the lines below and, if n	ecessary,	Certification(s) below will ex			
correct the City,	state and ZIP Code. Please print legibly.		The fee to rene certifi	w these \$50 cations:		
			requirements by result in an a	plete or submit renewal v the expiration date will additional late fees as red in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Type	Category		Class	Required		
SUPERINTENDENT	WASTEWATER TREATMENT		А	7		
SUPERINTENDENT	WASTEWATER TREATMENT		5	7		
II. CURRENT EMPLOYME	NT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) th	at you currently operate:		I am employed	I am employed by the Facility owner		
I am currently not operating any F	acility	Ι	provide contractual se	ervices to the Facility		
Please provide the following infor	mation about each Facility/Plant that you ope	rate. Use addi	tional pages as needed	<i>d.</i>		
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wastewater)		



III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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 re	Operator Certifcation Number: 4266			
	ter you're current address on the lines below and, if	necessary,	Certification(s) shown below will expire on: 12/1/2022		
correct th	e City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES				Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pla	ants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating	g any Facility	I	provide contractual ser	vices to the Facility	
Please provide the followin	ng information about each Facility/Plant that you op	verate. Use add	ltional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department 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. Bot	ned. Op	erator Certifcatio	on Number:	4287	
	at address on the lines below and, if nece	ssary,	Certification(s) shown below will expire on: 12/1/202		12/1/2022
correct the City, state and	ZIP Code. Please print legibly.		The fee to re cer	enew these tifications:	\$100
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		iration date will l late fees as
I. CERTIFICATES TO RENEW	<u>:</u>			Tr	aining Units
Certification Type	Category		Class		quired
TEMPORARY	WATER DISTRIBUTION		1	24	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	#:	
Number of Facilities (or Plants) that you cu	irrently operate:		I am employe	ed by the Fa	cility owner
I am currently not operating any Facility		I pi	ovide contractual	l services to	the Facility
Please provide the following information a	bout each Facility/Plant that you operate	e. Use addtio	onal pages as nee	ded.	
Facility / Plant Name		Class F	DWIS (Water)	NPDES (W	astewater)



III. 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

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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: 4500		
	Please enter you're current address on the lines below and, if necess	ary,	Certification(s) s below will exp	
·	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I pı	covide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.	
Facility / Plant Na	ime	Class P	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 4594		
	enter you're current address on the lines below and, if neces	sary,	Certification below will		12/1/2022
correct	t the City, state and ZIP Code. Please print legibly.		The fee to re cer	new these tifications:	\$50
			Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V.		biration date will al late fees as
I. CERTIFICATES TO RENEW:				т	raining Units
Certification Type	Category		Class		equired
OPERATOR	WATER TREATMENT		1	10	5
OPERATOR	WATER TREATMENT		2	10	5
II. CURRENT EMPI	LOYMENT 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 operat	ting any Facility	I pro	rovide contractual services to the Facility		
Please provide the follov	ving information about each Facility/Plant that you operate.	. Use addtio	nal pages as nee	ded.	
Facility / Plant Name		Class Pl	DWIS (Water)	NPDES (W	Vastewater)



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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: 4742			
	se enter you're current address on the lines below and, if necessar	у,	Certification(s) sl below will expi			
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50		
			 Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. 			
I. CERTIFICAT	ES TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		3	45		
II. CURRENT EM	PLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner			
I am currently not ope	rating any Facility	Ιp	provide contractual services to the Facility			
Please provide the foll	lowing information about each Facility/Plant that you operate. Us	se addti	onal pages as needed.			
Facility / Plant Name	С	lass	PDWIS (Water) NPD	DES (Wastewater)		



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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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: 4821			
	nter you're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp			
correct th	he City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50		
			Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V.			
I. CERTIFICATES	TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
II. CURRENT EMPLO	DYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Pl	lants) that you currently operate:		I am employed by	the Facility owner		
I am currently not operating	g any Facility	I pro	provide contractual services to the Facility			
Please provide the following	ng information about each Facility/Plant that you operate. U	se addtio	nal pages as needed.			
Facility / Plant Name	C	Class P	DWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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

This is page one of	of a two page form. Both pages must be completed and returned	I. Op	Operator Certification Number: 4855			
	lease enter you're current address on the lines below and, if necessa	ary,	Certification(s) shown below will expire on: 12/1/2022			
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50		
			 Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. 			
I. CERTIFICATES TO RENEW:				Training Units		
Certification Ty	pe Category		Class	Required		
TEMPORARY	WASTEWATER COLLECTION		2	24		
II. CURRENT E	CMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by the Facility owner			
I am currently not o	operating any Facility	I p	provide contractual services to the Facility			
Please provide the	following information about each Facility/Plant that you operate. U	Use addti	onal pages as needed.			
Facility / Plant Nan	ne	Class I	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 4884			
	ou're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp			
correct the City	y, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100		
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFICATES TO	RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		4	30		
SUPERINTENDENT	WASTEWATER TREATMENT		4	7		
II. CURRENT EMPLOYMI	ENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) t	that you currently operate:		I am employed by	y the Facility owner		
I am currently not operating any	Facility	I pi	provide contractual services to the Facility			
Please provide the following info	ormation about each Facility/Plant that you operate	. Use addtio	onal pages as needed.			
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)		



III. 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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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- 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 agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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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 Certifcation Number: 5344		
	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(s) shown below will expire on: 12/1/2022		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	850	
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 1	Type Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT	CEMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I p	provide contractual services to the Facility		
Please provide th	he following information about each Facility/Plant that you operate.	Use addti	onal pages as needed.		
Facility / Plant N	lame	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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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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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department 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.			Dperator Certification Number: 5635		
	Please enter you're current address on the lines below and, if necessary,	.,	Certification(s) shown below will expire on: 12/1/2022 The fee to renew these certifications: \$50		
C	correct the City, state and ZIP Code. Please print legibly.				
			Failure to complete or submit requirements by the expiration result in an additional late for described in Section V		
	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 Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I pro	provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.		
Facility / Plant Name		ass Pl	ss PDWIS (Water) NPDES (Wastewater)		



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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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. WILLIAM R THOMPSON Please enter you're current address on the lines below and, if necessary,			Operator Certification Number: 6003			
			Certification(s) shown below will expire on: 12/1/2022			
correct the Cit	ty, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100			
			 Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V. 			
I. CERTIFICATES TO	RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT EMPLOYM	ENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants)	that you currently operate:		I am employed	d by the Facility owner		
I am currently not operating any Facility		I pı	provide contractual services to the Facility			
Please provide the following inf	formation about each Facility/Plant that you operate	. Use addtic	onal pages as need	ed.		
Facility / Plant Name		Class F	DWIS (Water) N	NPDES (Wastewater)		



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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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 Certifcation Number: 6020			
JAMES LEWIS KENNER Please enter you're current address on the lines below and, if ne correct the City, state and ZIP Code. Please print legibly.		cessary,	Certification(s) shown below will expire on: 12/1/2022			
			The fee to renew these certifications: \$100			
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFICATES TO	RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
OPERATOR	WASTEWATER TREATMENT		3	30		
II. CURRENT EMPLOYN	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not operating any Facility		Ιı	provide contractual services to the Facility			
Please provide the following in	formation about each Facility/Plant that you operation	ite. Use addt	ional pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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	ge form. Both pages must be completed and returned.	Operator Certification Number: 6046			
CHRISTOPHER M SAUNDERS Please enter you're current address on the lines below and, if neces correct the City, state and ZIP Code. Please print legibly.			Certification(s) shown below will expire on: 12/1/2022		
			The fee to renew these certifications: \$100		
		requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
I. CERTIFICATES TO			Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WASTEWATER TREATMENT	А	16		
SUPERINTENDENT	WASTEWATER TREATMENT	5	7		
SUPERINTENDENT	WASTEWATER TREATMENT	А	7		
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants	s) that you currently operate:	I am employed by	the Facility owner		
I am currently not operating any Facility		I provide contractual serv	vices to the Facility		
Please provide the following in	nformation about each Facility/Plant that you operate. Use a	addtional pages as needed.			
Facility / Plant Name	Clas	s PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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. $O_{I\!\!P}$			Derator Certifcation Number: 6095		
	lease enter you're current address on the lines below and, if necessar	ry,	Certification(s) shown below will expire on: 12/1/2022 The fee to renew these certifications: \$50		
co	orrect the City, state and ZIP Code. Please print legibly.				
			 Failure to complete or submit re requirements by the expiration date result in an additional late fee described in Section V. 		
I. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	De Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility		I pro	provide contractual services to the Facility		
Please provide the j	following information about each Facility/Plant that you operate. U	Jse addtio	nal pages as needed		
Facility / Plant Name		Class PDWIS (Water) NPDES (Wastewater)			



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- 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 agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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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 Certifcation Nu	Operator Certifcation Number: 6258		
•	you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 12/1/2022		
correct the C	ity, state and ZIP Code. Please print legibly.	The fee to renew certifica	\$100		
		requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.		
I. CERTIFICATES TO	RENEW:		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	4	30		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WATER TREATMENT	2	16		
OPERATOR	WASTEWATER TREATMENT	А	16		
II. CURRENT EMPLOYN	MENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants) that you currently operate:	I am employed by	the Facility owner		
I am currently not operating an	y Facility	I provide contractual serv	vices to the Facility		
Please provide the following in	formation about each Facility/Plant that you operate. Use	addtional pages as needed.			
Facility / Plant Name	Clas	ss PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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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 Certifcation Number: 6531		
	ou're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp		
correct the Cit	y, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
		requiremen result in		lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:			Training Units		
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any	Facility	I pro	ovide contractual ser	vices to the Facility	
Please provide the following info	ormation about each Facility/Plant that you operate. U	Use addtio	nal pages as needed.		
Facility / Plant Name		Class Pl	DWIS (Water) NP	DES (Wastewater)	



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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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 Number: 6661		
	you're current address on the lines below and, if neces	sary,	Certification(s) s below will exp		
correct the Ci	ity, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100	
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:			Training Units		
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
SUPERINTENDENT	WASTEWATER COLLECTION		2	7	
II. CURRENT EMPLOYM	IENT 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	y Facility	I p	rovide contractual services to the Facility		
Please provide the following inj	formation about each Facility/Plant that you operate.	. Use addtie	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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 Certifcation Number: 6985		
	Please enter you're current address on the lines below and, if necessa	ıry,	Certification(s) s below will exp		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
				ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	vpe Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		1	0	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	I pi	rovide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate. U	Use addtio	onal pages as needed.		
Facility / Plant Nat	me	Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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

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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 con	Operator Certification	Operator Certification Number: 7246			
MYRON L. DIGGS, JR. Please enter you're current address on the lines		Certification below will			
correct the City, state and ZIP Code. Please pri	nt legibly.	The fee to ren cert	new these fications: \$50		
			mplete or submit renewal by the expiration date will n additional late fees as ibed in Section V.		
I. CERTIFICATES TO RENEW:			Training Units		
Certification Type Category		Class	Required		
OPERATOR WASTEWATER TR	EATMENT	5	30		
OPERATOR WASTEWATER TR	EATMENT	А	16		
II. CURRENT EMPLOYMENT INFORMATION					
Employer's Name:		Phone #	:		
Number of Facilities (or Plants) that you currently operate:		I am employe	d by the Facility owner		
I am currently not operating any Facility		I provide contractual	rovide contractual services to the Facility		
Please provide the following information about each Facility/Pla	ant that you operate. Use a	ddtional pages as need	led.		
Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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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 Certifcation Number: 7308		
	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) s below will exp		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		
		requi		lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	vpe Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility	Ιŗ	provide contractual ser	vices to the Facility	
Please provide the	following information about each Facility/Plant that you opera	ite. Use addti	ional pages as needed.		
Facility / Plant Nat	me	Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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This is page one of a two page form. Both pages must be completed and returned. Op			Operator Certifcation Number: 7536			
	ase enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp			
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
			 requirements by t result in an ad 	ete or submit renewal the expiration date will ditional late fees as d in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		А	24		
II. CURRENT EM	IPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities ((or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not ope	erating any Facility	I pi	rovide contractual services to the Facility			
Please provide the fol	llowing information about each Facility/Plant that you operate. U	Use addtio	onal pages as needed.			
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)		



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.		ned. Op	Operator Certification Number: 7719			
DARIN LEE G	Please enter you're curren	t address on the lines below and, if nece	ssary,	Certification(s) shown below will expire on: 12/1/20 The fee to renew these certifications: \$100 Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
	correct the City, state and	ZIP Code. Please print legibly.				\$100
						xpiration date will onal late fees as
I. CERTIFIC	ERTIFICATES TO RENEW:					Training Units
Certification 7	Гуре	Category		Class		Required
OPERATOR		WATER TREATMENT		4		30
OPERATOR		WASTEWATER TREATMENT		4		30
OPERATOR		WASTEWATER TREATMENT		5		30
OPERATOR		WATER TREATMENT		3		30
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	le:			Phone #	<i>#</i> :	
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		I pr	ovide contractua	l services	to the Facility
Please provide th	he following information al	bout each Facility/Plant that you operate	e. Use addtio	onal pages as nee	eded.	
Facility / Plant N	Jame		Class P	DWIS (Water)	NPDES	(Wastewater)



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	ou're current address on the lines below and, if necessar	y,	Certification(s) s below will exp		
correct the Cit	ty, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
		require		lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:			Training Units		
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed by the Facility owner		
I am currently not operating any	⁷ Facility	I pr	provide contractual services to the Facility		
Please provide the following info	formation about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.		
Facility / Plant Name	С	Class P	DWIS (Water) NP	DES (Wastewater)	



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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.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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 Certifcation Number: 7821		
	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
				lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		G	7	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. U	se addtio	onal pages as needed		
Facility / Plant Na	ame C	Class P	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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. Op			perator Certifcation Number: 8058		
	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) s below will exp		
C	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. CERTIFICATES TO RENEW:				Training Units	
Certification Ty	vpe Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtio	nal pages as needed.		
Facility / Plant Nat	me Cl.	lass P	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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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 Certifcation Number: 8284		
	ease enter you're current address on the lines below and, if necessary	у,	Certification(s) shown below will expire on: 12/1/202		
со	prrect 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. CERTIFICATES TO RENEW:				Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not op	perating any Facility	I pro	ovide contractual ser	vices to the Facility	
Please provide the f	following information about each Facility/Plant that you operate. Use	se addtio	nal pages as needed.		
Facility / Plant Nam	e Cla	lass Pl	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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 Certifcation Number: 8443		
	Please enter you're current address on the lines below and, if neces	sary,	Certification(s) below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	550	
			requirements by result in an ac	lete 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	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	operating any Facility	II	provide contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate.	. Use addt	ional pages as needed.		
Facility / Plant Na	me	Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 8469		
LAURA A. GABBARD Please enter you're current address on the lines below and, if no correct the City, state and ZIP Code. Please print legibly.			Certification(s) shown below will expire on: The fee to renew these certifications: \$100		
			 Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. 		iration date will I late fees as
I. CERTIFICA	TES TO RENEW:			Tr	aining Units
Certification Typ	e Category		Class	Re	equired
OPERATOR	WASTEWATER TREATMENT		А	16	;
OPERATOR	WATER TREATMENT		1	16	;
OPERATOR	WATER TREATMENT		2	16	;
OPERATOR	WASTEWATER TREATMENT		5	30)
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities (or Plants) that you currently operate:]	I am employed by the Facility owner		
I am currently not op	perating any Facility	I provid	e contractua	al services to	the Facility
Please provide the fe	bllowing information about each Facility/Plant that you operate.	Use addtional j	pages as ne	eded.	
Facility / Plant Name	e	Class PDW	IS (Water)	NPDES (W	astewater)



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This is page one of a two page form. Both pages must be completed and returned.OpJOHN BRYANT PEARSONPlease enter you're current address on the lines below and, if necessary,Op			perator Certifcation Number: 8496		
			Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or submit requirements by the expiration result in an additional late fe described in Section V.		
	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 Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. U	se addtio	nal pages as needed.		
Facility / Plant Na	ame C	Class P	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

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MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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This is page one of a two page form. Both pages must be completed and returned. $O_{\rm F}$			perator Certifcation Number: 8498		
	enter you're current address on the lines below and, if neces	ssary,	Certification(s) si 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 l in Section V.	
I. CERTIFICATES	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EMPI	LOYMENT 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 operat	ting any Facility	Ιp	rovide contractual serv	vices to the Facility	
Please provide the follov	ving information about each Facility/Plant that you operate	. Use addti	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPD	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

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	you're current address on the lines below and, if necessa	essary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
			requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES TO R	ENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLOYME	NT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) th	at you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I pi	provide contractual services to the Facility		
Please provide the following inform	mation about each Facility/Plant that you operat	te. Use addtio	onal pages as needed.		
Facility / Plant Name		Class I	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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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Number: 8771		
	e enter you're current address on the lines below and, if nece	essary,	Certification(s) 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 representation of the submit is an additional late fees described in Section V.		
I. CERTIFICATE	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT EMP	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	the Facility owner	
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Facility / Plant Name C		Class	PDWIS (Water) NPDES (Wastewater)		



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Date

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This is page one of a two page form. Both pages must be completed and returned. Op			perator Certifcation Number: 8776		
RICHARD E. WHITSON Please enter you're current address on the lines below and, if neces			Certification(s) 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. CERTIFICATI				Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WATER TREATMENT		3	7	
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not oper	rating any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide the follo	owing information about each Facility/Plant that you operate. Use	e addtic	onal pages as needed.		
Facility / Plant Name	Cla	ass P	DWIS (Water) NPI	DES (Wastewater)	



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	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) below will ex		
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certifi	w these \$50	
			Failure to complete or subm requirements by the expiration result in an additional late described in Section		
	ATES TO RENEW:			Training Units	
Certification Ty	vpe Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		3	45	
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Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
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This is page one	e of a two page form. Both pag	es must be completed and r	eturned.	Operator Certifcation	Number: 9339
SAM E. COLE	Please enter you're current address on the lines below and, if necessary,	necessary,	Certification(s below will ex		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50		
				requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	ATES TO RENEW:				Training Units
Certification T	ype Cat	egory		Class	Required
TEMPORARY	WA	TER TREATMENT		2	24
II. CURRENT	EMPLOYMENT INFORM	IATION			
Employer's Name	2:			Phone #:	
Number of Facili	ties (or Plants) that you currently	y operate:		I am employed	by the Facility owner
I am currently not operating any Facility I provide contractual services to the Fa			ervices to the Facility		
Please provide th	e following information about e	ach Facility/Plant that you of	perate. Use add	ltional pages as neede	<i>d</i> .
Facility / Plant N	ame		Class	PDWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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

MDE/WMA/OPER (Revised 05/10/2021) TTY Users 1-800-735-2258



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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.GREGORY L. HUNTSBERRY, JR.Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Operator Certification Number: 9663			
			Certification(s) below will exp			
			The fee to renew these certifications: \$50			
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO				Training Units		
Certification Type	Category		Class	Required		
SUPERINTENDENT	WATER DISTRIBUTION		1	7		
II. CURRENT EMPLOYM	IENT 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 provi			I provide contractual ser	ovide contractual services to the Facility		
Please provide the following inf	formation about each Facility/Plant that you o	perate. Use ad	dtional pages as needed	·		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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Mail to: Maryland Department 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 o	of a two page form. Both pages must be completed and retu	Operator Certification Number: 9711			
	lease enter you're current address on the lines below and, if new	cessary,	Certification(s) 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 ren requirements by the expiration dat result in an additional late fees described in Section V.		
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Typ	pe Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		6	16	
II. CURRENT E	CMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not o	operating any Facility	I	provide contractual serv	vices to the Facility	
Please provide the	following information about each Facility/Plant that you opera	ate. Use addi	tional pages as needed.		
Facility / Plant Nan	ne	Class	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 9754		
	Please enter you're current address on the lines below and		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 a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	/pe Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		3	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility			provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you	u operate. Use ada	tional pages as needed		
Facility / Plant Na	me	Class	PDWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Date

Last 4 digits of Social Security Number

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 9891			
JASON EDWARD BURDETTE Please enter you're current address on the lines below and, if nec			Certification(s) s below will exp			
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		Failure to complete or submit requirements by the expiration d result in an additional late fee described in Section V.		he expiration date will ditional late fees as		
I. CERTIFICATES TO	RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
OPERATOR	WASTEWATER COLLECTION		2	16		
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Number of Facilities (or Plants)) that you currently operate:		I am employed by	the Facility owner		
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Facility / Plant Name	0	Class P	DWIS (Water) NPI	DES (Wastewater)		



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