

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.			rned. O	perator Certification	Number: <b>0129</b>
•	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s below will e	1 / / 1 / / / / / / / / / / / / / / / /
	correct the City, state and	e 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:	<u>.</u> <u>-</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER		2	0
II. CURRENT	Γ EMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cur	rently operate:		I am employed	by the Facility owner
I am currently not operating any Facility		ΙĮ	provide contractual s	ervices to the Facility	
Please provide t	he following information ab	oout each Facility/Plant that you operc	ate. Use addti	ional pages as neede	ed.
Facility / Plant Name		Class	PDWIS (Water) N	IPDES (Wastewater)	



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

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
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•	e enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will expi	1 / / 1 / / 11 / 5
	ct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$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. CERTIFICATE	ES TO RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
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 opera	ating any Facility	I pı	rovide contractual serv	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you operat	te. Use addtio	onal pages as needed.	
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)



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

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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, at the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) sl below will expi	
	correct the City, state and ZIP			The fee to renew these certifications: \$50	
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification 7	ype Ca	tegory		Class	Required
OPERATOR	W	ATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFOR	MATION			
Employer's Name	e:			Phone #:	
Number of Facili	ties (or Plants) that you current	ly operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	<del></del>	Ij	provide contractual serv	rices to the Facility
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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•	•	ease enter you're current address on the lines below and, if necessary, rrect the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) s below will exp	1 / / 1 / / / / / 5	
	correct the City, state and			The fee to renew these certifications: \$50		
				requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW	<u>.</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION		2	16	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Naı	me:			Phone #:		
Number of Fac	ilities (or Plants) that you cu	rrently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility		
Please provide	the following information al	— bout each Facility/Plant that you oper	ate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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

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Last 4 digits of Social Security Number	Email Address		
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	•	ase enter you're current address on the lines below and, if necessa		Certification(s) sl below will expi	1 / / 1 / / 11 / 5
	correct the City, state and	state and ZIP Code. Please print legibly.		The fee to renew certifica	150
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>/:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
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#### **III. CONTINUING EDUCATION:**

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	Please enter you're current address on the lines below and, if necessary,	Certification below will	n(s) shown l expire on: 12/1/2025		
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I. CERTIF	ICATES TO RENEW:		dese	Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WATER DISTRIBU	TION	1	16	
II. CURREN	T EMPLOYMENT INFORMATION				
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Please provide	the following information about each Facility/Plan	nt that you operate. Use ad	ldtional pages as nee	eded.	
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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

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



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: <b>0773</b>		
•	Please enter you're current address on the lines be		Certification below will	n(s) shown expire on:	12/1/2025
	correct the City, state and ZIP Code. Please print	legibly.	The fee to renew these certifications: \$50		
			requirements result in a		
I. CERTIFIC.	ATES TO RENEW:		4656		aining Units
Certification Ty	ype Category		Class		quired
OPERATOR	WATER TREATMEN	Т	2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	: <u></u>		Phone #	#: 	
Number of Facilit	ies (or Plants) that you currently operate:		I am employ	ed by the Fac	ility owner
I am currently not operating any Facility			I provide contractua	l services to t	he Facility
Please provide the	e following information about each Facility/Plant	that you operate. Use add	dtional pages as nee	ded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wa	astewater)



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

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page on	e of a two page form. Both pages must be completed and re	eturned. O	perator Certification Nu	mber: <b>0786</b>
	lease enter you're current address on the lines below and, if necessa	necessary,	Certification(s) sh below will expin	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	\$100
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFIC	CATES TO RENEW:			<b>Training Units</b>
Certification 7	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	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		Ιp	rovide contractual serv	ices to the Facility
Please provide th	he following information about each Facility/Plant that you op	perate. Use addti	onal pages as needed.	
Facility / Plant N	Jame	Class	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			



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

Page 2

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This is page one of a	two page form. Both pages must be completed and returned	d. Operat	tor Certifcati	on Number:	0802
	se enter you're current address on the lines below and, if necessa	ary,	Certificatio below wil	n(s) shown Il expire on:	12/1/2025
correct the City, state and ZIP Code. Please print legibly.			The fee to r	renew these ertifications:	\$100
		1	requirement result in :	s by the exp	submit renewal piration date will al late fees as ection V.
I. CERTIFICATI	ES TO RENEW:			Т	raining Units
<b>Certification Type</b>	Category		Class	R	equired
OPERATOR	WASTEWATER COLLECTION		2	1	6
OPERATOR	WATER DISTRIBUTION		1	1	6
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities (c	or Plants) that you currently operate:		I am employ	yed by the Fa	acility owner
I am currently not oper	rating any Facility	I provi	de contractua	al services to	the Facility
Please provide the foll	owing information about each Facility/Plant that you operate.	Use addtional	pages as ne	eded.	_
Facility / Plant Name		Class PDW	VIS (Water)	NPDES (V	Vastewater)



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

Page 2

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Applicant's Signature		Date		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708		
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This is page one	e of a two page form. Bot	h pages must be completed and r	eturned.	perator Certifcation Nu	ımber: <b>0975</b>
	•	rent address on the lines below and, if necessar		Certification(s) s below will expi	1 / / 1 / / 11 / 5
	correct the City, state and	and ZIP Code. Please print legibly.		The fee to renew certification	\$100
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification 1	Гуре	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	1	2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ities (or Plants) that you cu	rently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		I	provide contractual serv	vices to the Facility
Please provide th	he following information al	oout each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plant N	ame		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation N	umber: 1026
•	ter you're current address on the lines below and, if neo	cessary,	Certification(s) below will exp	1 / / 1 / / 11 / 5
	e City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES	ΓΟ RENEW:		******	Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WATER TREATMENT		2	7
II. CURRENT EMPLO	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed b	y the Facility owner
I am currently not operating any Facility		Ιŗ	provide contractual ser	vices to the Facility
Please provide the following	g information about each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)



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

Page 2

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-	Please enter you're current address on the lines below and	l, if necessary,	Certification(s) si below will expi	
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			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as	
I CFRTIFIC	CATES TO RENEW:		- described	d in Section V.
Certification			Class	Training Units Required
OPERATOR	WATER TREATMENT		2	16
II. CURREN	Γ EMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner
I am currently not operating any Facility		I pı	rovide contractual serv	vices to the Facility
Please provide t	the following information about each Facility/Plant that yo	u operate. Use addtio	onal pages as needed.	
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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#### VII. APPLICANT'S STATEMENT

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

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



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

This is page one of a two page form. Both pages must be completed and returned.			perator Certification Nu	umber: 10543
•	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 to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:		describe	Training Units
Certification <sup>1</sup>	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		Ιp	rovide contractual ser	vices to the Facility
Please provide t	he following information about each Facility/Plant that you	ı operate. Use addti	onal pages as needed.	
Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			perator Certification Numb	er: 10730
	Please enter you're current address on the lines below and	, if necessary,	Certification(s) show below will expire of	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			Failure to complete requirements by the result in an additi described in	expiration date will ional late fees as
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by the	e Facility owner
I am currently not	operating any Facility	Ιp	rovide contractual service	es to the Facility
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Facility / Plant Name		Class 1	PDWIS (Water) NPDES	S (Wastewater)



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

Page 2

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This is page one of a two page form. Both pages must be completed and returned			arned. C	Operator Certification Number: 11		
•	•	you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and Z	City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$5A	
				requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIC	ATES TO RENEW:			describe	Training Units	
Certification T	ype	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		3	45	
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Name	::			Phone #:		
Number of Facilit	ties (or Plants) that you curr	ently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I	provide contractual serv	vices to the Facility		
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Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and return			ned. O	perator Certifcation Nu	mber: 11183
SIMON  Please enter you're current address on the lines below and, if n correct the City, state and ZIP Code. Please print legibly.				Certification(s) shelow will expire	
		and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENE	<u>W:</u>			Training Units
Certification	n Type	Category		Class	Required
TEMPORARY	(	WASTEWATER COLLECTION		2	24
II. CURREN	NT EMPLOYMENT IN	NFORMATION			
Employer's Na	ame:			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	e the following information	about each Facility/Plant that you opera	ıte. Use addti	onal pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)	
-					
		(OVER)			



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

Page 2

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This is page of	one of a two page form. Both	pages must be completed and return	ed. Op	erator Certification I	Number: <b>11190</b>
GOMEZ	Please enter you're current address on the lines below and, if necessary		sary,	Certification(s) below will ex	
	correct the City, state and 2	et the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these scations: \$100
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIF	ICATES TO RENEW:				Training Units
Certification	1 Type	Category		Class	Required
TEMPORARY	′	INDUSTRIAL WASTEWATER		2	0
OPERATOR		WASTEWATER TREATMENT		Α	16
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WATER TREATMENT		1	16
II. CURREN	T EMPLOYMENT INFO	RMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you curr	ently 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 following information abo	- ut each Facility/Plant that you operate	. Use addtio	nal pages as needed	<i>d</i> .
Facility / Plant	Name		Class P	DWIS (Water) N	PDES (Wastewater)
		(OVED)			
		(OVER)			



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

Page 2

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JONES	Please enter you're current address on the lines below and, if necessary		Certification(s) s below will exp	
correc	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50  Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as	
I. CERTIFIC	CATES TO RENEW:		– describe	d in Section V.
Certification T			Class	Training Units 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	the Facility owner
I am currently not operating any Facility		I provide contractual services to the Facility		
Please provide th	he following information about each Facility/Plant that you opera	ite. Use addtio	onal pages as needed.	
Facility / Plant N	fame	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

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

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



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

This is page one of a two page form. Both pages must be completed and returned.			urned. C	perator Certification l	Number: <b>1131</b>
•	•	lease enter you're current address on the lines below and, if necessar		Certification(s) below will ex	1 / / 1 / / / / / / / / / / / / / / / /
	correct the City, state and	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ped in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURREN	Γ EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cur	rrently operate:		I am employed	by the Facility owner
I am currently not operating any Facility		Ιj	provide contractual se	ervices to the Facility	
Please provide i	the following information ab	oout each Facility/Plant that you ope	rate. Use addt	ional pages as needed	d.
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wastewater)	



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

Page 2

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

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

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

This is page one of a two page form. Both pages must be completed and returne			rator Certifcation Nu	ımber: <b>11425</b>
•	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	(51)
			requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification T	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	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 pro	vide contractual serv	vices to the Facility
Please provide th	he following information about each Facility/Plant that you opera	ıte. Use addtion	al pages as needed.	
Facility / Plant N	ame	Class PD	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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

Page 2

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

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			rned. C	Operator Certification Number: 1164		
PLUTA  Please enter you're current addres correct the City, state and ZIP Co	•	ter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
				requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFI	<b>CATES TO RENEW:</b>				Training Units	
Certification	Туре	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		3	45	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		Ij	provide contractual serv	vices to the Facility		
Please provide	the following information ab	— out each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page or	ne of a two page form. Bo	th pages must be completed and	returned. (	Operator Certifcatio	on Number: <b>1166</b>
•	•	r you're current address on the lines below and, if necessary		Certification below will	n(s) shown expire on: 12/1/2025
	correct the City, state and	te and ZIP Code. Please print legibly.		The fee to re	enew these tifications: \$100
				requirements result in a	omplete or submit renewal by the expiration date wil an additional late fees as ribed in Section V.
I. CERTIFI	CATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	N	2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nan	ne:			Phone #	<b>#:</b>
Number of Faci	lities (or Plants) that you co	arrently operate:		I am employe	ed by the Facility owner
I am currently not operating any Facility		I	I provide contractual services to the Facility		
Please provide	the following information a	 about each Facility/Plant that you	operate. Use add	tional pages as need	ded.
Facility / Plant 1	Name		Class	PDWIS (Water)	NPDES (Wastewater)



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

Page 2

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This is page one of a two page form. Both pages must be completed and returned			turned.	Operator Certification Number: 1208		
•	•	enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and ZI	state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR	V	VATER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFO	RMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you curre	ntly operate:		I am employed by	y the Facility owner	
I am currently n	ot operating any Facility		I	provide contractual serv	vices to the Facility	
Please provide	the following information abou	ut each Facility/Plant that you op	erate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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

Page 2

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This is page one of a two page form. Both pages must be completed and return			rned. O	ned. Operator Certification Number: 120		
•	•	r you're current address on the lines below and, if necessary,		Certification(s) below will ex	1 / / 1 / / / / / 5	
	correct the City, state and ZII	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ped in Section V.	
I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	ype C	ategory		Class	Required	
TEMPORARY	IN	IDUSTRIAL WASTEWATER		6	24	
II. CURRENT	EMPLOYMENT INFOR	RMATION				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you curren	tly operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	<del></del>	Ιŗ	provide contractual se	ervices to the Facility	
Please provide the	following information abou	t each Facility/Plant that you oper	ate. Use addti	ional pages as needed	<i>d</i> .	
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wastewater)		



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

Page 2

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Name and Certification Number of
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			eturned. O	perator Certifcation Nu	mber: 12435
		re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi	1 / / 1 / / 11 / 5
	correct the City, state and			The fee to renew certifica	X 5 (1)
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
TEMPORARY		WATER TREATMENT		5DE	24
TEMPORARY		WATER TREATMENT		4	45
II. CURRENT	ΓEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		ΙĮ	provide contractual serv	ices to the Facility
Please provide t	he following information al	oout each Facility/Plant that you o	perate. Use addti	ional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPD	DES (Wastewater)



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

Page 2

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•	•	you're current address on the lines below and, if necessary, ty, state and ZIP Code. Please print legibly.	necessary,	Certification(s) below will exp	
	correct the City, state ar			The fee to renew certific	v these cations: \$50
,				requirements by result in an ac	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	ICATES TO RENEV	<u>V:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY	,	WASTEWATER COLLECTION	I	2	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	ilities (or Plants) that you o	currently operate:		I am employed b	by the Facility owner
I am currently	not operating any Facility		I	provide contractual ser	rvices to the Facility
Please provide	the following information	about each Facility/Plant that you o	perate. Use add	tional pages as needed.	. —
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	
					_



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

Page 2

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This is page on	e of a two page form. Both pages mus	t be completed and returned.	Operator Certificatio	n Number: <b>12569</b>
•	Please enter you're current address on the lines below and, if necessary,		Certification below will	1 / / 1 / / / / / / / / / / / / / / / /
	correct the City, state and ZIP Code. P	City, state and ZIP Code. Please print legibly.	The fee to re	new these tifications: \$50
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7	Type Category		Class	Required
TEMPORARY	WATER TF	REATMENT	1	24
II. CURRENT	EMPLOYMENT INFORMATION	ON		
Employer's Nam	2:		Phone #	<u> </u>
Number of Facil	ties (or Plants) that you currently operate	te:	I am employe	ed by the Facility owner
I am currently not operating any Facility		I provide contractual services to the Facility		
Please provide ti	ne following information about each Fa	cility/Plant that you operate. Use ac	ldtional pages as need	ded.
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)



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This is page o	one of a two page form. Bot	th pages must be completed and retu	irned. C	perator Certifcation Nu	mber: <b>12676</b>
•	•	re current address on the lines below and, if necessary		Certification(s) sl below will expi	
	correct the City, state and	y, state and ZIP Code. Please print legibly.		The fee to renew certifica	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ICATES TO RENEW	<u>'-</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
TEMPORARY	,	WASTEWATER COLLECTION		2	24
TEMPORARY	,	WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	urrently operate:		I am employed by	the Facility owner
I am currently 1	not operating any Facility		Ij	provide contractual serv	ices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	rate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		_			
		(OVER)			



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

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•	•	er you're current address on the lines below and, if necess		Certification(s) s below will exp	
	correct the City, state and ZIP	City, state and ZIP Code. Please print legibly.		The fee to renew certification	
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Certification	Type Cat	tegory		Class	Required
TEMPORARY	v WA	STEWATER TREATMENT		5	45
TEMPORARY	/ WA	STEWATER TREATMENT		Α	24
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Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you currently	y operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	<del></del>	Ιp	rovide contractual serv	vices to the Facility
Please provide	e the following information about e	each Facility/Plant that you operat	te. Use addtio	onal pages as needed.	
Facility / Plant	Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)
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	correct the City, state and			The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification <sup>7</sup>	Type	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
TEMPORARY		WATER DISTRIBUTION		1	24
II. CURRENT	ΓEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		ΙI	provide contractual serv	vices to the Facility
Please provide t	he following information al	bout each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant N	Vame		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)		<u> </u>	



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

Page 2

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Operator in Responsible Charge:

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



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This is page o	one of a two page form. Bot	h pages must be completed and retu	urned. (	perator Certifcation Nu	ımber: <b>12679</b>
-	-	lease enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
	correct the City, state and			The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification	Туре	Category		Class	Required
TEMPORARY	,	WASTEWATER COLLECTION		2	24
TEMPORARY	•	WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner
I am currently i	not operating any Facility	_	I	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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

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This is page of	ne of a two page form. Both pag	es must be completed and return	ed. Op	erator Certification N	umber: <b>12680</b>		
•	Please enter you're current address on the lines below and, if necessary		sary,	Certification(s) s below will exp		25	
	correct the City, state and ZIP	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	X 1 1 1 1 1 1		
					lete or submit rene- the expiration date		
				result in an ac	dditional late fees a	nal late fees as	
I. CERTIFI	CATES TO RENEW:			describe	Training Un	its	
Certification	Type Cat	egory		Class	Required	103	
TEMPORARY	WA	STEWATER COLLECTION		2	24		
TEMPORARY	WA	TER DISTRIBUTION		1	24		
II. CURREN	T EMPLOYMENT INFORM	IATION					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you currently	operate:		I am employed by	y the Facility owner		
I am currently n	not operating any Facility	<del></del>	I pr	ovide contractual ser	vices to the Facility	$\Box$	
Please provide	the following information about e	ach Facility/Plant that you operate	. Use addtio	nal pages as needed.			
Facility / Plant	Name		Class P	DWIS (Water) NP	DES (Wastewater)		
		(OVER)					



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This is page one of a two page form. Both pages must be completed and returned.				perator Certifcation I	Number: <b>12681</b>	
	Please enter you're current address on the lines below and, if necessary,		cessary,	Certification(s) below will ex	1 / / 1 / / 11 / 5	
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these cations: \$50	
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as sed in Section V.	
I. CERTIFIC	CATES TO RENEW:	<u>.</u>			Training Units	
Certification <sup>1</sup>	Туре	Category		Class	Required	
TEMPORARY		INDUSTRIAL WASTEWATER		1	0	
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed	by the Facility owner	
I am currently not operating any Facility		Ιį	I provide contractual services to the Facility			
Please provide t	he following information ab	out each Facility/Plant that you oper	ate. Use addt	ional pages as needed	ł.	
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wastewater)		



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This is page on	ne of a two page form. Bot	h pages must be completed and retu	rned. O <sub>l</sub>	perator Certifcation N	umber: <b>12697</b>	
•	•	e current address on the lines below and, if necessary,		Certification(s) s below will exp		25
	correct the City, state and	I ZIP Code. Please print legibly.		The fee to renew certific	× 100	
				requirements by result in an ac	lete or submit renev the expiration date dditional late fees as ed in Section V.	will
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Uni	its
Certification	Type	Category		Class	Required	
TEMPORARY		WATER TREATMENT		3	45	
TEMPORARY		WASTEWATER TREATMENT		3	45	
II. CURRENT	ΓEMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner	
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	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.		f necessary,	Certification(s) sl below will expi	1 / / 1 / / 11 / 5
				The fee to renew certifica	\$50
				Failure to complete or submit renewa requirements by the expiration date wi result in an additional late fees as described in Section V.	
I. CERTIF	ICATES TO RENEV	<u>V:</u>			<b>Training Units</b>
Certification	n Type	Category		Class	Required
TEMPORARY	′	WASTEWATER TREATMENT		5	45
TEMPORARY	1	WASTEWATER TREATMENT		А	24
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ij	provide contractual serv	ices to the Facility
Please provide	e the following information of	— about each Facility/Plant that you c	perate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)



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

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



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

This is page one of a two page form. Both pages must be completed and returned. Ope			perator Certifcation Nu	mber: <b>12699</b>	
	Please enter you're current address on the lines below and, if necessar		ecessary,	Certification(s) s below will expi	1 / / 1 / / 11 / 5
	correct the City, state and	he City, state and ZIP Code. Please print legibly.		The fee to renew certification	new these ifications: \$50
				Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			<b>Training Units</b>
Certification <sup>7</sup>	Type	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURRENT	ΓEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		Ij	provide contractual serv	vices to the Facility
Please provide t	he following information a	oout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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

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

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page o	ne of a two page form. Both pages must be co	ompleted and returned.	Operator Certification	n Number: <b>12700</b>
2	Please enter you're current address on the line	· · · · · · · · · · · · · · · · · · ·	Certification below will	
	correct the City, state and ZIP Code. Please I	orint legibly.	The fee to re	new these tifications: \$100
				mplete or submit renewal by the expiration date will
			result in a	n additional late fees as ribed in Section V.
I. CERTIFI	CATES TO RENEW:		uese.	Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATM	1ENT	3	45
TEMPORARY	INDUSTRIAL W	ASTEWATER	5	45
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #	:
Number of Fac	ilities (or Plants) that you currently operate:		I am employe	ed 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/I	Plant that you operate. Use ad	ldtional pages as need	ded.
Facility / Plant	Name	Class	PDWIS (Water)	NPDES (Wastewater)
		(OVER)		



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page on	e of a two page form. Both pages mus	t be completed and returned.	Operator Certification	on Number: <b>12701</b>
•	Please enter you're current address on the lines below and, if necessary,		Certification below will	n(s) shown expire on: 12/1/2025
	correct the City, state and ZIP Code. I	City, state and ZIP Code. Please print legibly.	The fee to re	enew these tifications: \$50
			Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification <sup>7</sup>	Type Category		Class	Required
TEMPORARY	WATER D	ISTRIBUTION	1	24
II. CURRENT	EMPLOYMENT INFORMATION	ON		
Employer's Nam	e:		Phone #	<i>‡</i> :
Number of Facil	ities (or Plants) that you currently opera	te:	I am employe	ed by the Facility owner
I am currently not operating any Facility		I provide contractual	l services to the Facility	
Please provide t	he following information about each Fa	cility/Plant that you operate. Use ac	ddtional pages as nee	ded.
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)



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

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcation Nu	ımber: 12702
	•	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and	he City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	ne:			Phone #:	
Number of Fac	ilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility	$\Box$	I	provide contractual serv	vices to the Facility
Please provide	the following information d	nbout each Facility/Plant that you op	erate. Use addt	ional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certificatio	n Number: <b>1270</b>	: 12703	
	Please enter you're current address on the lines below and, if necessary,		Certification below will		/2025	
	correct the City, state and ZIP Code. Please print	legibly.		The fee to renew these certifications: \$50		
			Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.			
I. CERTIFI	CATES TO RENEW:		uese.	Trainin		
Certification	Type Category		Class	Require	_	
TEMPORARY	WATER DISTRIBUT	ION	1	24		
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone #	÷:		
Number of Faci	ilities (or Plants) that you currently operate:		I am employe	ed by the Facility o	wner	
I am currently not operating any Facility			I provide contractual	services to the Fa	cility	
Please provide	the following information about each Facility/Plan	t that you operate. Use ad	dtional pages as nee	ded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewa	ater)	



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned			rned.	Operator Certification Number: 12704		
	Please enter you're current address on the lines below and, if necessary,		cessary,	Certification(s) s below will exp	1 / / 1 / / 11 / 5	
	correct the City, state and Z	et the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		5	45	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Fac	ilities (or Plants) that you curr	rently 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 abo	— out each Facility/Plant that you oper	ate. Use addi	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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



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

This is page one of a two page form. Both pages must be completed and returned			turned. (	Operator Certification Number: 12705		
•	Please enter you're current address on the lines below and, if necessary,		necessary,	Certification(s) shown below will expire on: 12/1/		
	correct the City, state and	e City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW	7 <u>:</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		WASTEWATER COLLECTION		2	24	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility		
Please provide	the following information a	bout each Facility/Plant that you op	erate. Use add	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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

Page 2

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

This is page one	of a two page form. Both pages must be completed and re	turned. O	perator Certifcation Nu	mber: <b>12706</b>	
	Please enter you're current address on the lines below and, if i	necessary,	Certification(s) sh below will expin	1 / / 1 / / 11 / 5	
correct the City	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	450	
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees and described in Section V.		
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you op	erate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page o	ne of a two page form. Both	pages must be completed and retu	rned. Oj	perator Certifcation N	lumber: 12707	
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.		Certification(s) below will exp		5
	correct the City, state and Z			The fee to renew certific	v these cations: \$50	
				requirements by result in an a	lete or submit renew the expiration date v dditional late fees as ed in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Unit	:S
Certification	Type	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		Α	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Naı	me:			Phone #:		
Number of Fac	ilities (or Plants) that you curr	ently operate:		I am employed b	y the Facility owner	
I am currently i	not operating any Facility	<u> </u>	Ιp	rovide contractual ser	rvices to the Facility	
Please provide	the following information abo	out each Facility/Plant that you oper	ate. Use addti	onal pages as needed	•	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)	
		(OVER)				



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	on Number: 12	2708	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 12/1		2/1/2025	
	correct the City, state and ZIP Code. Please pri	ct 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 wil result in an additional late fees as described in Section V.			
I. CERTIFI	ICATES TO RENEW:				aining Units	
Certification	Type Category		Class		uired	
TEMPORARY	WATER DISTRIBU	JTION	1	24		
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nar	me:		Phone	#:		
Number of Fac	ilities (or Plants) that you currently operate:		I am employ	ed by the Facili	ty owner	
I am currently i	not operating any Facility		I provide contractua	l services to the	Facility	
Please provide	the following information about each Facility/Pla	ant that you operate. Use ac	ldtional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wast	ewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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•	•	ise enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.	if necessary,	Certification(s) below will exp	
	correct the City, state an			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. CERTIFI	CATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTIO	N	2	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you co	urrently operate:		I am employed b	y the Facility owner
I am currently r	not operating any Facility	$\Box$	I	provide contractual ser	vices to the Facility
Please provide	the following information of	 about each Facility/Plant that you	operate. Use add	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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

Page 2

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Operator in Responsible Charge:

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	Please enter you're current address on the lines below and, if necessary,		y,	Certification(s) sh below will expir	
	correct the City, state and ZIP Co	correct the City, state and ZIP Code. Please print legibly.		The fee to renew t certificat	\$50
				Failure to complete or submit renew requirements by the expiration date was result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification `	Type Cate	gory		Class	Required
TEMPORARY	INDU	STRIAL WASTEWATER		5	45
II. CURRENT	EMPLOYMENT INFORM	ATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	ities (or Plants) that you currently	operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	<del></del>	Ιp	rovide contractual servi	ces to the Facility
Please provide t	he following information about ea	ch Facility/Plant that you operate. U	se addti	onal pages as needed.	
Facility / Plant Name		C	lass 1	PDWIS (Water) NPD	ES (Wastewater)
-					



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

Page 2

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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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



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

This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	umber: 12713	
	•	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
				requirements by t result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:	-			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		INDUSTRIAL WASTEWATER		6	24
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner
I am currently r	not operating any Facility		Ij	provide contractual serv	vices to the Facility
Please provide	the following information ab	— out each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- 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.
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Name and Certification Number of
Operator in Responsible Charge:

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

This is page one of a two page form. Both pages must be completed and returned.			urned. (	Operator Certification Number: 12722		
•	•	'lease enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		
	correct the City, state and	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW	<u>:</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		INDUSTRIAL WASTEWATER		2	0	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nar	ne:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed b	y the Facility owner		
I am currently not operating any Facility		I	provide contractual ser	rvices to the Facility		
Please provide	the following information a	— bout each Facility/Plant that you ope	erate. Use addi	tional pages as needed		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- 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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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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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 returne	ed. Operator Certification Number	er: <b>12723</b>
	Please enter you're current address on the lines below and, if necess	Certification(s) show sary, below will expire o	1 / / 1 / / 11 / 5
correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certification	\$100
		Failure to complete o	
		result in an addition described in	onal late fees as
I. CERTIFIC	ATES TO RENEW:	uescribeu iii	Training Units
Certification T	ype Category	Class	Required
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name	:	Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:	I am employed by the	Facility owner
I am currently not	t operating any Facility	I provide contractual services	s to the Facility
Please provide the	e following information about each Facility/Plant that you operate.	. Use addtional pages as needed.	
Facility / Plant Na	ame	Class PDWIS (Water) NPDES	(Wastewater)
	(OVER)		



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

Page 2

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

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- No course can be used more than one time for any three-year renewal period.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned. Open			perator Certifcation Nur	mber: <b>12724</b>	
		ater you're current address on the lines below and, if necessary, ne City, state and ZIP Code. Please print legibly.		Certification(s) sh below will expir	1 / / 1 / / 11 / 5
	correct the City, state and			The fee to renew t	4 1 / 1 / 1
					te or submit renewal
			requirements by the expiration date very result in an additional late fees as described in Section V.		
I. CERTIFI	<b>CATES TO RENEW:</b>				Training Units
Certification	Туре	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		Α	24
TEMPORARY		WATER TREATMENT		4	45
TEMPORARY		WASTEWATER TREATMENT		5	45
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	<u> </u>	I p	rovide contractual servi	ces to the Facility
Please provide	the following information ab	— out each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			
		(OVER)			



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			rned. C	perator Certification N	umber: 12728	
-	•	ease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and	et the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	<b>CATES TO RENEW:</b>				Training Units	
Certification	Туре	Category		Class	Required	
TEMPORARY		INDUSTRIAL WASTEWATER		2	0	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		Ij	provide contractual ser	vices to the Facility		
Please provide	the following information ab	— out each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Open			erator Certifcation Nu	mber: 12729
MARTINEK	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi	
			The fee to renew certifica	£100
			requirements by t	ete or submit renewal he expiration date will
				ditional late fees as l in Section V.
I. CERTIFIC	CATES TO RENEW:		- described	Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
TEMPORARY	WATER TREATMENT		4	45
II. CURREN	Γ EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	I pr	ovide contractual serv	ices to the Facility
Please provide i	the following information about each Facility/Plant that you oper	rate. Use addtio	nal pages as needed.	
Facility / Plant N	Name	Class P	DWIS (Water) NPD	DES (Wastewater)
	(OVER)			



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

Page 2

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- 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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### 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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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
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Applicant's Signature		Date		
Last 4 digits of Social Security Number	Email Address			
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708		
* AN INCOMPI	LETE APPLICATION WILL	BE RETURNED *		
I consent to receive my certificate(s)	by emial in lieu of mail			



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

This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 12730			
	•	re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.	ry,	Certification below will	` /	12/1/2025	
	correct the City, state and ZIP Code.			The fee to rer	new these tifications:	\$50	
				requirements by t		ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO RENEW:						raining Units	
Certification Ty	rpe Category	1		Class		equired	
TEMPORARY	INDUSTF	RIAL WASTEWATER		2	0		
II. CURRENT I	EMPLOYMENT INFORMATI	ON					
Employer's Name:				Phone #	:		
Number of Facilities (or Plants) that you currently operate:		ate:		I am employed by the Facility owner			
I am currently not operating any Facility			I provide contractual services to the Facility				
Please provide the	following information about each F	acility/Plant that you operate. U	Jse addtior	ıal pages as neec	led.		
Facility / Plant Na	me	(	Class PI	OWIS (Water)	NPDES (V	Vastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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

This is page of	one of a two page form. Both	pages must be completed and return	rned. O	perator Certification Nu	umber: 12731
-	2	e enter you're current address on the lines below and, if neces		Certification(s) s below will exp	
	correct the City, state and Z	City, state and ZIP Code. Please print legibly.		The fee to renew certification	X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					lete or submit renewal the expiration date will
				result in an ad	lditional late fees as d in Section V.
I. CERTIF	<b>ICATES TO RENEW:</b>				Training Units
Certification	n Type	Category		Class	Required
TEMPORARY	,	WASTEWATER COLLECTION		2	24
TEMPORARY	<b>,</b>	WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you curr	ently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		Ιp	orovide contractual serv	vices to the Facility	
Please provide	the following information abo	<b>-</b> out each Facility/Plant that you operc	ate. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)	·		



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

Page 2

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Operator in Responsible Charge:

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

This is page on	ie of a two page form. Both pages must be	completed and returned.	Operator Certification	Number: <b>12732</b>
-	lease enter you're current address on the lines below and, if neces		Certification( below will e	
	correct the City, state and ZIP Code. Please	City, state and ZIP Code. Please print legibly.	The fee to ren	new these fifications: \$100
				nplete or submit renewal
				a additional late fees as ibed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER	COLLECTION	2	24
TEMPORARY	WATER DISTR	IBUTION	1	24
II. CURREN	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed	d by the Facility owner
I am currently not operating any Facility			I provide contractual	services to the Facility
Please provide t	the following information about each Facility	Plant that you operate. Use ac	ddtional pages as need	ed.
Facility / Plant N	Name	Class	PDWIS (Water)	NPDES (Wastewater)
		(OVER)		



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
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This is page one of a two page form. Both pages must be completed and returned.			ned. Op	Operator Certification Number: 12733		
•	•	er you're current address on the lines below and, if necess		Certification(s below will e		12/1/2025
	correct the City, state and Z	y, state and ZIP Code. Please print legibly.		The fee to reno certif	ew these fications:	\$100
				requirements bresult in an	y the exp	submit renewal piration date will al late fees as ection V.
	CATES TO RENEW:					raining Units
Certification	Type	Category		Class	R	equired
TEMPORARY		WASTEWATER COLLECTION		2	2	4
TEMPORARY		WATER DISTRIBUTION		1	2	4
II. CURREN	T EMPLOYMENT INFO	<b>PRMATION</b>				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you curr	ently operate:		I am employed	by the Fa	acility owner
I am currently n	ot operating any Facility	]	Ιp	rovide contractual s	services to	the Facility
Please provide	the following information abo	out each Facility/Plant that you operat	te. Use addtio	onal pages as neede	ed.	
Facility / Plant 1	Name		Class 1	PDWIS (Water) N	NPDES (V	Vastewater)
		(OVER)				



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

Page 2

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This is page on	e of a two page form. Both pages must be completed and return	ned. Operator Certification Nu	mber: <b>12734</b>
•	Please enter you're current address on the lines below and, if neces	Certification(s) sl ssary, below will expir	
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew certifica	450
		requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:		<b>Training Units</b>
Certification <sup>7</sup>	Type Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	А	24
TEMPORARY	WASTEWATER TREATMENT	5	45
II. CURRENT	FEMPLOYMENT INFORMATION		
Employer's Nam	ne:	Phone #:	
Number of Facil	ities (or Plants) that you currently operate:	I am employed by	the Facility owner
I am currently not operating any Facility		I provide contractual serv	ices to the Facility
Please provide t	he following information about each Facility/Plant that you operate	e. Use addtional pages as needed.	
Facility / Plant N	Name	Class PDWIS (Water) NPD	ES (Wastewater)
	(OVER)		



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

Page 2

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This is page on	e of a two page form. Both pag	ges must be completed and retu	rned. O	perator Certifcation Nu	ımber: 12735
•	lease enter you're current address on the lines below and, if necessary,	cessary,	Certification(s) s below will exp	1 / / 1 / / 11 / 5	
	correct the City, state and ZIP	ity, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
				Failure to complete or submit represents by the expiration day result in an additional late fees described in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification 7	Type Cat	egory		Class	Required
TEMPORARY	WA	TER TREATMENT		2	24
II. CURRENT	EMPLOYMENT INFORM	MATION			
Employer's Name	e:			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		Ιp	rovide contractual serv	vices to the Facility	
Please provide th	ne following information about e	each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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

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

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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



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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	mber: <b>1311</b>	
	•	ease enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
	correct the City, state and ZIP	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification 7	Type Cat	egory		Class	Required
TEMPORARY	WA	STEWATER TREATMENT		5	45
II. CURRENT	EMPLOYMENT INFORM	MATION			
Employer's Name	e:			Phone #:	
Number of Facili	ties (or Plants) that you currentl	y operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility		Ιŗ	provide contractual serv	vices to the Facility
Please provide th	ne following information about e	each Facility/Plant that you opera	te. Use addti	ional pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPD	DES (Wastewater)



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and return			d. Operator Certification Number: 1467		
YIANNAKIS	Please enter you're current address on the lines below		Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legil	bly.	The fee to renew certification	\$50	
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WASTEWATER TREATM	1ENT	Α	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner	
I am currently not operating any Facility		I p	I provide contractual services to the Facility		
Please provide th	e following information about each Facility/Plant that	tyou operate. Use addti	onal pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	
	(OVI	ER)			



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

Page 2

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Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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•	•	lease enter you're current address on the lines below and, if necessary,		Certification(s) below will ex	
	correct the City, state and	et the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW:	<u>.</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed b	by the Facility owner
I am currently not operating any Facility		Ιj	provide contractual se	rvices to the Facility	
Please provide	the following information ab	— out each Facility/Plant that you oper	ate. Use addt	ional pages as needea	<i></i>
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)	



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

Page 2

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Operator in Responsible Charge:

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•	Please enter you're current address on the lines below and, if necessary,		sary,	Certification(s) sl below will expi	1 / / 1 / / 11 / 5	
	correct the City, state and ZIP Code.	ect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as			
I. CERTIFI	CATES TO RENEW:			– described	in Section V.	
Certification		у		Class	Training Units Required	
OPERATOR	WATER	DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFORMAT	ION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you currently ope	rate:		I am employed by	the Facility owner	
I am currently not operating any Facility			Ιp	rovide contractual serv	rices to the Facility	
Please provide	the following information about each 1	Facility/Plant that you operate.	. Use addti	onal pages as needed.	_	
Facility / Plant Name			Class	PDWIS (Water) NPD	DES (Wastewater)	



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

Page 2

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Operator in Responsible Charge:

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•	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	1 / / 1 / / / / / 5	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
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I. CERTIFIC	CATES TO RENEW:		— describe	d in Section V.	
Certification 7			Class	Training Units Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner	
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility		
Please provide ti	he following information about each Facility/Plant that you	operate. Use addti	ional pages as needed.		
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Page 2

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

This is page of	ne of a two page form. Bot	h pages must be completed and ret	turned.	perator Certifcation N	umber: <b>1777</b>
JOHNSON  Please er	•	ease enter you're current address on the lines below and, if necessary, rrect the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp	
	correct the City, state and			The fee to renew certific	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		Α	16
OPERATOR		WASTEWATER TREATMENT		5	30
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed b	y the Facility owner	
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide	the following information a	bout each Facility/Plant that you ope	erate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)
		(OVER)			



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

Page 2

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

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- No course can be used more than one time for any three-year renewal period.
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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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



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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	ımber: <b>1919</b>
•	lease enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp	
	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFICA	TES TO RENEW:		40501150	Training Units
Certification Typ	oe Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner
I am currently not operating any Facility		Ιp	rovide contractual serv	vices to the Facility
Please provide the f	following information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			turned.	perator Certifcation N	umber: <b>2130</b>
		current address on the lines below and, if necessary,		Certification(s) below will exp	1 / / 1 / / / / / 5
c	orrect the City, state and	ZIP Code. Please print legibly.		The fee to renew certific	X 5 ()
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	ATES TO RENEW:	<u>.</u>			<b>Training Units</b>
Certification Ty	pe	Category		Class	Required
SUPERINTENDE	NT	WASTEWATER TREATMENT		Α	7
SUPERINTENDE	NT	WASTEWATER TREATMENT		5	7
II. CURRENT E	EMPLOYMENT INF	ORMATION			
Employer's Name:				Phone #:	
Number of Facilitie	es (or Plants) that you cur	rently operate:		I am employed b	y the Facility owner
I am currently not o	operating any Facility	_	I	provide contractual ser	vices to the Facility
Please provide the	following information ab	out each Facility/Plant that you ope	erate. Use addt	ional pages as needed.	
Facility / Plant Nar	ne		Class	PDWIS (Water) NP	DES (Wastewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			returned.	Operator Certification Nu	ımber: 2256
NABOZNY	•	you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
correct the City, state and ZIP Code.		nd ZIP Code. Please print legibly.		The fee to renew certification	4 1 / / / /
					lete or submit renewal the expiration date will
				result in an ad	lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENE	<u>W:</u>		*****	Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	V	2	16
SUPERINTEN	IDENT	WASTEWATER COLLECTION	N	2	7
II. CURREN	T EMPLOYMENT IN	NFORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you	currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		I	provide contractual serv	vices to the Facility	
Please provide	the following information	about each Facility/Plant that you o	operate. Use ada	ltional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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

Page 2

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

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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	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			perator Certification Nu	mber: <b>2326</b>
	Please enter you're current address on the lines below and,	if necessary,	Certification(s) s below will expi	1 / / 1 / / 11 / 5
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			Failure to complete or submit renewal requirements by the expiration date will	
			result in an ad	ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:		– described	Training Units
Certification			Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιp	rovide contractual serv	rices to the Facility
Please provide	the following information about each Facility/Plant that you	operate. Use addti	onal pages as needed.	
Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			perator Certification Nu	ımber: 2329
•	Please enter you're current address on the lines below and, it	f necessary,	Certification(s) s below will exp	1 / / 1 / / 11 / 5
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	::		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		ĮI	provide contractual serv	vices to the Facility
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#### **III. CONTINUING EDUCATION:**

Page 2

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



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

This is page one of a two page form. Both pages must be completed and returned. Open				perator Certification Number: 2361		
	Please enter you're current address on the lines below and, if necessary,	f necessary,	Certification(s) s below will exp			
	correct the City, state and	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	ew these fications: \$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	<u>/:</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION	N	2	16	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nar	ne:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility			I	I provide contractual services to the Facility		
Please provide	the following information a	about each Facility/Plant that you o	operate. Use addi	tional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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

Page 2

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

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Name and Certification Number of
Operator in Responsible Charge:

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Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708		
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This is page on	ne of a two page form. Bo	th pages must be completed and retu	rned. Ope	erator Certifcation	on Number:	2514	
TREGO	Please enter you're current address on the lines below and, if necess		cessary,	Certification below will	n(s) shown l expire on:	12/1/2025	
correct the City, stat		and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100	
				Failure to complete or submit renewal requirements by the expiration date we result in an additional late fees as described in Section V.		piration date will al late fees as	
I. CERTIFIC	CATES TO RENEW	<u>/:</u>			Т	raining Units	
Certification	Type	Category		Class	R	Required	
SUPERINTENI	DENT	WASTEWATER TREATMENT		Α	7	,	
SUPERINTENI	DENT	WATER TREATMENT		3	7	,	
SUPERINTENI	DENT	WASTEWATER TREATMENT		5	7	,	
II. CURRENT	ΓEMPLOYMENT INI	FORMATION					
Employer's Nam	ne:			Phone #	#:		
Number of Facilities (or Plants) that you currently operate:				I am employed by the Facility owner			
I am currently not operating any Facility			I pro	I provide contractual services to the Facility			
Please provide t	the following information a	 bout each Facility/Plant that you oper	ate. Use addtion	nal pages as nee	eded.		
Facility / Plant N	Name		Class Pl	DWIS (Water)	NPDES (V	Wastewater)	



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

Page 2

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This is page	one of a two page form. Both	pages must be completed and retu	rned. O	perator Certifcation N	Number: 2	:539
•	-	er you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.		Certification(s) below will ex		2/1/2025
	correct the City, state and Z			The fee to rener certifi	w these cations:	550
				Failure to comp requirements by result in an a describ	the expira	ation date will late fees as
I. CERTIF	ICATES TO RENEW:				Tra	ining Units
Certification	n Type	Category		Class	Red	Juired
OPERATOR	,	WASTEWATER TREATMENT		Α	16	
OPERATOR	1	WASTEWATER TREATMENT		5	30	
II. CURREN	NT EMPLOYMENT INFO	RMATION				
Employer's Na	ame:			Phone #:		
Number of Fa	cilities (or Plants) that you curre	ently operate:		I am employed l	by the Faci	lity owner
I am currently	not operating any Facility	] —	Ιp	provide contractual se	rvices to th	ne Facility
Please provide	e the following information abo	ut each Facility/Plant that you oper	ate. Use addti	onal pages as needed	ł.	
Facility / Plan	t Name		Class	PDWIS (Water) NI	PDES (Was	stewater)
		(OVER)				



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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and retu			rned. O	ed. Operator Certification Number: 259		
	•	re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s) shelow will expire	1 / / 1 / / / / / 5	
	correct the City, state and			The fee to renew certifica	\$50	
				<ul> <li>requirements by the result in an add</li> </ul>	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFIC	<u>ATES TO RENEW</u>	<u>.</u>			Training Units	
Certification Ty	ype	Category		Class	Required	
SUPERINTEND	ENT	WASTEWATER COLLECTION		2	7	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility				
Please provide the	e following information al	oout each Facility/Plant that you oper	ite. Use addti	onal pages as needed.		
Facility / Plant Name			Class	PDWIS (Water) NPD	DES (Wastewater)	
		(OVER)				



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

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			rned. O	Operator Certification Number: <b>3121</b>		
•	Please enter you're current address on the lines below and, if necessary,		cessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	950	
				Failure to complete or submit re requirements by the expiration da result in an additional late feet		
I. CERTIFI	CATES TO RENEW:			— describe	ed in Section V.  Training Units	
Certification		ry		Class	Required	
TEMPORARY	WATER	TREATMENT		2	24	
II. CURREN	T EMPLOYMENT INFORMAT	ION				
Employer's Nar	ne:			Phone #:		
Number of Faci	lities (or Plants) that you currently ope	erate:		I am employed b	y the Facility owner	
I am currently r	not operating any Facility	<del></del>	Ιŗ	provide contractual ser	vices to the Facility	
Please provide	the following information about each	Facility/Plant that you oper	ate. Use addti	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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

Page 2

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DUNGAN, JR  Please enter you're current address on the lines below correct the City, state and ZIP Code. Please print legil	•		Certification below will	` /	12/1/2025	
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			requirements result in a	by the expi	ubmit renewal ration date will I late fees as ction V.	
I. CERTIFICA	ATES TO RENEW:				raining Units	
Certification Ty	pe Category		Class		quired	
OPERATOR	WATER TREAT	MENT	4	30	)	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #	<u> </u>		
Number of Faciliti	es (or Plants) that you currently operate:		I am employe	ed 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 operate. Use ad	dtional pages as need	ded.		
Facility / Plant Name		Class	PDWIS (Water)	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.
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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

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

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



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

This is page	one of a two page form. Both pages must be com	pleted and returned.	Operator Certification N	Jumber: <b>3249</b>
•	Please enter you're current address on the lines		Certification(s) below will ex	
	correct the City, state and ZIP Code. Please prin	ity, state and ZIP Code. Please print legibly.	The fee to renev	w these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.
	ICATES TO RENEW:			<b>Training Units</b>
Certification	n Type Category		Class	Required
OPERATOR	WASTEWATER TF	EATMENT	5	30
OPERATOR	WASTEWATER TR	EATMENT	Α	16
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fa	cilities (or Plants) that you currently operate:		I am employed l	by the Facility owner
I am currently	not operating any Facility		I provide contractual se	rvices to the Facility
Please provid	e the following information about each Facility/Pla	nt that you operate. Use ac	ldtional pages as needea	1.
Facility / Plan	t Name	Class	PDWIS (Water) NI	PDES (Wastewater)
		(OVER)		



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

Page 2

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

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

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



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

This is page one of a two page form. Both pages must be completed and return			ed. Operator Certification Number: 3360		
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	1 / / 1 / / 11 / 5	
	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	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WASTEWATER TREATMEN	NT	5	30	
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 pı	rovide contractual ser	vices to the Facility	
Please provide the	e following information about each Facility/Plant that yo	ou operate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class F	PDWIS (Water) NP	DES (Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page o	one of a two page form. Bo	oth pages must be completed and i	returned. (	Operator Certifcation Nu	ımber: <b>341</b>	. 1
•	•	nter you're current address on the lines below and, if necess		Certification(s) s below will expi		1/2025
	correct the City, state ar	ate and ZIP Code. Please print legibly.		The fee to renew certification	V 5 (	)
				Failure to comple requirements by t result in an ad	he expiratio	on date will e fees as
	ICATES TO RENEV	<u>V:</u>				ng Units
Certification	Type	Category		Class	Requi	red
SUPERINTEN	NDENT	WASTEWATER TREATMENT		5	7	
SUPERINTEN	NDENT	WASTEWATER TREATMENT		Α	7	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Fac	cilities (or Plants) that you o	currently operate:		I am employed by	the Facility	owner
I am currently i	not operating any Facility		I	provide contractual serv	vices to the F	acility
Please provide	the following information	about each Facility/Plant that you o	perate. Use addi	tional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastev	vater)
		(OVER)				



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

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			urned. O	perator Certifcation Nu	mber: <b>3427</b>
WALLACE	Please enter you're current address on the lines below and, if neces		ecessary,	Certification(s) shown below will expire on: 12/1/2	
correct t	correct the City, state and Z	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	\$50
				<ul> <li>requirements by the result in an add</li> </ul>	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type	Category		Class	Required
OPERATOR	,	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INFO	RMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you curre	ently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I provide contractual services to the Facility			
Please provide	the following information abo	- ut each Facility/Plant that you ope	erate. Use addti	onal pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			



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

Page 2

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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 return			urned. (	ed. Operator Certification Number: 3514		
•	•	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and	e 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 wi result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:	•		describe	Training Units	
Certification	Туре	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		3	45	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cur	rrently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I	provide contractual serv	vices to the Facility		
Please provide	the following information ab	oout each Facility/Plant that you ope	rate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation Nu	mber: <b>3986</b>	
QUATHAMER, JR  Please enter you're current add	e enter you're current address on the lines below and,	if necessary,	Certification(s) s below will expi		
correct the City, state and ZIP Code. Please print legi			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. CERTIFICATE	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
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	
I am currently not operating any Facility		I pr	ovide contractual serv	vices to the Facility	
Please provide the follo	wing information about each Facility/Plant that you	operate. Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	



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Page 2

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

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



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

This is page one of a two page form. Both pages must be completed and return			rned. C	d. Operator Certification Number: 4002		
•	Please enter you're current address on the lines below and, if necessary,		cessary,	Certification(s) s below will exp	1 / / 1 / / / / / 5	
	correct the City, state and	ne 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. CERTIFIC	CATES TO RENEW:	<u>.</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ij	provide contractual serv	vices to the Facility		
Please provide	the following information ab	— out each Facility/Plant that you oper	ate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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

Page 2

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

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			eturned. Op	erator Certification Nu	ımber: <b>4124</b>
		Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City,	state and ZIP Code. Please print legibly.		The fee to renew certification	150
					ete or submit renewal the expiration date will
			result in an additional described in Section		ditional late fees as
I. CERTIF	ICATES TO R	ENEW:		- described	Training Units
Certification	n Type	Category		Class	Required
SUPERINTE	NDENT	WATER TREATMENT		1	7
SUPERINTE	NDENT	WATER TREATMENT		3	7
SUPERINTE	NDENT	WATER TREATMENT		4	7
II. CURREN	NT EMPLOYME	NT INFORMATION			
Employer's Na	ame:			Phone #:	
Number of Fa	cilities (or Plants) th	at you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I pı	I provide contractual services to the Facility		
Please provid	e the following infor	mation about each Facility/Plant that you o	perate. Use addtio	onal pages as needed.	
Facility / Plan	t Name		Class F	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 4594		
•	er you're current address on the lines below and, if neces	ssary,	Certification(s) s below will expi		
	e 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 T	TO RENEW:			<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
OPERATOR	WATER TREATMENT		2	16	
II. CURRENT EMPLO	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating	any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide the following	g information about each Facility/Plant that you operate	e. Use addtie	onal pages as needed.	_	
Facility / Plant Name Cla		Class 1	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page or	ne of a two page form. Bo	th pages must be completed and	returned.	perator Certifcation Nu	mber: <b>4821</b>	
	•	rrent address on the lines below and, if necessary,	if necessary,	Certification(s) sl below will expi	1 / / 1 / / / / / 5	
	correct the City, state and	d ZIP Code. Please print legibly.		The fee to renew certifica	150	
				requirements by the result in an add	ete or submit renewal the expiration date will ditional late fees as I in Section V.	
I. CERTIFI	CATES TO RENEW	<u>7:</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT	-	5	30	
OPERATOR		WASTEWATER TREATMENT	-	Α	16	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nan	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner	
I am currently n	not operating any Facility		Ij	provide contractual serv	ices to the Facility	
Please provide	the following information a	bout each Facility/Plant that you	operate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)		



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

Page 2

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This is page one of a two pag	ge form. Both pages must be completed and retu	rned. Operator (	Certification N	Number: <b>4884</b>
WELLER, IV  Please enter you're current address on the lin correct the City, state and ZIP Code. Please	you're current address on the lines below and, if neo		ertification(s) below will exp	1 / / 1 / / 11 / 5
	ity, state and ZIP Code. Please print legibly.	Th	e fee to renev certific	w these cations: \$100
		requ	uirements by esult in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO	RENEW:			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		4	30
SUPERINTENDENT	WASTEWATER TREATMENT		4	7
II. CURRENT EMPLOYM	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	) that you currently operate:	I aı	– n employed ł	by the Facility owner
I am currently not operating any	y Facility	I provide o	ontractual se	rvices to the Facility
Please provide the following in	formation about each Facility/Plant that you oper	ate. Use addtional pag	zes as needed	<u></u>
Facility / Plant Name		Class PDWIS	(Water) NF	PDES (Wastewater)



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

Page 2

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•	nter you're current address on the lines below and, if no	ecessary,	Certification(s) below will exp	1 / / 1 / / 11 / 5	
	he City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100		
			Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.		
I. CERTIFICATES	TO RENEW:			<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER DISTRIBUTION		1	16	
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 any Facility			vide contractual ser	vices to the Facility	
Please provide the following	ng information about each Facility/Plant that you ope	rate. Use addtion	al pages as needed.		
Facility / Plant Name		Class PD	OWIS (Water) NP	DES (Wastewater)	



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

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- 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.
- 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one	of a two page form. Both pages must be com	pleted and returned.	Operator Certification	on Number:	6092	
	Please enter you're current address on the lines below and, if necessary		Certification below wil	n(s) shown l expire on:	12/1/2025	
(	correct the City, state and ZIP Code. Please prin	nt legibly.	The fee to re	enew these rtifications:	\$100	
			requirements	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFICA	ATES TO RENEW:			Т	raining Units	
Certification Ty	rpe Category		Class	R	equired	
OPERATOR	WASTEWATER TF	REATMENT	5	3	0	
TEMPORARY	WASTEWATER TF	REATMENT	Α	2	4	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employ	ved by the Fa	acility owner	
I am currently not	operating any Facility		I provide contractua	al services to	the Facility	
Please provide the	following information about each Facility/Pla	nt that you operate. Use ac	ddtional pages as nee	eded.		
Facility / Plant Na	me	Class	PDWIS (Water)	NPDES (V	Vastewater)	
		(OVER)				



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

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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Please 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			Certificatio	on Number:	6258
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			n(s) shown expire on:	12/1/2025
corre			The fee to renew these certification		\$ 100
		requ	Failure to complete or submit renew requirements by the expiration date we result in an additional late fees as described in Section V.		iration date will Il late fees as
I. CERTIFICATI	ES TO RENEW:			Tr	aining Units
Certification Type	Category		Class		equired
OPERATOR	WATER TREATMENT		2	16	3
OPERATOR	WASTEWATER TREATMENT		4	30	)
OPERATOR	WASTEWATER TREATMENT		5	30	)
OPERATOR	WASTEWATER TREATMENT		Α	16	6
II. CURRENT EMI	PLOYMENT INFORMATION				
Employer's Name:			Phone #	<b>#:</b>	
Number of Facilities (o	or Plants) that you currently operate:	I a	<del>_</del> m employe	ed by the Fa	cility owner
I am currently not opera	ating any Facility	I provide	ontractual	l services to	the Facility
Please provide the follo	owing information about each Facility/Plant that you operate. U	Use addtional pag	ges as need	ded.	
Facility / Plant Name		Class PDWIS	(Water)	NPDES (W	'astewater)
	(OVER)				



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

Page 2

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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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Please 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	mber: <b>6531</b>	
-	•	Please enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi		
	correct the City, state and			The fee to renew certifica	CIMM .	
				_ requirements by t	ete or submit renewal he expiration date will	
					an additional late fees as cribed in Section V.	
I. CERTIF	ICATES TO RENEW	<u>':</u>		described	Training Units	
Certification	n Type	Category		Class	Required	
OPERATOR		WASTEWATER TREATMEN	NT	А	16	
TEMPORARY	Υ	WASTEWATER TREATMEN	NT	S	24	
OPERATOR		WASTEWATER TREATMEN	NT	5	30	
II. CURREN	NT EMPLOYMENT INI	FORMATION				
Employer's Na	ame:			Phone #:		
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner	
I am currently	not operating any Facility		I	provide contractual serv	rices to the Facility	
Please provide	e the following information a	bout each Facility/Plant that yo	u operate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)		
					_	
		(OVER)	)			



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

Page 2

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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

This is page one of a two page form. Both pages must be completed and returned.			returned. O	Operator Certification Number: 6661		
•	-	lease enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on: 12/1/202		
	correct the City, so			The fee to renew certification	<b>\$100</b>	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFI	CATES TO RE	<u>:NEW:</u>			<b>Training Units</b>	
Certification	Type	Category		Class	Required	
SUPERINTEN	DENT	WASTEWATER COLLECTIO	N	2	7	
OPERATOR		WASTEWATER COLLECTIO	N	2	16	
II. CURREN	T EMPLOYMEN	T INFORMATION				
Employer's Nan	me:			Phone #:		
Number of Faci	lities (or Plants) that	you currently operate:		I am employed by	the Facility owner	
I am currently n	not operating any Fac	ility	ΙĮ	provide contractual serv	vices to the Facility	
Please provide	the following inform	ation about each Facility/Plant that you	operate. Use addti	ional pages as needed.		
Facility / Plant Name			Class	PDWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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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			urned. (	Operator Certification Number: 6985		
	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) shown below will expire on: 12/1/2		
	correct the City, state and	et the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATER		1	0	
II. CURREN	T EMPLOYMENT INF	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I	provide contractual serv	vices to the Facility		
Please provide	the following information a	— bout each Facility/Plant that you ope	rate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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

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



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

This is page one of a two page form. Both pages must be completed and returned.			returned. O	perator Certifcation Nu	mber: <b>7246</b>
•	Please enter you're current address on the lines below and, if necess		if necessary,	Certification(s) shown below will expire on: 12/1/20	
	correct the City, state and	ty, state and ZIP Code. Please print legibly.		The fee to renew certifica	150
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>':</u>			<b>Training Units</b>
Certification	Туре	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility		Ιį	provide contractual serv	rices to the Facility
Please provide	the following information a	bout each Facility/Plant that you	operate. Use addt	ional pages as needed.	_
Facility / Plant ?	Name		Class	PDWIS (Water) NPD	DES (Wastewater)



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

Page 2

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

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

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one	e of a two page form. Both pages must be completed and return	erator Certifcation Nu	ımber: <b>7308</b>		
	ase enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification T	Гуре Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently no	ot operating any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide th	he following information about each Facility/Plant that you operat	te. Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Op			erator Certifcation N	umber: <b>7719</b>	
		you're current address on the lines below and, if necessary, ity, state and ZIP Code. Please print legibly.		Certification(s) below will exp	
	correct the City, state and Z			The fee to renew certific	\$100
				requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
<u>I. CERTIF</u>	ICATES TO RENEW:				Training Units
Certification	n Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WATER TREATMENT		3	30
OPERATOR		WATER TREATMENT		4	30
OPERATOR		WASTEWATER TREATMENT		4	30
II. CURREN	NT EMPLOYMENT INFO	ORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you curr	rently operate:		I am employed b	y the Facility owner
I am currently	not operating any Facility	_	I pro	ovide contractual ser	vices to the Facility
Please provide	the following information abo	out each Facility/Plant that you operate.	Use addtio	nal pages as needed	
Facility / Plant	Name		Class P	DWIS (Water) NP	DES (Wastewater)
		(OVER)			
		( > + L10)			



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

Page 2

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Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page	• Operator	Certification N	Tumber: <b>7802</b>			
	se enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	1 / / 1 / / 11 / 5		
correct the City	, state and ZIP Code. Please print legibly.	Т	The fee to renew these certifications: \$50			
			quirements by result in an a	olete 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		
OPERATOR	WASTEWATER TREATMENT		Α	16		
OPERATOR	WASTEWATER TREATMENT		5	30		
II. CURRENT EMPLOYM	ENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) t	hat you currently operate:	I	am employed b	by the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide the following info	ormation about each Facility/Plant that you operate.	Use addtional po	ages as needed	<u> </u>		
Facility / Plant Name	Class PDWIS	S (Water) NF	DES (Wastewater)			



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			returned.	Operator Certification N	umber: <b>7821</b>	
GOSSARD Please ente	•	ase enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and Z	ect 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 we result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:			describe	Training Units	
Certification	Туре	Category		Class	Required	
TEMPORARY	\	WATER TREATMENT		G	7	
II. CURREN	T EMPLOYMENT INFO	RMATION				
Employer's Nar	me:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by	y the Facility owner		
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility		
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#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	on Number: 8058	
WILLIAMS Plea	Please enter you're current address on the lines below and, if necessary,		Certification below will	n(s) shown I expire on: 12/1/2025	
	correct the City, state and ZIP Code. Please pr	rint legibly.	The fee to re	enew these rtifications: \$50	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WATER DISTRIB	UTION	1	16	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nar	me:		Phone #	<b>#</b> :	
Number of Faci	ilities (or Plants) that you currently operate:	_	I am employ	ed by the Facility owner	
I am currently r	not operating any Facility	_	I provide contractua	l services to the Facility	
Please provide	the following information about each Facility/P	lant that you operate. Use ad	ldtional pages as nee	eded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)	



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Page 2

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Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

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



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 828		
	Please enter you're current address on the lines below and, if nec		Certification(s) sho below will expire		
correct the City, state and ZIP Code. Please print legi	correct the City, state and ZIP Code. Please print legibly.	5	The fee to renew th certification	620	
			quirements by the result in an addi	e or submit renewal e expiration date will tional late fees as in Section V.	
I. CERTIFICA	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 Faciliti	ies (or Plants) that you currently operate:	I	am employed by the	he Facility owner	
I am currently not	operating any Facility	I provide	e contractual servic	es to the Facility	
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtional p	ages as needed.	_	
Facility / Plant Name		Class PDWI	S (Water) NPDE	ES (Wastewater)	



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

Page 2

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

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

Name and Certification Number of
Operator in Responsible Charge:

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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and return			urned. C	ed. Operator Certification Number: 8443		
•	•	u're current address on the lines below and, if necessary		Certification(s) s below will exp		
	correct the City, state and	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50  Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	ype	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Name	::			Phone #:		
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner	
I am currently not	t operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide th	e following information ab	— out each Facility/Plant that you ope	rate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page o	ne of a two page form. Both	pages must be completed and return	ned. Op	erator Certification	Number: <b>8469</b>	
•	•	u're current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s below will ex		2025
	correct the City, state and Z			The fee to rene certif	ew these fications: \$100	
					plete or submit re	
				<ul> <li>requirements by the expiration defection an additional late feed described in Section V.</li> </ul>		
I. CERTIFI	CATES TO RENEW:			uesein	Training U	Inite
Certification		Category		Class	Required	JIIICS
OPERATOR		WATER TREATMENT		1	16	
OPERATOR		WATER TREATMENT		2	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		Α	16	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Fac	ilities (or Plants) that you curr	rently operate:		I am employed	by the Facility own	ier
I am currently r	not operating any Facility	7	I pr	ovide contractual so	ervices to the Facili	ty
Please provide	the following information abo	— out each Facility/Plant that you opera	te. Use addtio	nal pages as neede	rd.	
Facility / Plant	Name		Class P	DWIS (Water) N	IPDES (Wastewater	)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two	o page form. Both pages must be completed and retur	<b>ned.</b> Op	erator Certifcation Nu	ımber: <b>8498</b>
•	enter you're current address on the lines below and, if necessity	essary,	Certification(s) s below will expi	1 / / 1 / / / / / 5
	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$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:			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPLO	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or P	lants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	ng any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the followi	ing information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.	
Facility / Plant Name		Class P	PDWIS (Water) NPI	DES (Wastewater)



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			rned. O	Operator Certification Number: <b>8549</b>		
•	•	ter you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.	essary,	Certification(s) sl below will expi	1 / / 1 / / 11 / 5	
	correct the City, state and ZIP Cod			The fee to renew these certifications: \$50		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:			— described	Training Units	
Certification	Type Category	ory		Class	Required	
TEMPORARY	WATE	RTREATMENT		4	45	
II. CURREN	T EMPLOYMENT INFORMA	TION				
Employer's Nar	ne:			Phone #:		
Number of Faci	lities (or Plants) that you currently op	perate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility				
Please provide	the following information about each	Facility/Plant that you opera	ite. Use addti	ional pages as needed.		
Facility / Plant Name			Class	PDWIS (Water) NPD	DES (Wastewater)	



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

Page 2

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Operator in Responsible Charge:

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This is page of	one of a two page form. Bot	th pages must be completed and retu	irned. C	perator Certifcation Nu	ımber: <b>8693</b>
		're current address on the lines below and, if necess		Certification(s) s below will exp	
	correct the City, state and	state and ZIP Code. Please print legibly.		The fee to renew certification	(51)
				requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW	7 <u>:</u>			<b>Training Units</b>
Certification	n Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		А	16
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility		Ιĵ	provide contractual serv	vices to the Facility
Please provide	e the following information a	bout each Facility/Plant that you open	rate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)	·		



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

Page 2

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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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



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

This is page one of a two page form. Both pages must be completed and returned			urned. O	Operator Certification Number: 877		
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will exp		
	correct the City, state and			The fee to renew certific	\$50	
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFI	CATES TO RENEW	<u>:</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		Ιj	provide contractual ser	vices to the Facility		
Please provide	the following information ab	oout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			ned. O	perator Certifcation N	umber: <b>9191</b>
•	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s) s below will exp	1 / / 1 / / 11 / 5	
	correct the City, state and ZII	ry, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
				Failure to complete or submit renew requirements by the expiration date we result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification <sup>-</sup>	Гуре С	ategory		Class	Required
TEMPORARY	W	ASTEWATER TREATMENT		3	45
II. CURRENT	EMPLOYMENT INFOR	RMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you curren	tly operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	<del></del>	Ιp	provide contractual ser	vices to the Facility
Please provide t	he following information abou	t each Facility/Plant that you opera	te. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			perator Certification Nu	ımber: <b>9663</b>	
	se enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will expi		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50		
			Failure to complete or submit renewa requirements by the expiration date wiresult in an additional late fees as described in Section V.		
I. CERTIFICAT	ES TO RENEW:			<b>Training Units</b>	
<b>Certification Type</b>	Category		Class	Required	
SUPERINTENDENT	WATER DISTRIBUTION		1	7	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (	or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility			
Please provide the foli	lowing information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	
	(OVER)				



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

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returne			rned.	Operator Certification Number: <b>9711</b>		
•	•	se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) s below will expi	1 / / 1 / / / / / 5	
	correct the City, state and Z			The fee to renew these certifications: \$50		
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFI	<b>CATES TO RENEW:</b>				Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATER		6	16	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you curr	rently 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 ab	— out each Facility/Plant that you oper	ate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and return			arned. C	d. Operator Certification Number: 9754		
•	•	you're current address on the lines below and, if necessary,		Certification(s) below will exp		
	correct the City, state and Z	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	ype	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		3	30	
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Name	::			Phone #:		
Number of Facilit	ties (or Plants) that you curr	ently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility		
Please provide th	e following information abo	– out each Facility/Plant that you oper	rate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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Page 2

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Operator in Responsible Charge:

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This is page on	ie of a two page form. Bot	perator Certification Number: 9891			
BURDETTE	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		f necessary,	Certification(s) si below will expi	1 / / 1 / / 11 / 5
				The fee to renew certification	\$100
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
OPERATOR		WASTEWATER COLLECTION	٨	2	16
II. CURRENT	ΓEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		I	provide contractual serv	vices to the Facility
Please provide t	the following information a	— bout each Facility/Plant that you o	perate. Use addi	tional pages as needed.	_
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

#### VII. APPLICANT'S STATEMENT

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

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